

PREA Facility Audit Report: Final

Name of Facility: Lawton Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/13/2024

Date Final Report Submitted: 01/16/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 01/16/2025

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	06/18/2024
End Date of On-Site Audit:	06/20/2024

FACILITY INFORMATION	
Facility name:	Lawton Correctional Facility
Facility physical address:	8607 Southeast Flower Mound Road, Lawton, Oklahoma - 73501
Facility mailing address:	8607 SE Flowermound Rd, Lawton , Oklahoma - 73501

Primary Contact

Name:	Christine Topping
Email Address:	ctopping@geogroup.com
Telephone Number:	580.351.2778

Warden/Jail Administrator/Sheriff/Director	
Name:	Robert Farley
Email Address:	rfarley@geogroup.com
Telephone Number:	210-380-9129

Facility PREA Compliance Manager	
Name:	Christine Topping
Email Address:	ctopping@geogroup.com
Telephone Number:	580-351-2778 x133259
Name:	Kadia Netanyahu
Email Address:	knetanyahu@geogroup.com
Telephone Number:	580-351-2778 x133349
Name:	Leslie Rainey
Email Address:	leslie.rainey@geogroup.com
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Emily Timm
Email Address:	emily.timm@geogroup.com
Telephone Number:	405-638-0728

Facility Characteristics

Designed facility capacity:	2626
Current population of facility:	2608
Average daily population for the past 12 months:	2608
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-87
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	431
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	37
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	39

AGENCY INFORMATION

Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if	

applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Brian Evans
Email Address:	bevans@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	Manny Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.31 - Employee training
Number of standards met:	
43	

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-18
2. End date of the onsite portion of the audit:	2024-06-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and Marie Detty New Direction

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2626
15. Average daily population for the past 12 months:	2608
16. Number of inmate/resident/detainee housing units:	42
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2611
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	3
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	66

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	6
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	44
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility does not track cognitive incarcerated individuals. As such, the auditor was provided a list of incarcerated individuals in education and on the mental health case load. The number indicated is the number of incarcerated individuals interviewed as the auditor was unable to determine the number of incarcerated individuals with a cognitive disability from the lists. Additionally, the facility does not track those who disclose prior sexual victimization during the risk screening. Rather, they track those who are deemed at high risk of victimization. An incarcerated individual may disclose prior sexual victimization and not be on the high risk list and vice versa. As such, the auditor was unable to determine the number of those who disclosed prior sexual victimization. The number noted above was the number of incarcerated individuals interviewed. The facility noted that there was one LEP incarcerated individuals, but after interview the auditor noted that there were at least three LEP incarcerated individuals.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>431</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>39</p>
<p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>11</p>

<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>25</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following incarcerated individuals (random and targeted) were selected from the housing units: six from H1, four from H2, five from H3, five from H4, seven from H5, seven from H6, seven from H7, four from H4 and five from RHU.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>45 of the incarcerated individuals (random and targeted) were male and five were transgender female. Sixteen of the incarcerated individuals interviewed were black, nineteen were white, six were Hispanic, seven were Native American, and two were another race/ethnicity. With regard to age, nine were between eighteen and 25, 23 were 26-35, seven were 36-45, eight were 46-55 and three were 56 or older. 30 of the incarcerated individuals interviewed were at the facility less than a year, fourteen were there between a year and five years, three were at the facility between five and ten years, two were at the facility between eleven and fifteen years and one was at the facility longer than sixteen years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>25</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>5</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing of high risk victims and those who reported sexual abuse.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	15
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Race, gender and ethnicity
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed a total of fifteen random staff. Seven staff interviewed were from day shift and eight were from night shift. With regard to the demographics of the random staff interviewed, twelve were male and three were female. Three staff member were black, ten were white and two were Hispanic. Eleven staff were Correctional Officers, two were Sergeants and two were Lieutenants.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	25

56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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68. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on June 18-20, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected incarcerated individuals and staff for interview as well as documents to review. The auditor conducted a tour of the facility on June 18, 2024. The tour included all areas of the facility to include; housing units, laundry, intake, visitation, education, vocation, maintenance, food service, health services, recreation, and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for incarcerated individuals in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing unit had an oversized PREA Hotline Poster in English and Spanish. These posters were above the phones (general population) or on the enclosures (segregated housing). Reporting information included the external OK DOC hotline. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Additionally, most of the phones had a hotline sticker that provided instructions on calling the PREA hotline. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the incarcerated individual tablet system in English and Spanish. It should be noted that none of the posters outlined that the hotline was the external reporting entity. Victim advocacy information was observed via the Zero Tolerance Poster. Contact information for New Direction and RAINN were included on the poster. Informal conversation with staff

and incarcerated individuals confirmed that the PREA information had been posted for a while.

Third party reporting information was observed in the visitation area and in the front lobby via the Zero Tolerance Poster. The auditor observed that the posters were on letter size paper in English and Spanish.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least three security staff assigned to each housing building (five housing units per building). Program, work and education areas included non-security staff and roving security staff members. A few of the program, work and common areas had a security staff member directly assigned. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed minimal staff actually inside the housing units and incarcerated individuals moving freely within the units during times when they were to be locked down. It appeared that the facility would benefit from additional staffing. The auditor did not observe any blind spots and confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor did observe that the camera in the dry storage area was blocked by stacked boxes and did not provide adequate viewing. The facility provided photos showing they also installed a mirror in the area for additional coverage. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds every hour and supervisors make rounds at least once a shift. Informal conversation with incarcerated individuals also confirmed that Correctional Officer make rounds a few times a shift and they see the supervisor at least once a day.

During the tour the auditor observed cameras

in housing units and common areas. The auditor verified that the cameras assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Most cameras are monitored in central control. Housing unit staff can monitor cameras in the hallways of the units only. Administrative staff and investigative staff also have access to all cameras and can monitor remotely.

With regard to cross gender viewing, the auditor viewed that privacy is provided through cell doors with small windows and expanded metal added to showers. Transgender and intersex incarcerated individuals are also issued a shower curtain to use for additional privacy. The auditor viewed one cross gender viewing issue in the infirmary. The cells directly in front of the entrance door did not provide adequate privacy due to large windows. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing. Privacy was provided via cell doors and expanded metal. A review of video monitoring technology confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. Informal conversation with staff and incarcerated individuals confirmed the opposite gender announcement is routinely made and privacy is provided.

Incarcerated individual risk screening files are paper while medical and mental health documents are electronic. During the tour the auditor spoke with health service staff and confirmed medical and mental health care records are electronic and only medical and mental health care staff have access to the records. Correctional Officer and other security staff do not have access to the

medical records system (EMR). Risk Screening files are paper and are maintained in records. Records is staffed during administrative business hours and after hours the door is locked. Records staff indicated that only staff with a need to know have access to the records and that all access is logged. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office and with the OK DOC. Additionally, information is entered into the electronic PREA Portal database. This database has very limited access (investigators and administrative staff).

During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in any of the mailboxes around the facility, including the mailboxes in each housing unit. None of the mailboxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail is picked up from each unit mailbox. Staff read over the mail and ensure there is not any contraband. The mail is then stamped, sealed and sent out. Legal mail is provided directly to an officer. The officer shakes the mail to ensure it does not have any contraband and is then sealed and provided to the mailroom. Staff do not read outgoing legal mail. Incoming mail is picked up from the Post Office. Mailroom staff go through the mail, read it and ensure it is appropriate. The mailroom staff indicated incoming mail is reviewed twice, once by security staff and once by mailroom staff. Legal incoming mail is verified by security and is then taken to the unit where the mail is opened in front of the incarcerated individual. The staff confirmed that mail to the OIG is considered legal mail. Further, the staff confirmed mail to the rape crisis center is considered privileged (treated like legal) mail.

The auditor observed the intake process through a demonstration. Incarcerated

individuals are provided PREA information at intake via the Handbook. The Handbook is available in both English and Spanish. The Handbook is placed in the incarcerated individual's property bag and distributed upon arrival. Staff also verbally advise incarcerated individuals that PREA information is in the Handbook and advises them there is a zero tolerance policy and they should read the Handbook. It should be noted that the auditor did not observe PREA information posted in the holding cells of intake, which is where the incarcerated individuals spend the majority of time when in the intake area.

The auditor was provided a demonstration of the initial risk assessment process. The initial risk assessment is completed during intake one-on-one in a private office setting. Staff advise the incarcerated individual that they will be asking them PREA questions and they ask if they know what PREA is. If the incarcerated individual does not know about PREA, staff provides them information on PREA. Staff complete the initial risk screening via the PREA/SAAPI Risk Assessment form. Staff verbally ask if the incarcerated individual has ever been a victim of sexual assault, if they have ever been approached for sex/threatened with sexual assault while incarcerated, if they have any fear of placement in general population, whether they have a disability and their gender identity/sexual preference. The staff will then review the file to answer the remaining questions on the form. The reassessment process is completed in the case managers office one-on-one. The staff utilize the PREA Vulnerability Reassessment Questionnaire. Staff verbally ask whether they have been approached for sex since they arrived and if anything has changed since they arrived. If the incarcerated individuals states yes they go back through the initial risk assessment process.

The auditor tested the internal reporting

mechanism. The auditor wrote a test complaint on a piece of notebook paper and placed it in one of the mailboxes in a housing unit. At the issuance of the interim report the auditor had not received confirmation that the report was received.

The auditor also tested the outside reporting mechanism via the OK DOC PREA Hotline. The incarcerated individual is prompted to select English or Spanish to proceed with reporting to the Office of the Inspector General. Incarcerated individuals are able to utilize an anonymous pin if they wish to report to the hotline anonymously. Calls to the hotline are not monitored or recorded. The auditor called the hotline and left a message to test the reporting mechanism. At the issuance of the interim report the auditor had not received confirmation that the call was received.

Additionally during the tour, the auditor asked staff to advise how they document a verbal report of sexual abuse or sexual harassment. Staff indicated they would document the information via a witness statement. These forms are available in the supervisors office. Staff complete the form and provide it to the supervisor. Staff confirmed they are able to bypass their chain of command and submit the document to the PCM.

The auditor tested the third party reporting mechanism by sending an email to the provided email address on the website on June 20, 2024. The auditor received confirmation on the same date that the email was received by the agency PREA Coordinator. He advised if the allegation was sexual abuse or sexual harassment the information would be processed for investigation.

The auditor tested the victim advocacy hotline during the tour. Incarcerated individuals are advised to press "1" for English or "2" for Spanish and then "0" for a

collect call. The initial test of the New Director number was not successful as it advised the call was not accepted. The auditor then called the number to RAINN. The anonymous pin attempt indicated it was not an authorized call. The attempt utilizing an incarcerated individual pin indicated the call was not accepted. The facility worked with their phone provider and was able to remove the requirement for the caller to accept the call. As such, the auditor tested the hotlines a second time during the on-site portion of the audit. The auditor called New Director via the anonymous pin number and reached a live staff member. The staff member forwarded the auditor to the Director of the program who advised that they do not provide services through the hotline and they only provide services at the local hospital. The Director stated if an incarcerated individual called the hotline or sent correspondence they would direct them back to the facility for assistance. The auditor called the RAINN hotline a second time as well and reached a live staff member from The Norman Women's Resource Center. The staff advised they can provide resources and services to incarcerated individuals over the phone.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. PREA education is completed via orientation. Orientation is conducted in visitation every Thursday for all general population incarcerated individuals. Protective Custody or Segregated Housing Unit incarcerated individuals receive orientation on the housing units. Incarcerated individuals watch the PREA What You Need to Know video and staff verbally talk to them about what to do if they are approached for sex, how to report and what to do if they are sexually assaulted (i.e. not shower). The video is played on a rolling tv that is approximately 26 inches. Staff indicated for LEP incarcerated individuals they have an interpreter as the video is not in Spanish. For disabled

incarcerated individuals they utilize paper to show them the information.

During incarcerated individual interviews the auditor utilized staff translators for the LEP incarcerated individual interviews. Additionally, the facility has a language interpretation services (BIG Language Solutions). The auditor tested access to the service to confirm it is available for use when needed. The auditor utilized three codes/ numbers and was connected to an interpreter.

The auditor observed the health services area as well as the additional exam rooms on certain housing units. The exam rooms on the housing units had a large window with no additional privacy. During the interim report period the facility installed blinds for the windows and provided photos confirming necessary privacy, if needed. The main health services are included a reception area, exam rooms, treatment rooms, and observation cells. The exam and treatment rooms had large windows with blinds for additional privacy.

The segregated housing units included separate recreation areas and housing areas. All incarcerated individuals have access to their tablet when in segregated housing units and can make phone calls through the tablets. Additionally, rolling phones are provided four days a week. Incarcerated individuals have out of cell access five days a week for recreation and three days a week for showers. Grievances are submitted to law library staff when they conduct rounds.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, incarcerated individual files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed a total of 41 personnel and/or training files that included seven staff hired during the previous twelve months, two contractors hired in the previous twelve months, six staff employed over five years, one contractor employed over five years, and three staff recently promoted. The personnel and/or training files included three contractor, five volunteers and six medical and mental health care staff.

Incarcerated Individual Files. A total of 59 incarcerated individual files were reviewed. 35 incarcerated individual files were of those that arrived within the previous twelve months, two were LEP incarcerated individuals, seven were disabled incarcerated individuals, five were transgender or intersex incarcerated individuals and fifteen were identified with prior sexual victimization and/or a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for nineteen victims of sexual abuse and sexual harassment as well as mental health documents for fifteen incarcerated individuals who disclosed victimization during the risk screening and/or were identified with prior sexual abusiveness.

Grievances. The auditor reviewed the grievance log and sample grievances.

Incident Reports. The auditor reviewed incident reports associated with the sexual abuse and sexual harassment allegations.

Investigation Files. The auditor reviewed

nineteen investigations, including fourteen sexual abuse and five sexual harassment. All nineteen had an administrative investigation and six had a criminal investigation completed by the Office of the Inspector General (OIG).

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	52	41	52	41
Staff-on-inmate sexual abuse	10	8	10	8
Total	62	49	62	49

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	11	2	11	2
Staff-on-inmate sexual harassment	13	6	13	6
Total	24	8	24	8

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	19	18	0	0	0
Staff-on-inmate sexual abuse	2	5	0	0	0
Total	21	23	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	30	8	14	1
Staff-on-inmate sexual abuse	3	1	4	2
Total	33	9	18	3

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	2	0	0	0	0
Staff-on-inmate sexual harassment	3	3	0	0	0
Total	5	3	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	7	0	3	1
Staff-on-inmate sexual harassment	7	1	3	2
Total	14	1	6	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	14
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<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>11</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The total number of investigation in the tables above are a reflection of the investigative logs provided by the facility. The information is not consistent with what was provided in the PAQ and as such numbers in the table above may not match up with information provided in the PAQ. The auditor utilized information and documentation provided by the facility related to allegations and investigations. The facility indicated all investigations by the OIG (except those that are unfounded) are referred to the District Attorney for prosecution and as such the table above reflects this information.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 4. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 5. Oklahoma Department of Correction OP-040110 – Search and Seizure Standards 6. Oklahoma Department of Correction OP-030102 – Incarcerated individual Housing 7. Oklahoma Department of Correction OP-040117 – Investigations

8. Oklahoma Department of Correction OP-090124 – Incarcerated individual/ Offender Grievance Process
9. Oklahoma Department of Correction OP-060125 – Disciplinary Procedures
10. The GEO Group Organizational Chart
11. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policy outlines how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency has a policy outlining their strategies in preventing, detecting and responding to sexual abuse. 5.1.2-A, page 1 states each facility is required to have a current policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. Due to client contract requirements, some facilities may be required to follow specific client PREA policies. If the client's policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA standards shall prevail, and the facility shall develop a site-specific supplemental policy. The facility houses Oklahoma Department of Corrections (OK DOC) incarcerated individuals and as such follows Oklahoma Department of Corrections policies and procedures. OP-030601 is the policy that outlines the Oklahoma Department of Corrections approach to preventing, detecting and responding to sexual abuse. Page 5 describes the zero tolerance policy, pages 8-9 note the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and page 6 describes sanctions for those found to have participated in prohibited behaviors. In addition to 5.1.2-A and OP-030601, the OK DOC has policies and procedures that address components of prevention, detection and response, including: OP-040110, OP-030102, OP-040117, OP-090124 and OP-060125. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background

checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, incarcerated individual education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and incarcerated individuals, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency/facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. 5.1.2-A, page 2 states GEO shall designate a PREA coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee GEO's efforts to comply with the PREA standards in all its facilities. PREA coordinator duties include: PREA oversight for U.S. Secure Services, and Reentry Services facilities; Developing the corporate PREA policy to comply with standard requirements; Work with Contract Compliance (CC) on the refinement of the PREA audit tools; Work with facilities if an incident occurs; Review the results of every investigation of sexual abuse and harassment; Compile annual reports on findings and corrective actions for GEO; Develop and implement best practices in training, identification, treatment, and reporting; and Supervise the corporate CC PREA team. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and the position reports to the Vice President of Contract Compliance. The organizational chart reflects that the PREA Director has four additional staff that serve as PREA Coordinators, three for Secure Services and one for Re-entry Services. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated the corporate PREA team consists of four agency PREA Compliance Managers and a PREA Compliance Specialist. He indicated there are also two project management managers on the PREA team that assist with many PREA related functions. The PC advised each GEO site has a designated PREA Compliance Manager and each PCM has investigative oversight for each facility and serve as the main point of contact for all PREA related questions. The PC stated there are 76 facility PREA Compliance Managers that report to him. Further, the PC stated that the agency conducts internal audits to identify any issues with compliance on an annual basis. He advised the results of the internal audits are thoroughly reviewed during the post audit workshop and if an issue is identified they create a corrective action plan. He also stated that in conjunction with the PREA Compliance Managers, the agency utilizes the PRC for the most up-to-date guidance regarding the standards.

115.11 (c): The PAQ stated that the facility has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to

comply with the PREA standards. The PAQ advised that the PCM is the Executive Assistant who reports to the Facility Administrator. 5.1.2-A, page 3 states each facility administrator shall appoint a local PREA compliance manager for each U.S. Secure Services facility with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. PREA compliance manager duties include: Gathering of facility statistics and reports on incidents of sexual activity and sexual abuse; Assist with development/revision of any site specific PREA policies; Assist with PREA training initiatives; Assist with PREA facility assessments; Prepare an annual report on findings and corrective actions for the facility; and Monitoring for retaliation in accordance with Section N (2) of this policy. The facility's organizational chart confirmed the PREA Compliance Manager reports to the Facility Administrator. The interview with the PREA Compliance Manager indicated she has enough time to manage all of her PREA related responsibilities. She stated she coordinates compliance with the PREA standards through training, shift briefings, talking to staff and making rounds. She advised she provides PREA training to all new staff. The PCM indicated if she identifies an issue complying with a PREA standard she coordinates with the Warden and they do whatever is necessary to rectify the issue.

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, OP-030601, OP-040110, OP-030102, OP-040117, OP-090124, OP-060125, the agency's organization chart, the facility's organizational chart and information from the interviews with the PC and PCM, the agency/facility appears to exceed this standard. Not only does that agency follow client policies and procedures, they have their own policies and procedures to supplement. The agency PC has numerous staff to assist with PREA compliance across all agency facilities. Additionally, the facility PCM was extremely knowledgeable on PREA standards. She and the staff that assisted her played a large role and were very organized. The PCM had great time management and had sufficient authority at the facility to ensure compliance.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contract with the State of Oklahoma Department of Corrections <p>Findings (By Provision):</p>

115.12 (a): The PAQ indicated the agency entered into or renewed one contractor for the confinement of incarcerated individuals since the last PREA audit, however further communication with agency/facility staff confirmed this standard is not applicable as the agency does not contract for the confinement of its incarcerated individuals. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's incarcerated individuals and does not contract with other entities for the confinement of incarcerated individuals in their care. A review of the one contract provided in the PAQ further confirmed the agency (GEO) entered into a contract with the State of Oklahoma Department of Corrections (OK DOC) to house the OK DOC's incarcerated individuals.

115.12 (b): The PAQ indicated the agency entered into or renewed one contractor for the confinement of incarcerated individuals since the last PREA audit, however further communication with agency/facility staff confirmed this standard is not applicable as the agency does not contract for the confinement of its incarcerated individuals. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's incarcerated individuals and does not contract with other entities for the confinement of incarcerated individuals in their care. A review of the one contract provided in the PAQ further confirmed the agency (GEO) entered into a contract with the State of Oklahoma Department of Corrections (OK DOC) to house the OK DOC's incarcerated individuals. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its incarcerated individuals and as such an interview was not conducted.

Based on the review of the PAQ and the contract with OK DOC, this standard appears to be not applicable and as such compliant.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act

4. The Staffing Plan
5. Staffing Analysis Worksheet
6. Contract with the Oklahoma Department of Corrections
7. Annual PREA Facility Assessment - Attachment A
8. Daily Staffing Rosters
9. Documentation of Unannounced Rounds

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.13 (a): 5.1.2-A, page 3 states that each facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals in a GEO facility against sexual abuse. The PAQ indicated that current staffing is based on 2626 incarcerated individuals, which is the facility's capacity. The facility employs 431 staff. Security staff mainly make up two shifts, day shift works from 6:30am-7:00pm and night shift works from 6:30pm-7:00am. The facility provided the contract with OK DOC, a staffing analysis worksheet and shift rosters for this standard. The documentation did not appear to provide enough information related to a staffing plan and how the elements under this provision were considered in the development of the staffing plan. The staffing analysis noted financial information related to positions while the contract did not specifically lay out any staffing plan elements. A review of shift roster confirmed that each shift has a Shift Supervisor and Assistant Shift Supervisors. Numerous Correctional Officers are assigned across different posts including: control, housing

unit rovers, hallway rovers, health services and kitchen. During the tour the auditor confirmed the facility follows the staffing plan. There were at least three security staff assigned to each housing building (five housing units per building). Program, work and education areas included non-security staff and roving security staff members. A few of the program, work and common areas had a security staff member directly assigned. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed minimal staff actually inside the housing units and incarcerated individuals moving freely within the units during times when they were to be locked down. It appeared that the facility would benefit from additional staffing. The auditor did not observe any blind spots and confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor did observe that the camera in the dry storage area was blocked by stacked boxes and did not provide adequate viewing. The facility provided photos showing they also installed a mirror in the area for additional coverage. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds every hour and supervisors make rounds at least once a shift. Informal conversation with incarcerated individuals also confirmed that Correctional Officer make rounds a few times a shift and they see the supervisor at least once a day. During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Most cameras are monitored in central control. Housing unit staff can monitor cameras in the hallways of the units only. Administrative staff and investigative staff also have access to all cameras and can monitor remotely. The interview with the Warden indicated that the facility has a staffing plan and the plan is adequate to protect incarcerated individuals from sexual abuse. He advised they have a plan for when they are understaffed to call people in to fill vacancies through overtime. He advised they staff based on contract guidelines set forth by the client and part of that is to ensure supervision on incarcerated individual housing units at all time. The Warden confirmed that the staffing plan considers video monitoring technology and that camera are reviewed every week. He also confirmed that the staffing plan is documented. The Warden advised that all required components under this provision are included in the development and modification of the staffing plan. He stated in areas with more issues they increase staffing levels and review the cameras. The Warden stated that staffing is adjusted based on high risk areas and supervisors and staff are in those areas. He noted that the staffing plan is reviewed daily by the Shift Supervisor and that the rosters are sent out daily to the PCM and other administrative level staff. The interview with the PCM confirmed that the facility staffing plan takes into consideration the required components under this provision. She stated the staffing plan includes someone to watch over all the staff (supervisors) as well as rovers. She advised they have video monitoring technology and staff make unannounced rounds on all shifts.

115.13 (b): The PAQ indicated that this provision is not applicable as there were no deviations from the staffing plan and there are never deviations from the staffing

plan. 5.1.2-A, page 3 states that in circumstances where the staffing plan is not complied with the facility shall document and justify all deviations from the plan. The interview with the Warden indicated that any deviations from the staffing plan are documented. The auditor reviewed rosters provided by the facility. It appeared that deviations are documented in red with an alert, however further documentation was not provided to confirm these deviations were documented as required under this provision.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 5.1.2-A, page 3 states that facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to: the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. Policy further indicates that the staffing plan, to include all deviations and the Annual PREA Facility Assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA office annually as determined by each division. The staffing plan was most recently reviewed on September 19, 2023 by the Facility Administrator, Assistant Facility Administrator, Business Manager, Human Resources Manager, PCM and PREA Case Manager. It was further reviewed on September 21, 2023 by the agency PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence. The prior staffing plan review was completed on September 14, 2022. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and that he is consulted regarding any necessary adjustments. He stated each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and incarcerated individuals can be isolated. He indicated that completed assessments are forwarded to him and he reviews and consults with appropriate divisional leadership related to any of the recommendations for equipment, cameras, additional staffing, etc. The PC stated that the staffing plan is then either approved or denied, signed, and sent back to the facility.

115.13 (d): 5.1.2-A, page 3 states that the facilities shall implement a policy and practice requiring higher-level supervisors and intermediate-level supervisor to conduct and document unannounced PREA rounds in all areas and on all shifts to identify and deter employee sexual abuse and sexual harassment. Such policy and practice shall be implemented no less than once per week for U.S. Secure Services and no less than once per month for Reentry Services on all shifts. Policy further states that employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the

legitimate operational functions of the facility. OP-030601, page 6 states each facility shall ensure written policy and practice of having intermediate level or higher-level supervisors conduct and document unannounced rounds during day and night shifts to identify and deter staff sexual abuse and sexual harassment. These rounds will be documented in shift logs. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed two examples, one of unannounced rounds in all housing units for a week in January 2024 on the night shift and one of unannounced rounds in all housing units for a week in December 2023 on the day shift. An additional review of documentation for six specific weeks (randomly selected by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds were made at least weekly across both shifts in each of the housing units and common areas. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and that staff document the rounds in the log books. The staff stated that they ensure staff don't notify one another of the unannounced rounds by just showing up and not having a set pattern.

Based on a review of the PAQ, 5.1.2-A, OP-030601, the staffing plan, staffing analysis worksheet, contract with OK DOC, daily rosters, the Annual PREA Facility Assessment, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to require corrective action. The facility provided the contract with OK DOC, a staffing analysis worksheet and shift rosters for this standard. The documentation did not appear to provide enough information related to a staffing plan and how the elements under this provision were considered in the development of the staffing plan. The staffing analysis noted financial information related to positions while the contract did not specifically lay out any staffing plan elements. The auditor observed minimal staff actually inside the housing units and incarcerated individuals moving freely within the units during times when they were to be locked down. It appeared that the facility would benefit from additional staffing. The auditor reviewed rosters provided by the facility. It appeared that deviations are documented in red with an alert, however further documentation was not provided to confirm these deviations were documented as required under this provision.

Corrective Action

The facility will need to provide more information related to the staffing plan and development process, to include how the elements under provision (a) were considered when determining staffing levels. Further, the facility will need to provide additional documentation related to deviations from the staffing plan. The documentation should outline the deviations, time of deviations and justification for deviation.

	<p>Recommendation</p> <p>The auditor observed minimal staff actually inside the housing units and incarcerated individuals moving freely within the units during times when they were to be locked down. It appeared that the facility would benefit from additional staffing.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staffing Plan Narrative 2. Deviation from Staffing Plan <p>The facility provided the staffing plan narrative which was completed in September 2024. The narrative outlined the elements under provision (a). It also included a copy of the post chart which outlined the positions and the staff in those position.</p> <p>The facility provided the annual staffing plan review which outlined the facility did not have any deviations from the staffing plan during the previous twelve months. The document noted that overtime was utilized for all posts to ensure no deviations.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Population Age Report <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful incarcerated individuals are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>115.14 (b): The PAQ indicated that no youthful incarcerated individuals are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>115.14 (c): The PAQ indicated that no youthful incarcerated individuals are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>Based on a review of the PAQ and the population age report, this standard appears to be not applicable and as such compliant.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Oklahoma Department of Correction OP-040110 – Search and Seizure Standards

5. Prison Rape Elimination Act (PREA) Training Curriculum

6. Staff Training Records

Interviews:

1. Interviews with Random Staff

2. Interviews with Random Incarcerated Individuals

3. Interviews with Transgender and Intersex Incarcerated Individuals

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers

2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of incarcerated individuals and that there have been zero searches of this kind in the previous twelve months. 5.1.2-A, page 12 states cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners. Additionally, it states cross-gender visual body cavity searches are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. OP-040110, page 8 states pat down, frisk, strip, and visual body cavity searches of incarcerated individuals will be conducted by trained employees. Strip searches and visual body cavity searches will be conducted by trained employees in accordance with OP-040102 entitled "Master Roster and Post Order Guidelines" except in exigent circumstances or when performed by medical practitioners. OP-040102, page 4 states a person of the same gender as the incarcerated individual will be available to perform gender specific tasks (e.g. strip and visual body cavity searches) as defined in OP-040110.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down

searches of female incarcerated individuals, absent exigent circumstances. It further indicated that the facility does not restrict female incarcerated individuals' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ noted that the facility does not house female incarcerated individuals. 5.1.2-A, page 12 states facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances. It further states that facilities shall not restrict female individuals in a GEO facility access to regularly available programming or other outside opportunities in order to comply with this provision. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. OP-040110, page 8 states pat down, frisk, strip, and visual body cavity searches of incarcerated individuals will be conducted by trained employees. Strip searches and visual body cavity searches will be conducted by trained employees in accordance with OP-040102 entitled "Master Roster and Post Order Guidelines" except in exigent circumstances or when performed by medical practitioners. OP-040102, page 4 states a person of the same gender as the incarcerated individual will be available to perform gender specific tasks (e.g. strip and visual body cavity searches) as defined in OP-040110. The PAQ indicated there were zero pat-down searches of female incarcerated individuals that were conducted by male staff as the facility does not house female incarcerated individuals. Interviews with fifteen random staff confirmed none were aware of a time that a transgender female incarcerated individual was restricted from going somewhere because there was not a female staff member available to conduct a search. Interviews with five transgender female incarcerated individuals indicated that none had been restricted from access to regularly available programming in order to comply with this provision. Most of the transgender females advised they are searched by male or female staff but they did not have a search preference.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It further noted that the facility does not house female incarcerated individuals. 5.1.2-A, page 12 states that facilities shall document and justify all cross-gender pat-down searches of female individuals in a GEO facility. It further states that facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility. OP-040110, page 8 states all cross-gender strip searches and any cross-gender body cavity searches shall be documented as described in OP-050109 entitled "Reporting of Incidents." Any cross-gender pat searches of incarcerated individuals will be documented (i.e., search log book, etc.).

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable incarcerated individuals to shower, perform bodily functions,

and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 5.1.2-A, page 12 states each facility shall implement policies and procedures which allow individuals in a GEO facility to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. Policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any area where individuals are likely to be showering, performing bodily functions or changing clothes. OP-030601, page 6 states an incarcerated individual shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff shall be aware of each incarcerated individual's state of undress during times incarcerated individuals may be showering, changing clothes or performing bodily functions. Minimum, medium and maximum facilities shall ensure that at the beginning of each shift an announcement is made in the housing units notifying incarcerated individuals that staff of the opposite gender will enter or be present on the housing unit during the shift. When the gender of the staff on the housing unit changes to the opposite gender, a notification will be made to incarcerated individuals announcing the staffing change. With regard to cross gender viewing, the auditor viewed that privacy is provided through cell doors with small windows and expanded metal added to showers. Transgender and intersex incarcerated individuals are also issued a shower curtain to use for additional privacy. The auditor viewed one cross gender viewing issue in the infirmary. The cells directly in front of the entrance door did not provide adequate privacy due to large windows. During the tour the auditor viewed the strip search areas in intake, visitation and the segregated housing. Privacy was provided via cell doors and expanded metal. A review of video monitoring technology confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. Informal conversation with staff and incarcerated individuals confirmed the opposite gender announcement is routinely made and privacy is provided. Interviews with 50 incarcerated individuals indicated that 44 had privacy from opposite gender staff when showering, using the restroom and changing clothes. All fifteen staff interviewed confirmed that incarcerated individuals have privacy when showering, using the restroom and changing their clothes. Additionally, all fifteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. 45 of the 50 incarcerated individuals stated that opposite gender staff announce prior to entering the housing areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status and

that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 13 states facilities shall not search or physically examine a transgender or intersex individual in a GEO facility solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. OP-040110, page 8 states the facility shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. If the incarcerated individual's genital status is unknown, it may be determined during conversations with the incarcerated individual, by review of the medical records by the qualified health care/medical provider or, if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified health care/medical provider. Interviews with fifteen staff indicated fourteen were aware of a policy prohibiting searching a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individuals' genital status. Interviews with transgender incarcerated individuals further confirmed they were never searched for the sole purpose of determining her genital status.

115.15 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex incarcerated individuals. 5.1.2-A, page 13 states security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex individuals in a GEO facility professionally and respectfully. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. OP-040110, page 8 states cross-gender pat down searches of incarcerated individuals, including searches of declared transgender or intersex incarcerated individuals, shall be done by trained employees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs. A review of the Prison Rape Elimination Act (PREA) training curriculum confirmed that slides outline how to conduct cross gender searches and searches of transgender and intersex incarcerated individuals. The training discusses trauma, consistency, exigent circumstances, pronouns, respectful communication, prohibited actions and acceptable options for transgender searches. Additionally, the training includes viewing the PREA Resource Center's video on cross gender searches and transgender and intersex incarcerated individual searches. Eleven of the fifteen staff interviewed stated they received training on how to conduct cross gender pat down searches and searches of transgender and intersex incarcerated individuals. A review of 27 security staff training records indicated all 27 received the search training during their annual PREA training.

Based on a review of the PAQ, 5.1.2-A, OP-030601, OP-040110, PREA training curriculum, staff training records, observations made during the tour as well as information from interviews with random staff, random incarcerated individuals and the transgender incarcerated individual indicates this standard appears to require corrective action. The auditor viewed one cross gender viewing issue in the infirmary. The cells directly in front of the entrance door did not provide adequate privacy due to large windows.

Corrective Action

The facility will need to make appropriate modifications to the infirmary area. Photos of alleviation of the cross gender viewing issue will need to be provided.

Recommendation

The auditor highly recommends that the facility emphasize the search training video during the next annual PREA training to ensure staff remember the training and are aware of proper policies and procedures. Further, the auditor highly recommends that the facility review the OK DOC updated policy on transgender searches and ensure it aligns with the PREA Resource Center's FAQ (<https://www.prearesourcecenter.org/frequently-asked-questions/can-you-please-clarify-parameters-conducting-search-transgender-or>). If it does not the facility will need to resort to GEO policies as the primary.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Photos of Modification

The facility provided photos of modifications made to the infirmary windows. The facility painted a portion of the windows to provide privacy. Further, the facility

	<p>provided photos illustrating a mobile barrier was also being utilized for additional privacy.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Staff Translator List 5. BIG Language Solutions Information 6. Inmate Orientation and Reference Handbook (Handbook) 7. Sexual Assault Awareness Program Poster 8. Zero Tolerance Poster 9. Third Party Reporting Poster 10. Prison Rape Elimination Act (PREA) Training Curriculum 11. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interviews with LEP and Disabled Incarcerated Individuals 3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, page 8 states facilities shall ensure that individuals in a GEO facility with disabilities have an equal opportunity to participate in or benefit from GEO's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all facilities provide written materials to every individual in a GEO facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. OP-030601, page 14 states every incarcerated individual will receive a written copy of the agency's orientation material in formats or through methods to ensure effective communication. Incarcerated individuals whose primary language is not English will normally be provided a copy or translation of the orientation material in their own language. If literacy problems, intellectual disabilities/disabilities (visual/hearing impairments) exist, the incarcerated individual will be assisted in understanding the material. Provided documentation indicated that the agency utilizes BIG Language Solutions which provides video remote interpretation for any visual communication with an interpreter is needed. Further communication with the PCM indicated the facility has text telephone devices, handicap accessible cells, medical assistive devices and external interpreters to provide appropriate accommodations. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster and Third Party Reporting Poster confirmed that PREA information is available in adequate size font and colors. The Zero Tolerance Poster also has a corresponding "stop" hand imagine. Additionally, the PREA training curriculum covers accommodations for LEP and disabled incarcerated individuals on slides 44-46. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had an oversized PREA Hotline Poster in English and Spanish. These posters were above the phones (general population) or on the enclosures (segregated housing). Reporting information included the external OK DOC hotline. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Additionally, most of the phones had a hotline sticker that provided instructions on calling the PREA hotline. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the incarcerated individual tablet system in English and Spanish. Victim advocacy information was observed via the

Zero Tolerance Poster. Contact information for New Direction and RAINN were included on the poster. The interview with the Agency Head Designee indicated that all of GEO facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with three LEP incarcerated individuals and eight disabled incarcerated individuals indicated six had received information in a format that they could understand.

115.16 (b): The PAQ stated that the agency has established procedures to provide incarcerated individuals with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, page 8 states facilities shall ensure that individuals in a GEO facility with disabilities have an equal opportunity to participate in or benefit from GEO's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all facilities provide written materials to every individual in a GEO facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. OP-030601, page 14 states every incarcerated individual will receive a written copy of the agency's orientation material in formats or through methods to ensure effective communication. Incarcerated individuals whose primary language is not English will normally be provided a copy or translation of the orientation material in their own language. If literacy problems, intellectual disabilities/disabilities (visual/hearing impairments) exist, the incarcerated individual will be assisted in understanding the material. Documentation indicated that the agency utilizes BIG Language Solutions which provides over the phone interpretation in over 300 languages, video remote interpreting and written translation services. Additionally, the facility has six staff that can translate two languages. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster and Third Party Reporting Poster confirmed they are available in English and Spanish. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had an oversized PREA Hotline Poster in English and Spanish. These posters were above the phones (general population) or on the enclosures (segregated housing). Reporting information included the external OK DOC hotline. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Additionally, most of the phones had a hotline sticker that provided instructions on calling the PREA hotline. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the

incarcerated individual tablet system in English and Spanish. Victim advocacy information was observed via the Zero Tolerance Poster. Contact information for New Direction and RAINN were included on the poster. During incarcerated individual interviews the auditor utilized staff translators for the LEP incarcerated individual interviews. Additionally, the facility has a language interpretation services (BIG Language Solutions). The auditor tested access to the service to confirm it is available for use when needed. The auditor utilized three codes/numbers and was connected to an interpreter. Interviews with three LEP incarcerated individuals and eight disabled incarcerated individuals indicated six had received information in a format that they could understand.

115.16 (c): The PAQ stated that agency policy prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances. The PAQ stated that the facility document the limited circumstances. 5.1.2-A, page 8 indicates that individuals in a GEO facility shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder duties or the investigation of the individual's allegations. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances. OP-030601, page 14 states all incarcerated individual education shall be provided to incarcerated individuals by staff. No incarcerated individual interpreters will be utilized except in exigent circumstances. However, approved community or facility volunteers maybe utilized. The PAQ expressed that there were zero instances where an incarcerated individual was utilized to interpret, read or provide other types of assistance. Interviews with fifteen staff indicated fourteen were aware of a policy that prohibits the use of incarcerated individual interpreters, translator, readers or other types of incarcerated individual assistants for sexual abuse allegations. None of the fifteen were aware of a time that a incarcerated individual was utilized to assist another incarcerated individual for a sexual abuse allegation. Interviews with three LEP incarcerated individuals and eight disabled incarcerated individuals indicated six had received information in a format that they could understand. None indicated another incarcerated individual was utilized to interpret, translate, read or provide assistance.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Staff Translator List, BIG Language Solutions Information, Inmate Orientation and Reference Handbook (Handbook), Sexual Assault Awareness Program Poster, Zero Tolerance Poster, Third Party Reporting Poster, Prison Rape Elimination Act (PREA) Training Curriculum, Staff Training Records, observations made during the tour as well as interviews with the Agency Head Designee, random staff, disabled incarcerated individuals and LEP incarcerated individuals indicates that this standard appears to be compliant. It should be noted the issue related to incarcerated individual interviews is addressed under PREA Standard 115.33.

	<p>Recommendation</p> <p>The auditor recommends that the agency (GEO) update their current policy related to the requirements under this standard to include LEP incarcerated individuals (policy only addresses incarcerated individuals with a disability).</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Employment Questionnaire 4. PREA Disclosure and Authorization Form Annual Performance Evaluation 5. Staff and Contractor Personnel Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with incarcerated individuals and prohibits enlisting the services of any contractor who may have contact with incarcerated individuals who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 5.1.2-A, page 4 states that GEO facilities are</p>

prohibited from hiring or promoting any anyone (who may have contact with incarcerated individuals in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 11 states that GEO facilities are prohibited from contracting with anyone (who may have contact with incarcerated individuals) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the incarcerated individual, incarcerated individual, resident, etc.)?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?". A review of documentation for seven staff hired in the previous twelve months indicated all seven had a criminal background records check completed via Accurate, a third party organization. A review of documentation for two contractors hired in the previous twelve months indicated both had a criminal background records check completed via Accurate, a third party organization. Accurate conducts a query of public records across national, state and local jurisdictions. They are not a law enforcement agency and as such are unable to query criminal history records through NCIC, however information from the PREA Resource Center noted that NCIC is not required so long as the other databases utilized meet the standard.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with incarcerated individuals. 5.1.2-A, page 4 states facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO facility. Page 11 states that the facility shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with individuals in a GEO facility. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with incarcerated individuals.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with incarcerated individuals, it conducts criminal background record checks and makes its best efforts to contact all prior institutional

employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2-A, pages 4 states that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, before hiring new employees. Background checks shall be repeated for all employees at least every five years. The PAQ indicated that 319 people had a criminal background records check, which is equivalent to 100% of those hired in the previous twelve months. The Human Resource staff member confirmed that a criminal background records check is completed for all newly hired employees who may have contact with incarcerated individuals and that all prior institutional employers are contacted related to incidents of sexual abuse. She stated they send a background check through Accurate, a third party vendor and once they are cleared that way they are fingerprinted and that information is sent to OK DOC. The OK DOC will advise if the individual has a criminal history and if they are clear to be hired. The Human Resource staff further stated that Accurate checks with prior institutional employers. A review of documentation for seven staff hired in the previous twelve months indicated all seven had a criminal background records check completed via Accurate, a third party organization. Additionally, the Accurate documentation indicated that the query included the "PREA Package", which includes prior institutional checks. The auditor was not provided enough information to determine if this was completed as the documentation for three of the seven staff advised no employers were contacted and three did not have any information. Further, the auditor was not provided information on prior employment for each requested staff member to determine if checks were necessary.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with incarcerated individuals. 5.1.2-A, pages 11-12 state that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. The PAQ stated that there were zero contracts for services where criminal background checks were completed. Further communication with the PCM indicated that the facility has three contracts and all contractors under the contracts have had a criminal background records check completed. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services. She indicated the process is the same as staff, they have a check through Accurate and then their fingerprints are submitted through OK DOC. A review of documentation for two contractors hired in the previous twelve months indicated both had a criminal background records check completed via Accurate, a third party organization.

115.17 (e): The PAQ indicated that agency policy requires either criminal background

checks to be conducted at least every five years for current employees and contractors who may have contact with incarcerated individuals or that a system is in place for otherwise capturing such information for current employees. 5.1.2-A, pages 4 states that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, before hiring new employees. Background checks shall be repeated for all employees at least every five years. Pages 11-12 state that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. The interview with Human Resources indicated that criminal background records checks are completed at least every five years through Accurate. A review of six staff employed longer than five years and one contractor employed longer than five years indicated that all seven had a criminal background records check completed in 2020, 2022 and/or 2024. These were all completed via Accurate.

115.17 (f): 5.1.2-A, page 4 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual abuse misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the incarcerated individual, incarcerated individual, resident, etc.)?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?". Additionally, the PREA Disclosure and Authorization Form Annual Performance Evaluation indicates that it includes the same questions and is utilized during annual employee performance reviews. The interview with the Human Resource staff confirmed that these questions are included in the hiring packet via the PREA Questionnaire. She further confirmed that employees have a continuing duty to disclose any such previous misconduct. A review of documentation for six staff hired in the previous twelve months confirmed all six had completed the Employment Questionnaire prior to hire. A review of documentation for three staff promoted in the previous twelve months confirmed all three completed the PREA Disclosures and Authorization Form prior to promotion.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. 1300.05, page 4 states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination.

115.17 (h): 5.1.2-A, page 4 states that unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. The interview with the Human Resource staff member confirmed that information is provided to employers related to a former employee through the Corporate Office.

Based on a review of the PAQ, 5.1.2-A, the Employment Questionnaire, PREA Disclosure and Authorization Form Annual Performance Evaluation, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. The Accurate documentation indicated that the query included the "PREA Package", which includes prior institutional checks. The auditor was not provided enough information to determine if this was completed as the documentation for three of the seven advised no employers were contacted and three did not have any information. Further, the auditor was not provided information on prior employment for each requested staff member to determine if checks were necessary.

Corrective Action

The facility will need to provide additional information related to prior institutional checks, to include employment history of the staff requested and documentation confirming appropriate employers were contacted by Accurate for appropriate information.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this

	<p>standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Prior Institutional Check Documents <p>The facility provided documentation related to prior institutional checks. Documentation noted that one of the staff had a prior institutional employer. During the Accurate background check, the organization attempted to contact the prior institution (jail) seven times. All seven attempts were unsuccessful.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Absence of Modification to the Physical Plant 2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 5.1.2-A, pages 4-5 state GEO and its facilities shall consider the effects any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility's ability to protect individuals in a GEO facility from sexual abuse and harassment. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assesses the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the incarcerated individuals and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect incarcerated individuals from abuse. He stated that since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and GEO will continue to consider these enhancements during new construction projects as well. The interview with the Warden confirmed there has not been any substantial modifications to the facility since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 5.1.2-A, pages 4-5 state GEO and its facilities shall consider the effects any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility's ability to protect individuals in a GEO facility from sexual abuse and harassment. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision and monitoring through coverage of blind spots and high traffic areas. Most cameras are monitored in central control. Housing unit staff can monitor cameras in the hallways of the units only. Administrative staff and investigative staff also have access to all cameras and can monitor remotely. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and incarcerated individuals within its facilities. He stated GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities and new

	<p>technology is added to screening areas to control contraband and assist in maintaining the safety of facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within facilities. The Warden confirmed that when the facility installs or updates video monitoring technology they consider how the technology will protect incarcerated individuals from sexual abuse. He stated they identify blind spots and add cameras to those areas. Additionally, the Warden indicated that they were currently upgrading video monitoring to a higher quality system.</p> <p>Based on a review of the PAQ, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 4. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act 5. Memorandum of Understanding with Marie Detty New Direction (New Direction) 6. Investigative Reports 7. PREA Survey Portal Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the PREA Compliance Manager 3. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal investigations and the Office of the Inspector General (OK DOC) is also responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. A review of OP-030601 pages 24-27 confirmed that it outlines a uniform evidence protocol, including preservation of evidence and collection of physical evidence. Additionally, 5.1.2-E outlines the investigative process for GEO investigators including a uniform evidence protocol. Interviews with fifteen random staff indicated that all fifteen were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, thirteen of the fifteen staff stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful incarcerated individuals. The PAQ and further communication with the PCM noted that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of OP-030601 pages 24-27 confirmed that it outlines a uniform evidence protocol, including preservation of evidence and collection of physical evidence. Additionally, 5.1.2-E outlines the investigative process for GEO investigators including a uniform evidence protocol.

115.21 (c): The PAQ indicated that the facility offers incarcerated individuals who experience sexual abuse access to forensic medical examination at an outside facility. The PAQ further stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. The PAQ stated there were sixteen forensic exams conducted in the previous twelve months by SAFE/SANE and qualified medical practitioners. Further communication with the PCM indicated there were sixteen forensic medical examinations completed at Comanche County Memorial Hospital or Norman Regional Hospital by SAFE/SANE. The auditor contacted Comanche County Memorial Hospital related to forensic medical examinations. The staff advised that they do not have staff to conduct forensic medical examination but

they contact local law enforcement and they coordinate the SAFE/SANE. She confirmed that if an incarcerated individual was sexually assaulted they would have SAFE/SANE come to the hospital to conduct the examination. The auditor contacted Norman Regional Health System related to forensic medical examinations. The staff advised that they have an outside service, Women's Resource Center, who come and bring a SANE nurse to perform the examination at the hospital. A review of documentation for the nineteen investigations reviewed noted that five victims were transported to one of the two hospitals for a forensic medical examination by SAFE/SANE.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that when a rape crisis center is not available, the facility provides a qualified-staff member from a community-based organization or a qualified agency staff member. The facility has an MOU with Marie Detty New Direction, which was executed on February 18, 2021. The MOU states that New Direction will make available an advocate to accompany survivors to local hospitals in the Lawton area for support during the forensic medical exam and investigatory interview process. Additionally, it states that New Direction will staff a toll-free hotline to provide crisis intervention services to incarcerated individuals of sexual violence. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center for emotional support during the forensic exam and investigatory interviews. She stated the victim advocate responds to the hospital for the forensic medical examination. She also stated they have an MOU with New Direction for services, which is the local rape crisis center. Interviews with incarcerated individuals who reported sexual abuse indicated none of the five were afforded access to a victim advocate or were able to contact anyone after they reported sexual abuse. A review of fourteen sexual abuse investigation indicated thirteen of the fourteen were offered a victim advocate. Six accepted advocacy services and seven declined advocacy services.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. The facility has an MOU with Marie Detty New Direction, which was executed on February 18, 2021. The MOU states that New Direction will make available an advocate to accompany survivors to local hospitals in the Lawton area for support during the forensic medical exam and investigatory interview process. Additionally, it states that New Direction will staff a toll-free hotline to provide crisis intervention services to incarcerated individuals of sexual violence. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center for emotional support during the forensic medical exam and investigatory interviews. She stated the victim advocate responds to the hospital for the forensic examination. She also stated they have an MOU with New Direction for

services, which is the local rape crisis center. Interviews with incarcerated individuals who reported sexual abuse indicated none of the five were afforded access to a victim advocate or were able to contact anyone after they reported sexual abuse. A review of fourteen sexual abuse investigation indicated thirteen of the fourteen were offered a victim advocate. Six accepted advocacy services and seven declined advocacy services.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraph 115.21 (a) through (e) of this standard. The agency contracts with the Oklahoma Department of Corrections for confinement of the OK DOC's incarcerated individuals. The OK DOC Office of the Inspector General (OIG) conducts investigations as outlined in OP-030601.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility has an MOU with Marie Detty New Direction, which was executed on February 18, 2021. The MOU states that New Direction will make available an advocate to accompany survivors to local hospitals in the Lawton area for support during the forensic medical exam and investigatory interview process. Additionally, it states that New Direction will staff a toll-free hotline to provide crisis intervention services to incarcerated individuals of sexual violence.

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, OP-030601, Memorandum of Understanding with Marie Detty New Direction, investigative reports, PREA Survey Portal Documents and information from interviews with random staff, incarcerated individuals who reported sexual abuse and the PREA Compliance Manager indicates that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the victim advocacy process be reviewed to ensure victims understand how outside emotional support services can be accessed after a report of sexual abuse.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)
3. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
4. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
5. Oklahoma Department of Correction OP-040117 – Investigations
6. Investigative Reports
7. Investigative Log

Interviews:

1. Interview with the Agency Head Designee
2. Interviews with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. 5.1.2-E outlines the investigative process for GEO investigators. OP-040117, page 3 states all allegations of sexual abuse and harassment, including third party and anonymous reports, will be reviewed to determine if sufficient information exists to complete a formal investigation. The PAQ indicated that there were 105 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. 34 resulted in an administrative investigation and 71 resulted in a criminal investigation. The PAQ advised that 45 of the investigations were still pending/open. Further communication with the PCM indicated there were 102 total allegations during the previous twelve months. All 102 had an administrative investigation

completed and 71 had an additional criminal element. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. He noted that GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements and regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. A review the investigative log and nineteen investigative reports confirmed allegations are reported to the facility and then to the OIG. All allegations had an investigation completed. Of the nineteen reviewed, six were referred to the District Attorney and a such were considered criminal investigations. All criminal investigations were also administrative investigations as they included administrative elements in the written report by the OIG. Four of the nineteen allegations had the OIG decline to interview and as such were investigated by facility investigators.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. 5.1.2-E outlines the investigative process for GEO investigators. OP-040117, page 3 states all allegations of sexual abuse and harassment, including third party and anonymous reports, will be reviewed to determine if sufficient information exists to complete a formal investigation. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. Interviews with investigators confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. Investigations are referred to the OK DOC OIG. A review the investigative log and nineteen investigative reports confirmed allegations are reported to the facility and then to the OIG. All allegations had an investigation completed. Of the nineteen reviewed, six were referred to the District Attorney and a such were considered criminal investigations. All criminal investigations were also

administrative investigations as they included administrative elements in the written report by the OIG. Fifteen of the nineteen investigations reviewed were investigated by the OIG.

115.22 (c): 5.1.2-A, page 1 states each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. GEO shall publish its corporate investigations policy on its website. 5.1.2-E outlines the investigative process for GEO investigators. OP-040117, page 3 states all allegations of sexual abuse and harassment, including third party and anonymous reports, will be reviewed to determine if sufficient information exists to complete a formal investigation. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, 5.1.2-A, OP-030601, OP-040117, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Prison Rape Elimination Act (PREA) Training Curriculum

5. Staff Training Records

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with incarcerated individuals on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the incarcerated individuals' right to be free from sexual abuse and sexual harassment, the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with incarcerated individuals, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals and how to comply with relevant laws related to mandatory reporting. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO's PREA program before assignment. Each facility shall train employees who may have contact with individuals in a GEO facility on; its zero tolerance policy; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; detained individual's right to be free from sexual abuse and sexual harassment; the right of the detained individuals to be free from retaliation from reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with incarcerated individuals/incarcerated individuals/residents; how to communicate effectively and professionally with detained individuals, including LGBTI or Gender Non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. OP-030601, page 12 states training related to the prevention, detection, reporting and response of sexual abuse and harassment shall be a part of orientation/pre-service training in accordance with OP-100101 entitled "Training and Staff Development." Pages 11-12 also state all staff who may have contact with incarcerated individuals shall receive training to emphasize the zero tolerance of sexual abuse/harassment, aid in the prevention of sexual abuse and harassment of incarcerated individuals and promote awareness of the serious impact of sexual victimization within the correctional setting. All newly hired OK DOC employees shall receive the booklet "Sexual Misconduct and Harassment" (Attachment A, attached). All OK DOC staff, contract

staff, non-agency incarcerated individual work crew supervisors, volunteers and interns shall review their contract and procedures and be trained to: understand the agency's zero tolerance for sexual abuse or harassment and retaliation against an incarcerated individual or employee in any form as a result of reporting an allegation of sexual abuse/harassment; recognize the physical, behavioral and emotional signs of sexual assault and the dynamics of sexual abuse and sexual harassment in confinement; the incarcerated individual's right to be free from sexual abuse and harassment; how to avoid inappropriate relationships with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, questioning, intersex, or gender non-conforming incarcerated individuals; how to detect and respond to signs of threatened and actual sexual abuse; and understand the agency policy and protocols regarding prevention, detection reporting and response when an alleged sexual assault occurs. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with incarcerated individuals (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). Interviews with fifteen random staff indicated all fifteen had received PREA training. Thirteen of the fifteen advised the training included the elements required under this provision. A review of 27 staff training records indicated all 27 had received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of the incarcerated individual at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Further communication with the PCM indicated that all incarcerated individuals at the facility are male and as such training is tailored toward male incarcerated individuals and they would not transfer to another facility with female incarcerated individuals. 5.1.2-A, page 9 states employee training shall be tailored to the gender of the individual in the GEO facility at the employee's facility, and employees shall receive additional training if transferring facilities that house individuals of different genders. OP-030601, page 12 states PREA training shall be tailored to the gender of the incarcerated individuals at the employee's facility/unit. A review of the PREA training curriculum indicates that it covers both male and female reactions to sexual abuse as well as male and female trauma and how that affects sexual abuse.

115.31 (c): The PAQ stated between trainings the agency provides employees who may have contact with incarcerated individuals with refresher information about current policies regarding sexual abuse and sexual harassment. It further advised staff are trained annually on PREA. 5.1.2-A, page 9 states PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. OP-030601, page 12 states all employees with incarcerated individual contact will receive annual training at their facility/unit. Volunteers who have incarcerated individual contact will receive PREA training as part of initial orientation and then every other year thereafter. Such training will be documented and include a review of this procedure and the employees and volunteers' responsibilities to prevent and report sexual abuse and harassment as well as other relevant PREA-related material. A review of documentation indicated that eighteen staff received training at least every two years (staff had training annually). Those without the training every two years had been employed less than a year.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with incarcerated individuals understand the training they have received through employee signature or electronic verification. 5.1.2-A, page 9 states unless client mandate requires electronic verification, employees shall document through signatures on the PREA Basic Training Acknowledgement form to confirm they understand the training they have received. OP-030601, page 13 states the facility/unit shall ensure all employees/volunteers and contractors sign and acknowledge verification confirming their understanding of the PREA training received utilizing the "Oklahoma Prison Rape Elimination Act Staff Training Acknowledgment" form (Attachment F, attached) or the "Oklahoma Prison Rape Elimination Act Volunteer/Contractor Training Acknowledgement" form (Attachment G, attached) This documentation will be retained in the employee/volunteer or contractor/personnel file. A review of 27 staff training records indicated that all had completed an electronic verification of completion of the training.

Based on a review of the PAQ, 5.1.2-A, OP-030601, the PREA Training Curriculum, a review of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and sexual harassment training to all staff annually. The training includes all the required elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with incarcerated individuals, the dynamics of sexual abuse and how to communicate with LGBTI incarcerated individuals. Staff are required to complete a post training quiz to ensure they have a clear understanding of PREA. Additionally, all staff, regardless of the gender of the incarcerated individual at the facility, receive training that discusses both male and female reactions as well as male and female trauma. Further, during documentation review the auditor observed that many staff had completed monthly PREA training on different topics.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Oklahoma Prison Rape Elimination Act (PREA) Volunteer/Contractor Training Acknowledgment 5. Prison Rape Elimination Act (PREA) Training Curriculum 6. Contract Staff Training Handbook 7. Volunteer and Contractor Training Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Volunteers or Contractors who have Contact with Incarcerated individuals <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with incarcerated individuals have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO’s PREA program before assignment. Page 10 states all volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all volunteers who have contact with individuals in a GEO facility are trained on their responsibilities under GEO’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers who have contact with individuals in a GEO facility shall receive annual PREA refresher training. Further, page 11 states all contractors shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all contractors who have contact with individuals in a GEO facility trained on their responsibilities under GEO’s sexual abuse and sexual harassment prevention,</p>

detection, and response policies and procedures. Contractors who have contact with individuals in a GEO facility shall receive annual PREA refresher training. OP-030601, page 12 states all ODOC staff, contract staff, non-agency incarcerated individual work crew supervisors, volunteers and interns shall review their contract and procedures and be trained to: understand the agency's zero tolerance for sexual abuse or harassment and retaliation against an incarcerated individual or employee in any form as a result of reporting an allegation of sexual abuse/harassment; recognize the physical, behavioral and emotional signs of sexual assault and the dynamics of sexual abuse and sexual harassment in confinement; the incarcerated individual's right to be free from sexual abuse and harassment; how to avoid inappropriate relationships with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, questioning, intersex, or gender non-conforming incarcerated individuals; how to detect and respond to signs of threatened and actual sexual abuse; and understand the agency policy and protocols regarding prevention, detection reporting and response when an alleged sexual assault occurs. Page 12 further states volunteers who have incarcerated individual contact will receive PREA training as part of initial orientation and then every other year thereafter. Such training will be documented and include a review of this procedure and the employees and volunteers' responsibilities to prevent and report sexual abuse and harassment as well as other relevant PREA-related material. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with incarcerated individuals (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex incarcerated individuals (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). A review of the Contract Staff Training Handbook also confirms it includes information on PREA on pages 45-54. Information includes: the zero tolerance policy, responsibilities, mandatory reporting, dynamics of sexual abuse, proactive measures, inappropriate relationships and disciplinary sanction. Volunteers receive training via the "Oklahoma Prison Rape Elimination Act Volunteer/Contractor Training Acknowledgement" form. The PAQ indicated that 76 volunteers and contractors had received PREA training. Interviews with contractors and volunteers confirmed that they received training on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. A review of documentation for three contractors and five volunteers confirmed all eight had received PREA training.

115.32 (b): The PAQ indicated that the level and type of training provided to

volunteers and contractors is based on the services they provide and level of contact they have with incarcerated individuals. Additionally, the PAQ indicates that all volunteers and contractors who have contact with incarcerated individuals have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO's PREA program before assignment. Page 10 states all volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all volunteers who have contact with individuals in a GEO facility are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers who have contact with individuals in a GEO facility shall receive annual PREA refresher training. Further, page 11 states all contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all contractors who have contact with individuals in a GEO facility trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors who have contact with individuals in a GEO facility shall receive annual PREA refresher training. OP-030601, page 12 states all ODOC staff, contract staff, non-agency incarcerated individual work crew supervisors, volunteers and interns shall review their contract and procedures and be trained to: understand the agency's zero tolerance for sexual abuse or harassment and retaliation against an incarcerated individual or employee in any form as a result of reporting an allegation of sexual abuse/harassment; recognize the physical, behavioral and emotional signs of sexual assault and the dynamics of sexual abuse and sexual harassment in confinement; the incarcerated individual's right to be free from sexual abuse and harassment; how to avoid inappropriate relationships with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, questioning, intersex, or gender non-conforming incarcerated individuals; how to detect and respond to signs of threatened and actual sexual abuse; and understand the agency policy and protocols regarding prevention, detection reporting and response when an alleged sexual assault occurs. Page 12 further states volunteers who have incarcerated individual contact will receive PREA training as part of initial orientation and then every other year thereafter. Such training will be documented and include a review of this procedure and the employees and volunteers' responsibilities to prevent and report sexual abuse and harassment as well as other relevant PREA-related material. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the incarcerated individuals' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the incarcerated individual to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with incarcerated individuals (slides 79-90), how to communicate effectively and professionally with

lesbian, gay, bisexual, transgender and intersex incarcerated individuals (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). A review of the Contract Staff Training Handbook also confirms it includes information on PREA on pages 45-54. Information includes: the zero tolerance policy, responsibilities, mandatory reporting, dynamics of sexual abuse, proactive measures, inappropriate relationships and disciplinary sanction. Volunteers receive training via the “Oklahoma Prison Rape Elimination Act Volunteer/Contractor Training Acknowledgement” form. Interviews with contractors and volunteers indicated they received training online and that they sometimes get additionally training throughout the year. The contractors and volunteers confirmed that the training included information on the zero-tolerance policy and how and who to report the information to. A review of documentation for three contractors and five volunteers confirmed all eight had received PREA training.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 5.1.2-A, page 10 states unless client mandates require electronic verification, volunteers shall document training through signature on the PREA Basic Training Acknowledgement form acknowledging they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training. Further, page 11 states unless client mandates require electronic verification, contractors shall document training through signature on the PREA Basic Training Acknowledgement form that they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training. OP-030601, page 13 states the facility/unit shall ensure all employees/volunteers and contractors sign and acknowledge verification confirming their understanding of the PREA training received utilizing the “Oklahoma Prison Rape Elimination Act Staff Training Acknowledgment” form (Attachment F, attached) or the “Oklahoma Prison Rape Elimination Act Volunteer/Contractor Training Acknowledgement” form (Attachment G, attached) This documentation will be retained in the employee/volunteer or contractor/personnel file. A review of documentation for three contractors and five volunteers confirmed all eight had received PREA training. All eight manually signed an acknowledgement form.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Oklahoma Prison Rape Elimination Act (PREA) Volunteer/Contractor Training Acknowledgment, Prison Rape Elimination Act (PREA) Training Curriculum, Contract Staff Training Handbook, a review of contractor and volunteer training records as well as the interviews with contractors and volunteers, this standard appears to be compliant.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act
4. PREA What You Need to Know Video
5. Inmate Orientation and Reference Handbook (Handbook)
6. Sexual Assault Awareness Program Poster
7. Zero Tolerance Poster
8. Third Party Reporting Poster
9. Staff Translator List
10. BIG Language Solutions Information
11. Inmate Orientation
12. Zero Tolerance Acknowledgment for Inmates

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Incarcerated Individuals

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that incarcerated individuals receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 5.1.2-A, page 8 states during the intake

process, U.S. Secure Services shall provide each individual in a GEO facility with written information on GEO's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. OP-030601, page 14 states during assessment and reception, all new incarcerated individuals will receive verbal and written information about sexual abuse and harassment. This information will address the agency and facility zero tolerance standard, prevention/intervention, self-protection, how to report acts or suspicions of sexual abuse, assaults or harassment by incarcerated individuals or staff to include reporting utilizing the incarcerated individual PREA Hotline (073). Incarcerated individual phones shall have instructions for using the PREA Hotline posted in a conspicuous location on or near the phones. Incarcerated individuals will also be informed of treatment and counseling services available pertaining to aspects of sexual assaults. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster, and Third Party Reporting Poster confirmed that they included information on the zero tolerance policy, ways to report, definitions and outside victim advocacy services. The PAQ indicated that 1550 incarcerated individuals received information on the zero tolerance policy and how to report at intake which is equivalent to 100% of the number of incarcerated individuals the facility reported they received during the previous twelve months. The auditor observed the intake process through a demonstration. Incarcerated individuals are provided PREA information at intake via the Handbook. The Handbook is available in both English and Spanish. The Handbook is placed in the incarcerated individual's property bag and distributed upon arrival. Staff also verbally advise incarcerated individuals that PREA information is in the Handbook and advises them there is a zero tolerance policy and they should read the Handbook. It should be noted that the auditor did not observe PREA information posted in the holding cells of intake, which is where the incarcerated individuals spend the majority of time when in the intake area. The interview with the intake staff confirmed that incarcerated individuals are provided information at the time of intake on the zero tolerance policy and how to report incident of sexual abuse or harassment. She stated incarcerated individuals receive a Handbook upon intake and then they go through orientation. 42 of the 50 incarcerated individuals interviewed indicated that they had received information on the agency's zero tolerance policy and reporting mechanisms. Most stated they received the information when they arrived through a packet. A review of 35 incarcerated individual files of those received within the previous twelve months indicated that all 35 were documented with receiving PREA information at intake. All 35 incarcerated individuals signed the Inmate Orientation form confirming they received the Handbook.

115.33 (b): 5.1.2-A, page 8 states within 30 days of intake, U.S. Secure Services and Reentry facilities shall provide a comprehensive education to all individuals in a GEO program, either in person or through video. Policy further states the comprehensive education shall include information on the individual's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such

incidents. OP-030601, pages 15-16 states within 30 days of intake, the facility where the incarcerated individual is housed shall provide the following comprehensive education to incarcerated individuals either in person or through video regarding: the incarcerated individual's right to be free from sexual abuse and harassment from incarcerated individuals and staff; how to protect themselves from incidents of sexual abuse and harassment from incarcerated individuals or staff; that staff of the opposite gender will enter or be present on the housing units at any time; the facility rules and procedures on showering, performing bodily functions, and maintaining an expected state of dress; reporting of sexual abuse/harassment; retaliation by other incarcerated individuals or staff for reporting sexual abuse or harassment and staff neglect or violation of responsibilities that may have contributed to such incidents; treatment and counseling; and OK DOC's zero tolerance for sexual abuse or harassment. Information regarding these topics is included in the OK DOC "Incarcerated individual Rules and Regulations Handbook" and the booklet entitled "Incarcerated individuals' Guide to Sexual Misconduct" (Attachment B, attached) which will be made available to all incarcerated individuals during the assessment and reception orientation. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster, and Third Party Reporting Poster confirmed that they included information on the zero tolerance policy, ways to report, definitions and outside victim advocacy services. The PAQ indicated that 1546 incarcerated individuals received comprehensive PREA education within 30 days of intake which is equivalent to 100% of those that arrived in the previous twelve months and stayed for 30 days or more. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. PREA education is completed via orientation. Orientation is conducted in visitation every Thursday for all general population incarcerated individuals. Protective Custody or Segregated Housing Unit incarcerated individuals receive orientation on the housing units. Incarcerated individuals watch the PREA What You Need to Know video and staff verbally talk to them about what to do if they are approached for sex, how to report and what to do if they are sexually assaulted (i.e. not shower). The video is played on a rolling tv that is approximately 26 inches. Staff indicated for LEP incarcerated individuals they have an interpreter as the video is not in Spanish. For disabled incarcerated individuals they utilize paper to show them the information. The interview with the intake staff indicated that all incarcerated individuals receive orientation upon arrival at the facility. Orientation is conducted every Thursday so incarcerated individuals receive orientation typically within a week. The intake staff advised that orientation includes the "candy bar" video (PREA What You Need to Know). She stated she talks to them about how to report and that if something were to happen that they should tell staff and not shower or do anything to destroy evidence. 32 of the 50 incarcerated individuals interviewed indicated that they were informed of their right to be free from sexual abuse, their right to be free from retaliation for reporting sexual abuse and policies and procedures in response to an allegation of sexual abuse. Incarcerated individuals indicated they received the information either in person or via a video. A review of 35 incarcerated individual files indicated that all 35 signed the Zero Tolerance Acknowledgment for Inmates confirming they viewed the PREA video and were provided information in-person.

115.33 (c): The PAQ indicated that of those who were not educated within 30 days of intake, all incarcerated individuals were not subsequently educated. Further clarification from the PCM indicated that this provision should have read that all current incarcerated individuals have received PREA education within 30 days of arrival at the facility. 5.1.2-A, page 8 states individuals in a GEO facility shall receive education upon transfer to a different facility if the policy and procedures differ from the previous facility. OP-030601, page 14 states upon transfer to a different facility, the incarcerated individual will receive orientation in regard to PREA policies and procedures which may differ from a previous facility. Community centers shall provide refresher information to transferred incarcerated individuals. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster, and Third Party Reporting Poster confirmed that they included information on the zero tolerance policy, ways to report, definitions and outside victim advocacy services. The interview with the intake staff indicated that all incarcerated individuals receive orientation upon arrival at the facility. Orientation is conducted every Thursday so incarcerated individuals receive orientation typically within a week. The intake staff advised that orientation includes the “candy bar” video (PREA What You Need to Know). She stated she talks to them about how to report and that if something were to happen that they should tell staff and not shower or do anything to destroy evidence. A review of documentation for 59 total incarcerated individuals, including one that arrived prior to 2013, confirmed all 59 were documented with PREA education after 2013.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for incarcerated individuals who are LEP, deaf, visually impaired, otherwise disabled, as well as to incarcerated individuals who have limited reading skills. The PAQ also stated that the agency has established procedures to provide disabled incarcerated individuals an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, pages 8-9 states education shall be provided in formats accessible to all individuals in a GEO facility, including those with disabilities and those who are limited English proficient. OP-030601, page 14 states every incarcerated individual will receive a written copy of the agency’s orientation material in formats or through methods to ensure effective communication. Incarcerated individuals whose primary language is not English will normally be provided a copy or translation of the orientation material in their own language. If literacy problems, intellectual disabilities/disabilities (visual/hearing impairments) exist, the incarcerated individual will be assisted in understanding the material. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster and Third Party Reporting Poster confirmed that PREA information is available in adequate size font and colors. The Zero Tolerance Poster also has a corresponding “stop” hand imagine. Additionally, the PREA training curriculum covers accommodations for LEP and disabled incarcerated individuals on slides 44-46. A review of documentation for two LEP incarcerated individuals and seven disabled incarcerated individuals indicated all

nine signed that they received PREA education. It should be noted that the none of the documents reviewed noted any accommodations and neither of the two LEP incarcerated individuals signed a Spanish form. Interviews with three LEP incarcerated individuals and eight disabled incarcerated individuals indicated six had received information in a format that they could understand.

115.33 (e): The PAQ indicated that the agency maintains documentation of incarcerated individual participation in PREA education sessions. 5.1.2-A, page 9 states all individuals in a GEO facility shall sign for receipt of written material and participation in comprehensive education sessions. OP-030601, page 15 states the facility shall maintain documentation of the incarcerated individual's orientation/ education by utilizing the "Oklahoma Prison Rape Elimination Act Zero Tolerance Acknowledgments for Incarcerated individuals" form (Attachment E, attached) or the "Oklahoma Prison Rape Elimination Act Zero Tolerance Acknowledgments for Incarcerated individuals (Spanish)" (Attachment E-1, attached), the "Self-Report Form" (OP- 030102, Attachment B) or the "Self-Report Form (Spanish)" (OP-030102, Attachment B-1) and the "Cell Assessment Form" (OP-030102, Attachment A). A review of the Inmate Orientation Acknowledgment indicates that incarcerated individuals initial that they received PREA training. The Zero Tolerance Acknowledgment for Inmates illustrates that incarcerated individuals sign indicating they are aware of the zero tolerance policy, their rights under PREA, reporting mechanism, treatment and counseling at no charge and that all allegations are investigated. The incarcerated individuals also initial that they have viewed the PREA video and had the opportunity to ask questions. A review of 59 total incarcerated individual files indicate all 59 signed an acknowledgement form indicating that they had received PREA education.

115.33 (f): The PAQ indicated that key information shall be provided to incarcerated individuals on a continuous basis through readily available handbooks, brochures, or other written materials. 5.1.2-A, page 9 states key information shall be provided to individuals in a GEO facility continuously through readily available, handbooks, brochures, or other written materials. OP-030601, page 16 states the facility/unit head shall designate staff to monitor incarcerated individual access to handbooks and ensure information regarding sexual abuse and harassment is continuously and readily available or visible to incarcerated individuals through posters or other written formats. A review of the Handbook, Zero Tolerance Poster, Sexual Assault Awareness Program Poster, and Third Party Reporting Poster confirmed that they included information on the zero tolerance policy, ways to report, definitions and outside victim advocacy services. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had an oversized PREA Hotline Poster in English and Spanish. These posters were above the phones (general population) or on the enclosures (segregated housing). Reporting information included the external OK DOC hotline. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units

(general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Additionally, most of the phones had a hotline sticker that provided instructions on calling the PREA hotline. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the incarcerated individual tablet system in English and Spanish. Victim advocacy information was observed via the Zero Tolerance Poster. Contact information for New Direction and RAINN were included on the poster. Informal conversation with staff and incarcerated individuals confirmed that the PREA information had been posted for a while.

Based on a review of the PAQ, 5.1.2-A, OP-030601, PREA What You Need to Know Video, Inmate Orientation and Reference Handbook (Handbook), Sexual Assault Awareness Program Poster, Zero Tolerance Poster, Third Party Reporting Poster, Staff Translator List, BIG Language Solutions Information, Inmate Orientation, Zero Tolerance Acknowledgment for Inmates, observations made during the tour as well information obtained during interviews with intake staff and random incarcerated individuals indicate that this standard appears to require corrective action. A review of documentation for two LEP incarcerated individuals and seven disabled incarcerated individuals indicated all nine signed that they received PREA education. It should be noted that the none of the documents reviewed noted any accommodations and neither of the two LEP incarcerated individuals signed a Spanish form. Interviews with three LEP incarcerated individuals and eight disabled incarcerated individuals indicated six had received information in a format that they could understand.

Corrective Action

The facility will need to ensure all LEP and disabled incarcerated individuals are provided education in an accessible format. The facility will need to provide a process memo and training with staff on the appropriate procedures. All current LEP and disabled incarcerated individuals will need to be provided education in an accessible format. Confirmation of the education will need to be provided.

Recommendation

The auditor highly recommends that the facility implement a process for staff to verbally go over facility specific information, including the external reporting entity, outside emotional support services, etc.

	<p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Process Memorandum 2. LEP and Disabled Incarcerated Individual Education Documents <p>The facility provided a process memo that outlined that during the risk screening staff determine if a translator or accommodations are needed. This is documented and then utilized for education. The facility provided documentation illustrating that the Handbook and Brochure are available in English and Spanish. Additionally, verbal information can be translated via facility translators or the Big Language Translation service. The process memo also outlined that the TTY phone and tablets are available for disabled incarcerated individuals. Staff signatures were provided on the process memo confirming that they understood the accommodations for LEP and disabled incarcerated individual PREA education.</p> <p>The facility provided six education documents for LEP and disabled incarcerated individuals that were re-educated during the corrective action period. One LEP incarcerated individuals signed a Spanish acknowledgment form.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. PREA Specialized Training Investigating Sexual Abuse in Facility Settings
5. Investigator Training Records
6. Investigative Reports

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 10 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. OP-030601, page 13 states specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of sexual assault. This training may include, but is not limited to: crime scene management, elimination of contamination in accordance with OP-140125 entitled “Bloodborne Pathogen Exposure Control Program,” evidence collection protocol and crisis intervention. Such training shall include conducting sexual abuse investigations in confinement settings.

Documentation of training will be retained in the employee personnel file. A review of documentation indicated seventeen facility staff completed the specialized training. Interviews with investigative staff confirmed that they completed the specialized investigator training. Investigators advised the training was done through the OK DOC or GEO and that it went over numerous investigative topics.

115.34 (b): 5.1.2-A, page 10 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. OP-030601, page 13 states specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of

sexual assault. This training may include, but is not limited to: crime scene management, elimination of contamination in accordance with OP-140125 entitled "Bloodborne Pathogen Exposure Control Program," evidence collection protocol and crisis intervention. Such training shall include conducting sexual abuse investigations in confinement settings. Documentation of training will be retained in the employee personnel file. A review of the PREA Specialized Training Investigating Sexual Abuse in a Facility Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (trauma and how it affects victims, and interviewing and interrogating techniques), proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting (to include the forensic medical examination process) and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Interviews with investigators confirmed the required topics were included in the specialized training. A review of documentation indicated seventeen facility staff completed the specialized training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that fifteen facility investigators have completed the required training. 5.1.2-A, page 10 states facilities shall maintain documentation of this specialized training. OP-030601, page 13 states specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of sexual assault. This training may include, but is not limited to: crime scene management, elimination of contamination in accordance with OP-140125 entitled "Bloodborne Pathogen Exposure Control Program," evidence collection protocol and crisis intervention. Such training shall include conducting sexual abuse investigations in confinement settings. Documentation of training will be retained in the employee personnel file. A review of documentation indicated seventeen facility staff completed the specialized training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, OP-030601, PREA Specialized Training Investigating Sexual Abuse in Facility Setting training curriculum, investigator training records, investigative reports as well as information from interviews with the investigators, this standard appears to be compliant.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. GEO PREA Specialized Medical and Mental Health Training
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.2-A, pages 9-10 state each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in the facilities or who have contact with incarcerated individuals (by phone or via web applications such as tele-psych) on specific topic areas, including; detecting signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse and sexual harassment; and proper reporting of allegations or suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. OP-030601, page 13 states Mental Health and medical staff will be provided training to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims, and knowledge of department procedures in regard to the PREA reporting process. Specialized training will be conducted upon new hire and annually. Documentation shall be retained in the employee's file. The training consists of GEO's PREA Specialized Medical and Mental Health Training. A review of the curriculum indicated that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 5-35), how to preserve physical evidence of sexual abuse (pages 37-57), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (pages 59-68) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (pages 70-79). The PAQ indicated that the facility has 35 medical and mental health staff and that 100% of these staff received the specialized training. Interviews with medical and mental health care staff confirmed both received the specialized training for medical and mental health care staff. Both staff indicated the

required components under this provision were covered in the specialized training. A review of six medical and mental health training records confirmed all six had received the specialized training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2-A, page 10 states that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. OP-030601, page 13 states if medical staff employed by the agency is authorized to conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. Documentation shall be retained in the employee's file. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations and that incarcerated individuals are transported to local hospitals for services.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2-A, page 10 states facilities shall maintain documentation of this specialized medical and mental health training for all GEO employees and/or contractors who work in the facility. OP-030601, page 13 states Mental Health and medical staff will be provided training to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims, and knowledge of department procedures in regard to the PREA reporting process. Specialized training will be conducted upon new hire and annually. Documentation shall be retained in the employee's file. A review of six medical and mental health training records confirmed all six had received the specialized training.

115.35 (d): 5.1.2-A, page 10 states that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees or contractors depending upon their status at the facility. OP-030601, page 12 states all ODOC staff, contract staff, non-agency incarcerated individual work crew supervisors, volunteers and interns shall review their contract and procedures and be trained to: understand the agency's zero tolerance for sexual abuse or harassment and retaliation against an incarcerated individual or employee in any form as a result of reporting an allegation of sexual abuse/harassment; recognize the physical, behavioral and emotional signs of sexual assault and the dynamics of sexual abuse and sexual harassment in confinement; the incarcerated individual's right to be free from sexual abuse and harassment; how to avoid inappropriate relationships with incarcerated individuals; how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, questioning, intersex, or gender non-conforming incarcerated individuals; how to detect and respond to signs of threatened and actual

	<p>sexual abuse; and understand the agency policy and protocols regarding prevention, detection reporting and response when an alleged sexual assault occurs. A review of six medical and mental health training records confirmed two received training for contractors under 115.32 and four received training for staff under 115.31.</p> <p>Based on a review of the PAQ, 5.1.2-A, OP-030601, GEO's PREA Specialized Medical and Mental Health Training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears compliant.</p>
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115.41 Screening for risk of victimization and abusiveness	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act 4. Oklahoma Department of Correction OP-030102 - Inmate Housing 5. PREA/SAAPI Risk Assessment 6. PREA Vulnerability Reassessment Questionnaire 7. Incarcerated Individual Assessment and Reassessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interviews with Random Incarcerated Individuals 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p>

1. Observations of Risk Screening Area
2. Observations of Where Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other incarcerated individuals. 5.1.2-A, page 5 states that all individuals shall be assessed in person, by GEO staff, during intake, and upon transfer from another confinement facility, for their risk of being sexually abused or harassed by another individual or being sexually abusive toward another individual. OP-030601, page 16 states all incarcerated individuals receive a mental health screening and/or evaluation, conducted by a trained mental health professional during the initial reception and assessment process within 24 hours of arrival in accordance with OP-140114 entitled "Screening New Arrivals." This screening and/or evaluation include potential vulnerabilities or risks of being sexually abused by other incarcerated individuals or being sexually abusive towards other incarcerated individuals. These screenings and/or evaluations are conducted by a qualified mental health professional. OP-030102, page 3 states upon arrival at the assessment and reception center, newly received incarcerated individuals are assigned housing by the unit security staff. Assignment to the appropriate cell is based on factors such as crime(s) listed in the Judgment and Sentence, number of prison confinements, age, and physical stature as well as identified medical/mental health needs. The auditor was provided a demonstration of the initial risk assessment process. The initial risk assessment is completed during intake one-on-one in a private office setting. Staff advise the incarcerated individual that they will be asking them PREA questions and they ask if they know what PREA is. If the incarcerated individual does not know about PREA, staff provides them information on PREA. Staff complete the initial risk screening via the PREA/SAAPI Risk Assessment form. Staff verbally ask if the incarcerated individual has ever been a victim of sexual assault, if they have ever been approached for sex/threatened with sexual assault while incarcerated, if they have any fear of placement in general population, whether they have a disability and their gender identity/sexual preference. The staff will then review the file to answer the remaining questions on the form. The interview with the staff responsible for the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness upon admission to the facility. Interviews with 30 incarcerated individuals that arrived within the previous twelve months indicated 27 were screened for risk of victimization and abusiveness. It should be noted many of the incarcerated individuals advised they were not asked the questions rather they filled out a form with the questions. The auditor confirmed that the facility also utilizes a self-report form (in addition to the initial risk screening) that also includes similar questions, such as gender identity, sexual preference and prior sexual victimization.

115.41 (b): The PAQ indicated that the policy requires that incarcerated individuals be screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their intake. 5.1.2-A, page 5 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. OP-030601, page 16 states all incarcerated individuals receive a mental health screening and/or evaluation, conducted by a trained mental health professional during the initial reception and assessment process within 24 hours of arrival in accordance with OP-140114 entitled "Screening New Arrivals." This screening and/or evaluation include potential vulnerabilities or risks of being sexually abused by other incarcerated individuals or being sexually abusive towards other incarcerated individuals. These screenings and/or evaluations are conducted by a qualified mental health professional. OP-030102, page 3 states upon arrival at the assessment and reception center, newly received incarcerated individuals are assigned housing by the unit security staff. Assignment to the appropriate cell is based on factors such as crime(s) listed in the Judgment and Sentence, number of prison confinements, age, and physical stature as well as identified medical/mental health needs. The PAQ stated that 1549 incarcerated individuals, or 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other incarcerated individuals. Interviews with 30 incarcerated individuals that arrived within the previous twelve months indicated 27 were screened for risk of victimization and abusiveness when they first arrived. The interview with the staff who perform the risk screening confirmed that incarcerated individuals are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility. A review of 35 incarcerated individual files of those that arrived within the previous twelve months confirmed that all 35 were screened within 72 hours.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 5.1.2-A, page 5 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. The facility utilizes the PREA/SAAPI Risk Assessment which is the approved risk assessment tool for the agency. A review of the PREA/SAAPI Risk Assessment confirmed that the assessment includes twelve questions for victimization and six questions for abusiveness. The yes responses are totaled and the number indicates whether the incarcerated individual is at risk of victimization or abusiveness.

115.41 (d): 5.1.2-A, page 5 states the risk screening tool shall consider, at minimum, the following criteria to assess individual's risk for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarcerations; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability; and whether the individual is detained solely for civil immigration purposes. A review of the PREA/SAAPI Risk Assessment indicated it contained twelve questions including prior sexual victimization, the incarcerated individual's perception of vulnerability, age, physical stature (height and weight), disabilities, LGBTI identification, criminal history, prior sex offenses and civil immigration information. The staff who perform the risk screening indicated the initial risk screening is completed via the PREA/SAAPI Risk Assessment form. She stated she verbally asks if the incarcerated individual has ever been a victim of sexual assault, if they have ever been approached for sex/threatened with sexual assault while incarcerated, if they have any fear of placement in general population, whether they have a disability and their gender identity/sexual preference. She will then review the file to answer the remaining questions on the form.

115.41 (e): 5.1.2-A, page 5 states the risk screening tool shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive. A review of the PREA/SAAPI Risk Assessment confirmed that it contains six questions related to the requirements under this provision including: prior sexual offenses, history of domestic violence, violent criminal history, violent offenses while incarcerated, and prior sexual abuse perpetration. The staff who perform the risk screening indicated the initial risk screening is completed via the PREA/SAAPI Risk Assessment form. She stated she verbally asks if the incarcerated individual has ever been a victim of sexual assault, if they have ever been approached for sex/threatened with sexual assault while incarcerated, if they have any fear of placement in general population, whether they have a disability and their gender identity/sexual preference. She will then review the file to answer the remaining questions on the form.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each incarcerated individual's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the incarcerated individual's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 5 states GEO staff shall conduct an in-person reassessment of individuals shall within a set time period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness base upon additional, relevant information received by the facility since the initial risk assessment. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. OP-030102,

page 9 states based upon the incarcerated individuals risk for victimization or abusiveness, the incarcerated individual will be re-assessed as determined by the facility head, not to exceed 30 days, from the date of the last cell assessment. A review of the PREA Vulnerability Reassessment Questionnaire confirmed that it includes questions related to LGBTI and/or gender nonconforming identification/identity, whether the incarcerated individual has been beaten up or threatened with being beaten up; whether the incarcerated individual has been forced or threatened to engage in sexual activity; and whether the incarcerated individual fears general population. Additionally, staff are instructed to complete a file review related to any infractions for sexual misconduct, grievances related to sexual assault and any other new information from external agencies since admission that would increase the likelihood of being vulnerable to victimization. The PAQ indicated that 1546 or 100% of incarcerated individuals entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The reassessment process is completed in the case managers office one-on-one. The staff utilize the PREA Vulnerability Reassessment Questionnaire. Staff verbally ask whether they have been approached for sex since they arrived and if anything has changed since they arrived. If the incarcerated individuals states yes they go back through the initial risk assessment process. The interview with the staff responsible for the risk screening indicated the incarcerated individuals are reassessed within 30 days. Interviews with 30 incarcerated individuals that arrived within the previous twelve months indicated nine had been asked the risk screening questions on more than one occasion. A review of 35 incarcerated individual files of those received in the previous twelve months indicated all 35 had a reassessment completed via the PREA Vulnerability Reassessment Questionnaire within 30 days. It should be noted that incarcerated individuals are not asked the same questions as the initial and as such may be why less than half remember being asked the questions a second time.

115.41 (g): The PAQ indicated that policy requires that an incarcerated individual's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the incarcerated individual's risk of sexual victimization or abusiveness. 5.1.2-A, pages 5-6 state at any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness due to referral, request, incident of sexual abuse or harassment or receipt of new information that bears on the individual's risk of victimization or abusiveness. OP-030102, page 9 states when warranted due to a referral, request, incident of sexual abuse, or receipt of information related to the incarcerated individual risk of sexual victimization or abusiveness. Interviews with 30 incarcerated individuals that arrived within the previous twelve months indicated nine had been asked the risk screening questions on more than one occasion. The staff responsible for the risk screening confirmed that incarcerated individuals are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. A review of 35 incarcerated individual files of those received in the previous twelve months indicated all 35 had a reassessment completed via the PREA

Vulnerability Reassessment Questionnaire within 30 days. A review of investigative reports indicated seven required a reassessment. Two of the seven had a reassessment completed.

115.41 (h): The PAQ indicated that policy prohibits disciplining incarcerated individuals for refusing to answer whether or not the incarcerated individual has mental, physical or developmental disability; whether or not the incarcerated individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the incarcerated individual has previously experienced sexual victimization; and the incarcerated individual's own perception of vulnerability. 5.1.2-A, page 5 states disciplining individuals for refusing to answer or not providing complete information in response to certain screening questions is prohibited. OP-030102, page 3 states incarcerated individuals will not be disciplined for refusing to answer or for not disclosing complete information in response to: mental /development disabilities; gender orientation; previous sexual victimization; or their own perception of vulnerabilities. The incarcerated individual's refusal will be documented on the "Self-Report Form" (Attachment B or Attachment B-1, both attached). The interview with the staff responsible for the risk screening confirmed that incarcerated individuals are not disciplined for refusing to answer risk screening questions.

115.41 (i): 5.1.2-A, page 5 states facilities shall implement appropriate controls on dissemination of response to questions asked related to sexual victimization or abusiveness to ensure that employees or other individuals do not exploit sensitive information. OP-030601, page 18 states facilities will ensure appropriate control, for dissemination of information collected through the screening process in order to ensure that sensitive information is not exploited to the detriment of the incarcerated individual by staff or other incarcerated individuals. Risk screening files are paper and are maintained in records. Records is staffed during administrative business hours and after hours the door is locked. Records staff indicated that only staff with a need to know have access to the records and that all access is logged. The PC confirmed that the agency has outlined who should have access to an incarcerated individual's risk assessment within the facility in order to protect sensitive information from exploitation. He advised only those with a need to know to make housing, work assignment and programming/education decisions have access. The PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. She stated only those that deal with housing, Case Managers and the PCM have access. The staff who conduct the risk screening indicated the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated only certain people have access to the information.

Based on a review of the PAQ, 5.1.2-A, OP-030601, OP-030102, the PREA/SAAPI Risk

Assessment, the PREA Vulnerability Reassessment Questionnaire, a review of incarcerated individual files, observations made during the tour and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random incarcerated individuals indicates that this standard appears to require corrective action. A review of investigative reports indicated seven required a reassessment. Two of the seven had a reassessment completed.

Corrective Action

The facility will need to ensure that a reassessment is completed due to incident of sexual abuse (substantiated or unsubstantiated). The originally requested reassessments will need to be provided. If not available, the facility will need to provide a list of sexual abuse allegations during the corrective action period and associated reassessments.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Risk Reassessments

The facility provided the initially requested documentation. All victims of sexual abuse (substantiated or unsubstantiated) had a reassessment completed due to incident of sexual abuse.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Recommendation

	<p>The auditor highly recommends that the facility update their risk screening tool and weights be tailored toward the facility population. The current risk screening tool identified over 400 incarcerated individuals as high risk victims and/or high risk abusers, which illustrates that the tool may not be as effective as needed in identifying those at high risk.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Oklahoma Department of Correction OP-030102 – Inmate Housing 5. At Risk Lists 6. Transgender Care Committee Summary 7. Biannual Assessments 8. LGBTI Incarcerated Individual Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interviews with Gay, Lesbian and Bisexual Incarcerated individuals <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Housing Assignments of LGBTI Incarcerated Individuals 2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2-A, page 6 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. OP-030601, page 17 states the facility shall use information from the risk screening evaluation in accordance with "Cell Assessment Form" (OP-030102, Attachment A) in order to inform staff making housing, work, education, and program assignments; with the goal of keeping those incarcerated individuals who are at risk of being sexually victimized separate from those at high risk of being sexually abusive. OP-030102, page 1 states all incarcerated individual housing assignments are made on the basis of rational and objective criteria, taking into consideration each individual incarcerated individual's safety, security and treatment needs and ensuring that the safety and security of staff and the facility are maintained. It is the responsibility of all staff to adhere to this procedure. Classification committees, at the initial reception and facility level, are responsible for determining the need for special consideration in housing assignments. The interview with the PREA Compliance Manager indicated that incarcerated individuals go through the risk screening process and that process may label them victim or predator. That designation goes into the system and is utilized for housing determinations. She confirmed they do not house victims with predators. The interviews with the staff responsible for risk screening indicated that the information from the risk screening is utilized to determine housing and such. She stated if they are designated a victim or predator it is noted and that information is used for housing. Victims and predators cannot be housed in the same cell but she said they can be in the same pod. A review of the at risk lists indicated at risk victims were housed in the same housing unit at risk predators. These units do not have direct staff supervision (i.e. staff member assigned to the unit) and as such at risk victims have unsupervised contact with at risk predators in housing units. Further, the facility did not provide work, program and education assignments of those on the high risk lists and as such the auditor was unable to determine if they these populations had unsupervised work, program and education assignments.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each incarcerated individual. 5.1.2-A, page 6 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. OP-030601, page 17 states each facility shall make individualized determinations

about how to best ensure the safety of each incarcerated individual. The interviews with the staff responsible for risk screening indicated that the information from the risk screening is utilized to determine housing and such. She stated if they are designated a victim or predator it is noted and that information is used for housing. Victims and predators cannot be housed in the same cell but she said they can be in the same pod. A review of the at risk lists indicated at risk victims were housed in the same housing unit at risk predators. These units do not have direct staff supervision (i.e. staff member assigned to the unit) and as such at risk victims have unsupervised contact with at risk predators in housing units. Further, the facility did not provide work, program and education assignments of those on the high risk lists and as such the auditor was unable to determine if they these populations had unsupervised work, program and education assignments.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex incarcerated individuals in the facility on a case by case basis. 5.1.2-A, pages 6-7 state in making housing and programming assignments for transgender or intersex individuals in a GEO facility, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. Policy further outlines the guidelines for transgender and intersex incarcerated individual housing assignments by the Transgender Care Committee (TCC) including the use of segregation only as a last resort and criteria to consider related to housing. OP-030601, page 17 states in deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals, and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the incarcerated individual's health and safety, and whether the placement would present management or security problems. The interview with the PCM indicated housing and programming assignments are determined by the transgender committee. The committee sees the incarcerated individual within 24-48 hours of arrival and if deemed necessary they are referred to mental health. If there was a concern related to male or female housing the incarcerated individual would be referred back to OK DOC by mental health staff. She confirmed the facility considers the incarcerated individuals health and safety as well as whether the placement would present any security or management problems. Interviews with transgender incarcerated individuals indicated three have been asked how they feel about their safety with regard to housing and none felt they were placed in a dedicated facility, unit or wing based on gender identity. A review of documentation confirmed that all five transgender incarcerated individuals were reviewed by the Transgender Care Committee (TCC). The TCC reviewed the incarcerated individuals and noted the incarcerated individual's preferred pronouns, housing preference, shower concerns and safety concerns.

115.42 (d): 5.1.2-A, page 7 states in all facilities, housing and programming assignments for each transgender and intersex individuals shall be reassessed every

six months to determine any threats to safety experienced by the individual. OP-030601, page 17 states placement and programming assignments for each transgender or intersex incarcerated individuals shall be reassessed at least twice each year to review any threats to safety experienced by the incarcerated individual. The interview with the PCM indicated that transgender and intersex incarcerated individual are reviewed every six months. The interview with the staff responsible for the risk screening confirmed that transgender and intersex incarcerated individuals are reassessed at least twice a year. A review of documentation indicated three of the five transgender incarcerated individuals had appropriate assessments. Two of the five were at the facility less than a year and as such had an initial risk assessments, a reassessment and one review by the TCC.

115.42 (e): 5.1.2-A, page 7 states serious consideration shall be given to the individual's views with concerning his/her own safety. OP-030601, page 17 states a transgender or intersex incarcerated individual's own view with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and the staff responsible for risk screening confirmed that the transgender or intersex incarcerated individuals' own views with respect to his/her safety would be given serious consideration. Interviews with transgender incarcerated individuals indicated three of the five have been asked about how they feel with about their safety regarding housing and programming assignments.

115.42 (f): 5.1.2-A, pages 7-9 state transgender and intersex individuals in a GEO facility shall be allowed to shower separately from other individuals. OP-030601, page 17 states transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. During the tour it was observed that showers have expanded metal added for additional privacy. Additionally, transgender incarcerated individuals are issued a shower curtain and they shower at a separate time as other incarcerated individuals. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex incarcerated individuals are provided the opportunity to shower separately. The PCM stated that transgender and intersex incarcerated individuals are provided a memo with a separate shower time. She advised security staff are trained on this process and are also provided the memo. Interviews with transgender incarcerated individuals confirmed they are given the opportunity to shower separately.

115.42 (g): 5.1.2-A, page 7 states that LGBTI individuals in a GEO facility shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. OP-030601, page 17 states the agency shall not place lesbian, gay, bisexual, transgender, or intersex incarcerated individuals in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or

wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such incarcerated individuals. Interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that no GEO facilities are under a consent decree or other legal judgment. She stated this practice is prohibited by policy and the facility considers each individuals own views about their safety as part of the initial PREA risk screening assessment. Interviews with the two LGB incarcerated individuals and five transgender incarcerated individuals indicated that none felt LGBTI incarcerated individuals are housed in any specific facility, unit or wing based on their sexual preference and/or gender identity. A review of documentation indicated that LGBTI incarcerated individuals were housed across different units at the facility.

Based on a review of the PAQ, 5.1.2-A, OP-030601, OP-030102, At Risk Lists, TCC Summary, biannual assessments, LGBTI incarcerated individual housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI incarcerated individuals, indicates that this standard appears to require corrective action. The interviews with the staff responsible for risk screening indicated that the information from the risk screening is utilized to determine housing and such. She stated if they are designated a victim or predator it is noted and that information is used for housing. Victims and predators cannot be housed in the same cell but she said they can be in the same pod. A review of the at risk lists indicated at risk victims were housed in the same housing unit at risk predators. These units do not have direct staff supervision (i.e. staff member assigned to the unit) and as such at risk victims have unsupervised contact with at risk predators in housing units. Further, the facility did not provide work, program and education assignments of those on the high risk lists and as such the auditor was unable to determine if they these populations had unsupervised work, program and education assignments.

Corrective Action

The facility will need to review their process for housing, program, job and education assignments for high risk victims and abusers. The goal is to keep those separated and as such these incarcerated individuals should not be unsupervised together in housing, work, job and programming assignments, without proper justification. The facility will need to train appropriate staff on this procedure and provide confirmation of the training. A review of current assignments will need to be conducted and appropriate changes will need to be made. The facility will need to provide the high risk lists with housing, job, program and education assignments. Any justifications for unsupervised contact will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. High Risk List
3. Process Memorandum

A training was conducted with appropriate facility staff related to housing high risk victims and high risk abusers. The training included the PRC's Standards in Focus. Staff signatures were provided confirming receipt of the training.

The updated high risk victim and high risk abuser list was provided. The auditor observed that high risk victims were housed in the same housing units as high risk abusers. A process memo was provided by the facility that outlined that all high risk victims and high risk abusers housing assignments were reviewed and were determined on an individual basis. The process memo noted that numerous units are "specialized" units and require the incarcerated individuals to be housed in those specific units. The auditor confirmed high risk victims were not housed in the same cell as high risk abusers. Further a sample of job and programming assignments for a systematic sample of high risk victims and high risk abusers was provided. The auditor confirmed high risk victims and high risk abusers did not have job, program or education assignments together that were unsupervised.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Recommendation

The auditor highly recommends that the facility update their risk screening tool and weights be tailored toward the facility population. The current risk screening tool identified over 400 incarcerated individuals as high risk victims and/or high risk abusers and as such the facility is unable to keep all high risk victims and high risk abusers separate through housing unit.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. Housing Assignments of Incarcerated Individuals at High Risk of Victimization

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further stated there have been zero incarcerated individuals at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. 5.1.2-A, pages 13 states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while competing the assessment. Facilities shall utilize the Sexual Abuse Available Housing Alternatives Assessment form to document the assessment. OP-030601, page 18 states

incarcerated individuals at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in involuntary segregated housing for no more than 24 hours while completing the assessment. The Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The facility provided the at risk victim list and the auditor noted that there were numerous at risk victims on the list housed in segregated housing. The facility did not provide documentation related to this placement (i.e. placed there unrelated to risk level).

115.43 (b): 5.1.2-A, pages 13 states if segregated housing is used, the individual shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Justification must include the services restricted, reason for restriction and duration of the restriction. OP-030601, page 19 states incarcerated individuals placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document: the opportunities that have been limited; the duration of limitation; and the reasons for such limitations. The segregated housing units included separate recreation areas and housing areas. All incarcerated individuals have access to their tablet when in segregated housing units and can make phone calls through the tablets. Additionally, rolling phones are provided four days a week. Incarcerated individuals have out of cell access five days a week for recreation and three days a week for showers. Grievances are submitted to law library staff when they conduct rounds. The interview with the staff who supervise incarcerated individuals in segregated housing indicated that if an incarcerated individual was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated any restrictions would be documented via the Case Manager.

115.43 (c): 5.1.2-A, pages 13 states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while competing the assessment. Facilities shall utilize the Sexual Abuse Available Housing Alternatives Assessment form to document the assessment. OP-030601, page 19 states the facility shall assign such incarcerated individuals to involuntary segregated housing

only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The interview with the Warden indicated that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that if it is something they can manage at the facility they would be able to find alternative housing within 24-48 hours, depending on if it was the weekend. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there were no other alternatives for separation from likely abusers. The staff member stated the placement would be for the shortest time possible. She indicated it would typically not exceed the next working day, but it would depend on bed space. She further advised they haven't placed anyone in involuntary segregated housing for high risk of victimization. There were no incarcerated individuals in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): OP-030601, page 19 states if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: the basis for the facility's concern for the incarcerated individual's safety; and the reason why no alternative means of separation can be arranged. The PAQ stated there have been zero incarcerated individuals at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. As such there were zero case files of incarcerated individuals at risk of sexual victimization who were held in involuntary segregated housing that included both a statement of the basis for the facility's concern for the incarcerated individual's safety and the reason why alternative means of separation could not be arranged. There were no incarcerated individuals at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. 5.1.2-A, pages 13-14 state involuntary segregated housing shall not ordinarily exceed 30 days. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. OP-030601, page 19 states every 30 days, the facility shall afford each such incarcerated individual a review to determine whether there is a continuing need for separation from the general population. The interview with the staff who supervise incarcerated individuals in segregated housing confirmed that any incarcerated individual that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. She stated all individuals are reviewed at the seventh day and then every 30 days.

Based on a review of the PAQ, 5.1.2-A, OP-030601 housing assignments for incarcerated individuals at high risk of victimization, observations from the facility tour and information from the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing indicates that this standard appears to require corrective action. The facility provided the at risk victim list and the auditor noted that there were numerous at risk victims on the list housed in segregated housing. The facility did not provide documentation related to this placement (i.e. placed there unrelated to risk level).

Corrective Action

The facility will need to provide the necessary documentation to determine if any additional corrective action is needed.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Documentation for Placement in Segregated Housing

The facility provided documentation for the incarcerated individuals at high risk of victimization that were in segregated housing. The documentation illustrated that the incarcerated individuals were in segregated housing pending transfer, for investigative purposes, or due to discipline. None of the incarcerated individuals were placed in segregated housing due to risk of victimization.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. Inmate Orientation and Reference Handbook (Handbook)
5. Sexual Assault Awareness Program Poster
6. Zero Tolerance Poster
7. Third Party Reporting Poster
8. GEO Employee Handbook

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with Random Staff
3. Interviews with Random Incarcerated Individuals

Site Review Observations:

1. Observation of PREA Reporting Information in Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for incarcerated individuals to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other incarcerated individuals or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 14 states each facility shall provide multiple ways for individuals in a GEO facility to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or program or employees for reporting sexual abuse and

sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. It further states facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at Department of Homeland Security. OP-030601, pages 15-16 state this will include information that the inmate victim has the option to report the incident to a designated staff member or any other staff. Other reporting methods include: facility/unit head, third party contacts, PREA Hotline, sick call, request to staff, anonymous, office of Inspector General or the Oklahoma State Bureau of Investigations. A review of the Handbook noted that it outlines three ways to report: verbally to staff, in writing (request to staff, inmate request, grievances, kite, writing to OIG) and by calling the hotline. The Zero Tolerance Poster, Sexual Assault Awareness Program Poster and Third Party Reporting Poster outline reporting mechanism including: verbally to staff, in writing to staff, in writing to the OK DOC Office of the Inspector General, in writing via a grievance and through the Corporate PREA Office. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had an oversized PREA Hotline Poster in English and Spanish. These posters were above the phones (general population) or on the enclosures (segregated housing). Reporting information included the external OK DOC hotline. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Additionally, most of the phones had a hotline sticker that provided instructions on calling the PREA hotline. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the incarcerated individual tablet system in English and Spanish. The auditor tested the internal reporting mechanism. The auditor wrote a test complaint on a piece of notebook paper and placed it in one of the mailboxes in a housing unit. At the issuance of the interim report the auditor had not received confirmation that the report was received. Interviews with 50 incarcerated individuals indicated that all 50 knew at least one method to report an allegation of sexual abuse or sexual harassment. Incarcerated individuals advised they can report through the hotline, to staff, to medical, on the tablet and through their family. The fifteen random staff interviewed stated that incarcerated individuals can report to staff, in writing through a request or through the hotline.

115.51 (b): The PAQ stated that the agency provides at least one way for incarcerated individuals to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ further indicate that the facility does not house incarcerated individuals detained solely for civic immigration purposes. 5.1.2-A, page 14 states that facilities shall provide individuals in a GEO facility contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. OP-030601, pages 15-16 state this will include information that the inmate victim has the option to report the incident to a designated staff

member or any other staff. Other reporting methods include: facility/unit head, third party contacts, PREA Hotline, sick call, request to staff, anonymous, office of Inspector General or the Oklahoma State Bureau of Investigations. A review of the Handbook noted that it outlines three ways to report including in writing to the OK DOC OIG or through the hotline. Page 56 of the Handbook also notes that mail to the OIG is considered privileged. Additionally, while the Handbook advises incarcerated individuals can call the hotline using an anonymous pin, the mailing method does not outline how to remain anonymous. The Zero Tolerance Poster also includes the mailing address and phone number to the OK DOC OIG. It advises mail to the OIG is sent via special mail procedures. While these are both the external reporting methods, none of the documents provided outline that this is the external reporting entity. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had an oversized PREA Hotline Poster in English and Spanish. These posters were above the phones (general population) or on the enclosures (segregated housing). Reporting information included the external OK DOC hotline. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Additionally, most of the phones had a hotline sticker that provided instructions on calling the PREA hotline. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the incarcerated individual tablet system in English and Spanish. It should be noted that none of the posters outlined that the hotline was the external reporting entity. The auditor also tested the outside reporting mechanism via the OK DOC PREA Hotline. The incarcerated individual is prompted to select English or Spanish to proceed with reporting to the Office of the Inspector General. Incarcerated individuals are able to utilize an anonymous pin if they wish to report to the hotline anonymously. Calls to the hotline are not monitored or recorded. The auditor called the hotline and left a message to test the reporting mechanism. At the issuance of the interim report the auditor had not received confirmation that the call was received. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in any of the mailboxes around the facility, including the mailboxes in each housing unit. None of the mailboxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail is picked up from each unit mailbox. Staff read over the mail and ensure there is not any contraband. The mail is then stamped, sealed and sent out. Legal mail is provided directly to an officer. The officer shakes the mail to ensure it does not have any contraband and is then sealed and provided to the mailroom. Staff do not read outgoing legal mail. Incoming mail is picked up from the Post Office. Mailroom staff go through the mail, read it and ensure it is appropriate. The mailroom staff indicated incoming mail is reviewed twice, once by security staff and once by mailroom staff. Legal incoming mail is verified by security and is then taken to the unit where the mail is opened in front of the incarcerated individual. The staff confirmed that mail to the OIG is considered legal mail. The interview with the PCM indicated that incarcerated individuals can report through the OK DOC OIG hotline. She advised when the call goes to the hotline she gets an email from the OK DOC about the allegation that was reported. Interviews with 50 incarcerated

individuals indicated that nine were aware of an outside reporting mechanism and 31 knew they could report anonymously. It should be noted the majority of the incarcerated individuals knew about the hotline but were unaware that it was the external reporting mechanism.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2-A, page 14 states employees shall accept reports made verbally, in writing, anonymously and from third parties and shall properly document any verbal reports. OP-0030601, pages 19-20 states staff, volunteers or contractors shall accept reports made verbally, anonymously, in writing and from third parties. Verbal reports shall be documented in an "Incident/Staff Report (OP-050109, Attachment A) in accordance with OP-050109 entitled "Reporting of Incidents." The facility uploaded an example via the PAQ supplemental documents to illustrate that staff documented a verbal report via an email. During the tour, the auditor asked staff to advise how they document a verbal report of sexual abuse or sexual harassment. Staff indicated they would document the information via a witness statement. These forms are available in the supervisors office. Staff complete the form and provide it to the supervisor. Staff confirmed they are able to bypass their chain of command and submit the document to the PCM. Interviews with 50 incarcerated individuals confirmed that 44 knew they could report verbally or in writing to staff and 40 knew they could through a third party. Interviews with fifteen staff indicated incarcerated individuals can report verbally, in writing, anonymously and through a third party. Staff stated that if they received a verbal report they would document it as soon as possible, but within 24 hours. A review of nineteen investigations noted that eight were reported verbally. All eight were documented in an investigative report, however at the issuance of the interim report the facility had not provided documentation confirming that the staff receiving the verbal report documented the information in written format.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of incarcerated individuals. The PAQ stated that all staff receive PREA pre-service and in-service training which discussing reporting. 5.1.2-A, page 14 states GEO shall provide a method for staff to privately report sexual abuse and sexual harassment of individuals in a GEO facility. Refer to GEO's employee hotline or third party reporting hotline. OP-030601, page 20 states staff may privately report allegations or incidents of sexual abuse/assault or harassment of an inmate to the OIG, PREA reporting line at 855-871-4139 or 405 425-2493, as well as preareport@doc.ok.gov. Page 12 of the GEO Employee Handbook states that complaints can be made orally, or in writing, directly to the employee hotline, which is an independent, professional service that may be contacted 24 hours a day, seven days a week on the internet at www.reportlineweb.com/geogroup or the toll free number 866-568-5425. Additionally,

the Third Party Reporting Poster has a section on employee reporting options and states that sexual abuse or sexual harassment can be directly reported to the employee hotline, which is an independent, professional service that may be contacted 24 hours a day, seven days a week on the internet at www.reportlineweb.com/geogroup or the toll free number 866-568-5425. Interviews with fifteen staff indicated ten were aware that they can privately report sexual abuse and sexual harassment of incarcerated individuals.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Inmate Orientation and Reference Handbook (Handbook), Sexual Assault Awareness Program Poster, Zero Tolerance Poster, Third Party Reporting Poster, GEO Employee Handbook, observations from the facility tour and information from interviews with the PCM, random incarcerated individuals and random staff, this standard appears to require corrective action. The auditor wrote a test complaint on a piece of notebook paper and placed it in one of the mailboxes in a housing unit. At the issuance of the interim report the auditor had not received confirmation that the report was received. Agency policy and current practice related to external reporting was inconsistent. Policy indicated the external reporting entity is to be non-GEO and non-client. The facility currently utilizes the OK DOC OIG as the external reporting mechanism, which is external to GEO but not OK DOC. The OK DOC policy outlines the use of Oklahoma Bureau of Investigations. Additionally, while the OK DOC OIG hotline is included in distributed and posted material, none outline that this is the external reporting entity. The auditor also tested the outside reporting mechanism via the OK DOC PREA Hotline. The incarcerated individual is prompted to select English or Spanish to proceed with reporting to the Office of the Inspector General. Incarcerated individuals are able to utilize an anonymous pin if they wish to report to the hotline anonymously. Calls to the hotline are not monitored or recorded. The auditor called the hotline and left a message to test the reporting mechanism. At the issuance of the interim report the auditor had not received confirmation that the call was received. A review of nineteen investigations noted that eight were reported verbally. All eight were documented in an investigative report, however at the issuance of the interim report the facility had not provided documentation confirming that the staff receiving the verbal report documented the information in written format.

Corrective Action

The facility will need to provide confirmation that the test of the written reporting mechanism was received. If not available, the facility will need to review their process and complete a test to ensure the issue was alleviated. Confirmation of the test will need to be provided. The facility will need to determine the appropriate external reporting entity. Once established the facility will need to ensure all distributed and posted documentation includes the external reporting entity and outlines they are the external reporting entity and how incarcerated individuals can remain anonymous

when reporting. The facility will need to provide the updated documentation as well as confirmation that incarcerated individuals were educated on this information (i.e. photos of posted information, screenshot of updated Handbook on tablet, etc.). The facility will need to provide confirmation that the auditors call to the OIG was received. If not available, the facility will need to alleviate the issue with the hotline and conduct a test to confirm the issue was corrected. Confirmation of the test will need to be provided. The facility will need to provide the written documentation from the staff who received the verbal reports. If not available, the facility will need to ensure a process for verbal reports to be documented by the staff who received the report. A list of sexual abuse and sexual harassment allegations during the corrective action period and associated written documents of verbal reports will need to be provided.

Recommendation

The auditor highly recommends that the facility train staff on the private method(s) to report sexual abuse and sexual harassment of incarcerated individuals.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Copy of Written Report Mechanism Test
2. Confirmation of OIG Call
3. Updated Handbook
4. Distribution of Updated Handbook
5. Written Report

The facility provided confirmation that the test of the written reporting mechanism during the on-site portion of the audit was received. The documentation noted it was received on June 19, 2024, the following day after it was submitted by the auditor. The facility had confirmation it was received and just not uploaded to the OAS.

The facility also provided confirmation that the test call to the OIG was received and forwarded back to the facility.

The Handbook was updated to identify and differentiate internal reporting mechanism and the external reporting mechanism. The OIG address and phone was added under the external reporting entity. The Handbook stated that when reporting the individual only needs to name the person being abuse/harassed. The auditor advised the facility that the Handbook was still missing key information under this standard. As such, the facility updated the Handbook a second time. The Handbook outlines that all allegations made to the external reporting entity can be made anonymous. It advised that calls to the OIG are not monitored and do not require a pin. Additionally, the Handbook stated that written correspondence to the OIG is considered privileged and does not require a name and number. The posted information already contained the OIG phone number and as such was not updated.

The facility provided confirmation that the updated Handbook was placed on the incarcerated individual tablet system and that incarcerated individuals were required to acknowledge the updated Handbook before they logged in.

Additionally, the facility provided the originally requested written documentation of verbal reports. The documentation illustrated that verbal reports were documented via email, through an incident report or through another written method.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure

3. Oklahoma Department of Correction OP-090124 – Incarcerated individual/ Offender Grievance Process
4. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
5. Inmate Orientation and Reference Handbook (Handbook)
6. Grievance Log
7. Sample Grievances

Interviews:

1. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. OP-030125 pages 17.-19 and 5.1.2-A, pages 14-15 outline the sexual abuse grievance process.

115.52 (b): The PAQ indicated that the agency has a policy that allows an incarcerated individual to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy requires an incarcerated individual to use an informal grievance process. Further communication with the PCM indicated this was incorrect and incarcerated individuals are not required to use the informal grievance process. 5.1.2-A, page 14 states there is no time limit on when an individual in a GEO facility may submit a grievance regarding an allegation of sexual abuse. Page 15 further states individuals in a GEO facility are not required to use any informal grievance process or attempt to resolve with employees in an alleged incident of sexual abuse. OP-090125, page 17 states grievances may be submitted directly to the reviewing authority without informal resolution process when the complaint is of a sensitive nature or when substantial risk of personal injury, sexual assault, or other irreparable harm exists. The inmate/offender must use the “Inmate/Offender Grievance” form (DOC 090124A, attached). Further it states there will be no time limit to any portion of a grievance regarding an allegation of sexual abuse. Grievances of alleged incidents of sexual abuse may be filed at any time, regardless of time the incident occurred. A review of the Handbook confirmed pages 19-20 have information on sexual abuse grievances, including the information under this provision.

115.52 (c): The PAQ indicated that agency policy and procedure allows an incarcerated individual to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an incarcerated individual grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 5.1.2-A, page 14 states that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint. OP-090125, page 17 states grievances may be submitted directly to the reviewing authority without informal resolution process when the complaint is of a sensitive nature or when substantial risk of personal injury, sexual assault, or other irreparable harm exists. The inmate/offender must use the "Inmate/Offender Grievance" form (DOC 090124A, attached). Page 18 further states the inmate/offender will forward the grievance directly to the reviewing authority who can provide immediate resolution. If the complaint involves the reviewing authority and is of a sensitive nature, the grievance may be brought directly to the ARA, whichever is appropriate. A review of the Handbook confirmed pages 19-20 have information on sexual abuse grievances, including the information under this provision.

115.52 (d):The PAQ indicated that the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ also stated he agency always notifies the incarcerated individual in writing when the agency files for an extension, including notice of the date by which a decision will be made. 5.1.2-A, page 15 states a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. It further states facilities may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. It also states that at any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for a reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. OP-090125, page 19 states when the appropriate reviewing authority determines that a grievance is not of an emergency or sensitive nature, the inmate/offender will be provided written notification that the grievance is not of an emergency or sensitive nature and that the standard grievance process must be followed. Page 12 outlines the standard grievance process which states the reviewing authority will respond on the "Grievance Decision from Reviewing Authority" (DOC 090124B, attached), and will forward the answered grievance forms to the inmate/offender within 20 days of receipt of the grievance. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. Interviews with incarcerated individuals who reported sexual abuse indicated none reported an allegation via a grievance. A review of the grievance log and sample grievances confirmed there were zero sexual abuse grievances. The auditor observed one sexual harassment grievance which was received on January 26, 2024 and a response was

provided on January 30, 2024. Additionally, numerous PREA related grievances were submitted, but did not report sexual abuse. All grievances had a response by staff.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of incarcerated individuals. It also stated agency policy and procedure requires that if the incarcerated individual declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the incarcerated individual's decision to decline. 5.1.2-A, page 14 states third parties may assist individuals in a GEO facility in filing request for administrative remedies related to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility. Policy further states the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. OP-090125, page 6 states grievance related documents and forms may not be submitted on behalf of another person or about an issue/complaint not directly affecting the complaining inmate/offender, except in the event of an allegation of sexual abuse as outlined in Section IX. C. of this procedure. As a condition of processing the grievance the facility may require that the alleged victim agree to have the grievance filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. Page 18 further states third parties, including fellow inmates/offenders, staff members, family members, attorneys, and outside advocates will be permitted to assist inmate/offenders in filing requests for administrative remedies relating to allegations of sexual abuse and will also be permitted to file such requests on behalf of inmates/offenders. If a third party files such a request on behalf of an inmate/offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate/offender declines to have the request processed on their behalf, the agency will document the inmate's/offender's decision. The PAQ indicated that there have not been any third-party grievances filed where the incarcerated individual declined to process it, in the previous twelve months. A review of the grievance log and sample grievances confirmed there were no third-party grievances of sexual abuse filed within the previous twelve months.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an incarcerated individual is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. 5.1.2-A, page 15 states individuals in a GEO facility may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. An initial response to the emergency grievance to the

individual is required within 48 hours and a final decision shall be provided within five calendar days. OP-090125, page 18 states upon receipt of a grievance marked “emergency” or “sensitive,” the reviewing authority will have 24 hours to determine if it is in fact an emergency or sensitive grievance. If so, an expedited review will be conducted and a response provided to the inmate/offender within 48 hours of receipt, excluding weekends and holidays. The inmate/offender may appeal that response. The ARA will provide an expedited response to all verified sensitive grievances within 72 hours of receipt of the grievance, excluding weekends and holidays. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and sample grievances confirmed there were zero emergency grievances related to imminent sexual abuse.

115.52 (g): 5.1.2-A, page 15 states individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. OP-030610, page 14 states inmates will be informed of sanctions for making false allegations. This information shall also be provided to inmates during initial orientation at all facilities. The PAQ indicated that zero incarcerated individuals have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 5.1.2-A, OP-090124, OP-030601, Inmate Orientation and Reference Handbook (Handbook), the grievance log, sample grievances, and information from interviews with incarcerated individual who reported sexual abuse, this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1520 544 1552">Auditor Discussion</p> <p data-bbox="256 1597 432 1628">Documents:</p> <ol data-bbox="256 1673 1458 2029" style="list-style-type: none"> <li data-bbox="256 1673 667 1704">1. Pre-Audit Questionnaire <li data-bbox="256 1742 1321 1812">2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <li data-bbox="256 1852 1430 1883">3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act <li data-bbox="256 1924 1458 1955">4. Memorandum of Understanding with Marie Detty New Direction (New Direction) <li data-bbox="256 1995 1134 2027">5. Inmate Orientation and Reference Handbook (Handbook)

6. Sexual Assault Awareness Program Poster

7. Zero Tolerance Poster

Interviews:

1. Interviews with Random Incarcerated Individuals

2. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides incarcerated individuals with access to outside victim advocates for emotional support services related to sexual abuse by; giving incarcerated individuals mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ and the Statement of Fact confirmed that the facility does not detain incarcerated individuals solely for civil immigration purposes. 5.1.2-A, pages 20-21 state facilities shall provide individuals in a GEO facility who allege sexual abuse (whether it occurred in custody or in the community) with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organization. Contact information shall include mailing addresses, telephone numbers, and toll-free hotline numbers, at a minimum. OP-030601, page 24 states the facility shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse. If an MOU/agreement is entered into, the facility will provide inmates access to the contact information for the community service provider as outlined in the MOU/agreement. A review of the Handbook notes that it includes a section titled "Emotional Support Services", however it states that RAINN and New Direction Crisis Center can serve as reporting methods if the other methods are unavailable. The document provides the phone number and mailing address for both organizations. The Zero Tolerance Poster advises that help is available and that a victim advocate will be made available upon request. It further provides the mailing address and phone number to New Direction and the phone number to RAINN. The Zero Tolerance Posters states the calls can be made at no cost and are not monitored. During the tour the auditor observed PREA information posted throughout the facility. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Victim advocacy information was observed via the Zero Tolerance Poster. Contact information for New Direction and RAINN were included on the poster. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were

available on the incarcerated individual tablet system in English and Spanish. The auditor tested the victim advocacy hotline during the tour. Incarcerated individuals are advised to press "1" for English or "2" for Spanish and then "0" for a collect call. The initial test of the New Director number was not successful as it advised the call was not accepted. The auditor then called the number to RAINN. The anonymous pin attempt indicated it was not an authorized call. The attempt utilizing an incarcerated individual pin indicated the call was not accepted. The facility worked with their phone provider and was able to remove the requirement for the caller to accept the call. As such, the auditor tested the hotlines a second time during the on-site portion of the audit. The auditor called New Director via the anonymous pin number and reached a live staff member. The staff member forwarded the auditor to the Director of the program who advised that they do not provide services through the hotline and they only provide services at the local hospital. The Director stated if an incarcerated individual called the hotline or sent correspondence they would direct them back to the facility for assistance. The auditor called the RAINN hotline a second time as well and reached a live staff member from The Norman Women's Resource Center. The staff advised they can provide resources and services to incarcerated individuals over the phone. Interviews with 50 incarcerated individuals, including those who reported sexual abuse, indicated three were aware of outside emotional support services and three were provided a mailing address and phone number to a local, state or national rape crisis center.

115.53 (b): The PAQ stated that the facility informs incarcerated individuals, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs incarcerated individuals about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 5.1.2-A, page 21 states that facilities shall enable reasonable communication between individuals in a GEO facility and these organizations as well as inform individuals in a GEO facility of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. OP-030601, page 24 states the facility shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse. If an MOU/agreement is entered into, the facility will provide inmates access to the contact information for the community service provider as outlined in the MOU/agreement. A review of the Handbook notes that it includes a section titled "Emotional Support Services", however it states that RAINN and New Direction Crisis Center can serve as reporting methods if the other methods are unavailable. The document provides the phone number and mailing address for both organizations. The Zero Tolerance Poster advises that help is available and that a victim advocate will be made available upon request. It further provides the mailing address and phone number to New Direction and the phone number to RAINN. The Zero Tolerance Posters states the calls can be made at no cost and are not monitored. During the tour the auditor observed PREA

information posted throughout the facility. The Sexual Assault Poster, Third Party Poster and Zero Tolerance Poster were observed on the windows of the housing units (general population) in English and Spanish. These posters were on letter size paper and included information on reporting mechanisms. Victim advocacy information was observed via the Zero Tolerance Poster. Contact information for New Direction and RAINN were included on the poster. Further, the auditor observed that the Zero Tolerance Poster, Third Party Poster, Sexual Assault Poster, and Handbook were available on the incarcerated individual tablet system in English and Spanish. During the tour the auditor observed that incarcerated individuals are able to place outgoing mail in any of the mailboxes around the facility, including the mailboxes in each housing unit. None of the mailboxes were specific to sexual abuse or sexual harassment allegations or information. The interview with the mailroom staff indicated that outgoing mail is picked up from each unit mailbox. Staff read over the mail and ensure there is not any contraband. The mail is then stamped, sealed and sent out. Legal mail is provided directly to an officer. The officer shakes the mail to ensure it does not have any contraband and is then sealed and provided to the mailroom. Staff do not read outgoing legal mail. Incoming mail is picked up from the Post Office. Mailroom staff go through the mail, read it and ensure it is appropriate. The mailroom staff indicated incoming mail is reviewed twice, once by security staff and once by mailroom staff. Legal incoming mail is verified by security and is then taken to the unit where the mail is opened in front of the incarcerated individual. Staff confirmed mail to the rape crisis center is considered privileged (treated like legal) mail. Interviews with 50 incarcerated individuals, including those who reported sexual abuse, indicated three were aware of outside emotional support services and three were provided a mailing address and phone number to a local, state or national rape crisis center. Incarcerated individuals are not detained solely for civil immigration purposes.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with community service providers that are able to provide incarcerated individuals with emotional services related to sexual abuse. 5.1.2-A, page 21 states facilities shall maintain copies of agreements (memoranda of understanding) or documentation showing unsuccessful attempts to enter into such agreements. Attempts should be made and documented at least once annually. OP-030601, page 24 states the facility shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse. If an MOU/agreement is entered into, the facility will provide inmates access to the contact information for the community service provider as outlined in the MOU/agreement. The facility has an MOU with Marie Detty New Direction. A review of the MOU noted that it does not include services under this Standard but rather only services under PREA Standard 115.21.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Memorandum of Understanding

with Marie Detty New Direction, Inmate Orientation and Reference Handbook (Handbook), Sexual Assault Awareness Program Poster, Zero Tolerance Poster, observations from the facility tour as well as information from interviews with random incarcerated individuals and incarcerated individuals who reported sexual abuse indicates that the standard appears to be require corrective action. A review of the Handbook notes that it includes a section titled "Emotional Support Services", however it states that RAINN and New Direction Crisis Center can serve as reporting methods if the other methods are unavailable. The auditor tested the victim advocacy hotline during the tour. Incarcerated individuals are advised to press "1" for English or "2" for Spanish and then "0" for a collect call. The initial test of the New Director number was not successful as it advised the call was not accepted. The auditor then called the number to RAINN. The anonymous pin attempt indicated it was not an authorized call. The attempt utilizing an incarcerated individual pin indicated the call was not accepted. The facility worked with their phone provider and was able to remove the requirement for the caller to accept the call. As such, the auditor tested the hotlines a second time during the on-site portion of the audit. The auditor called New Director via the anonymous pin number and reached a live staff member. The staff member forwarded the auditor to the Director of the program who advised that they do not provide services through the hotline and they only provide services at the local hospital. The Director stated if an incarcerated individual called the hotline or sent correspondence they would direct them back to the facility for assistance. The auditor called the RAINN hotline a second time as well and reached a live staff member from The Norman Women's Resource Center. The staff advised they can provide resources and services to incarcerated individuals over the phone. Interviews with 50 incarcerated individuals, including those who reported sexual abuse, indicated three were aware of outside emotional support services and three were provided a mailing address and phone number to a local, state or national rape crisis center. Interviews with 50 incarcerated individuals, including those who reported sexual abuse, indicated three were aware of outside emotional support services and three were provided a mailing address and phone number to a local, state or national rape crisis center. A review of the MOU noted that it does not include services under this Standard but rather only services under PREA Standard 115.21.

Corrective Action

The facility will need to work with New Direction related to services. The MOU will need to be updated to outline the services under this provision. A copy of the updated MOU will need to be provided. All distributed and posted information will need to be updated to clearly express the organization(s) are for emotional support services and not reporting. The updated documents as well as confirmation that incarcerated individuals were educated on the updated information will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Memorandum of Understanding with Marie Detty New Direction
2. Updated Handbook
3. Distribution of Updated Handbook

The facility provided the updated MOU with Marie Detty New Direction. The updated MOU outlines the services under this standard, including the use of the hotline and mailing address for emotional support services. It should be noted that the updated MOU also included language that notes Marie Detty New Direction provides a way for incarcerated individuals to report sexual abuse. The agency PREA staff noted that this language was added in reference to PREA Standard 115.52, to allow for advocates to assist incarcerated individuals with filing a report. The language does note that consent is required before Marie Detty New Direction staff can report the information. It was also noted that Marie Detty New Direction is not the main external reporting entity for PREA Standard 115.51.

The Handbook was updated with the phone number and mailing address of Marie Detty New Direction as well as RAINN. The updated Handbook notes that calls to Marie Detty New Direction are at no cost and are not monitored. It also advises that mail is treated as privileged. The Handbook states that advocates require consent prior to reporting any sexual abuse.

The facility provided confirmation that the updated Handbook was placed on the incarcerated individual tablet system and that incarcerated individuals were required to acknowledge the updated Handbook before they logged in.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Third Party Poster
4. Zero Tolerance Poster

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an incarcerated individual. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2-A, page 15 states that GEO shall post publicly third party reporting procedures on its public website to show its method of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. A review of the agency’s website confirms that third parties can report to the PREA Coordinator via phone, in writing or by email. Contact information and reporting direction are found at <https://www.geogroup.com/prea>. During the tour third party reporting information was observed in the visitation area and in the front lobby via the Zero Tolerance Poster. The auditor observed that the posters were on letter size paper in English and Spanish. The auditor tested the third party reporting mechanism by sending an email to the provided email address on the website on June 20, 2024. The auditor received confirmation on the same date that the email was received by the agency PREA Coordinator. He advised if the allegation was sexual abuse or sexual harassment the information would be processed for investigation.

Based on a review of the PAQ, 5.1.2-A, the Third Party Poster, Zero Tolerance Poster, the agency’s website and the functional tests of the third party reporting mechanisms, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2-A, pages 15-16 state employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. OP-030601, page 19 states all staff, volunteers and contractors shall immediately report to their supervisor or higher authority; any knowledge, suspicion, or other information regarding an incident of sexual abuse, assault or harassment that occurred in a facility/unit or other location, whether or not it is part of the agency; retaliation against inmates or staff who reported such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with fifteen staff confirmed that policy requires staff

to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2-A, page 16 states apart from reporting to designated supervision or officials, employees shall not reveal any information related to a sexual abuse report to anyone. OP-030601, page 10 states staff is prohibited from revealing any information related to sexual abuse to anyone other than to the extent necessary (i.e.; designated supervisors or official and designated state and local service agencies) for treatment, investigation and other security and management decisions. Interviews with fifteen staff confirmed that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would report the information to the supervisor, investigator and/or PCM.

115.61 (c): 5.1.2-A, pages 15-16 state employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. OP-030601, page 11 states medical and mental health staff/providers shall report sexual abuse and shall inform all inmates during the initial orientation of the staff/provider's duty to report and the limitations of confidentiality at the initiation of services. Interviews with medical and mental health care staff confirmed that they immediately report any allegation/incident of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify incarcerated individuals of limitations of confidentiality and duty to report. One of the staff interviewed indicated that she had previously become aware of such incidents and she reported it to security. A review of nineteen investigations indicated none of the allegations were reported to medical or mental health care staff.

115.61 (d): 5.1.2-A, page 16 states unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. OP-030601, page 10 states in accordance with state statute (10A O.S. § 1-2-101), any employee who has reasonable cause to know or to

suspect that an inmate under the age of 18 has been subject to physical or sexual abuse or who has observed the inmate being subjected to circumstances of physical and/or sexual abuse shall immediately report or cause to be reported such situation to the Oklahoma Department of Human Services. Such report shall be made using the Child Abuse Hotline, 1-800-522-3511. All reports shall be documented using the "Sexual Assault Report, Parts A, B and C" (Attachment C, attached) and forwarded through the chain of command to the OIG and agency PREA coordinator. The interview with the PC indicated that unless precluded by federal, state or local law, staff and contractors are required to report allegations of sexual abuse for alleged victims under the age of eighteen or those considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Warden stated the facility does not house anyone under eighteen. He advised any allegation made by a vulnerable adult would be reported to the OIG and state law enforcement.

115.61 (e): 5.1.2-A, page 16 states facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility designated investigator or outside agency responsible for investigating these type incidents. OP-030601, page 20 states all incidences of sexual abuse/assault or harassment, including third party and anonymous reports, will be reported to the OIG. The facility head/ unit head will ensure immediate verbal notification to the OIG or the OIG duty officer, if physical evidence can be gathered. If physical evidence is not present due to the assault occurring more than 120 hours prior to notification or the event is defined as abusive sexual contact or sexual harassment rather than a non-consensual sexual act, notification will be made by 9:00 a.m. the following business day to the OIG. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment are reported to the client's investigators (OK DOC OIG). A review of nineteen investigations indicated three were reported via a third party, four were observed by staff, eight were reported verbally, one was reported via the hotline and three were reported in writing. All nineteen were reported to the PCM who reported the information to the OIG and/or facility investigators.

Based on a review of the PAQ, 5.1.2-A, OP-030601, investigative reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden, this standard appears to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interviews with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an incarcerated individual is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the incarcerated individual. 5.1.2-A, page 16 states when a facility learns that an individual in a GEO facility is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. OP-030601, page 5 states when the agency learns an inmate is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The PAQ indicated that there were zero incarcerated individuals who were determined to be at imminent risk of sexual abuse. The interview with the Agency Head Designee indicated that GEO takes immediate action to protect the victim from further harm and refers him or her for necessary services (medical, mental health, etc.). The Warden stated that if an incarcerated individual was at imminent risk of sexual abuse they would refer that individual to mental health and check their housing. He indicated, if necessary, they would initiate an investigation into the imminent risk. The Warden advised that if the person was in danger they could change housing and if necessary, place him/her in involuntary segregated housing. The Warden confirmed involuntary segregated housing for this purpose doesn't typically happen. Interviews with fifteen staff indicated that they would take immediate action to protect the incarcerated individual through separation or removal from the area. A review of investigative reports noted none involved any imminent risk. There was one incarcerated individual on incarcerated individual sexual harassment allegation reported. The facility moved the alleged perpetrator to segregated housing as a protective measure.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Investigative Reports and

	interviews with the Agency Head Designee, Warden and random staff indicates that this standard appears to be compliant.
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Warden to Warden Notifications 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2-A, pages 19-20 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. OP-030601, page 23 states upon receiving an allegation of an inmate being sexually abused while confined at another facility/unit or contract facility, the head of the facility/unit who received the allegation shall notify the head of the facility/unit or</p>

appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had 43 incarcerated individuals report that they were sexually abused while confined at another facility. The auditor requested a list of Warden to Warden notifications by date of receipt and a systematic sample of every fifth notification. A review of eight allegations confirmed all eight had a Warden to Warden notification provided via letter (electronic).

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2-A, pages 19-20 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. OP-030601, page 23 states such notifications shall occur by the facility/unit head as soon as received and no later than 72 hours after receiving the allegation. The auditor requested a list of Warden to Warden notifications by date of receipt and a systematic sample of every fifth notification. A review of eight allegations confirmed all eight had a Warden to Warden notification provided via letter (electronic). Seven of the eight notifications were within 72 hours.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, page 20 states the facility shall maintain documentation that it has been provided such notification and all actions taken regarding the incident. OP-030601, page 23 states the facility will document the reporting of the allegation notification. The auditor requested a list of Warden to Warden notifications by date of receipt and a systematic sample of every fifth notification. A review of eight allegations confirmed all eight had a Warden to Warden notification provided via letter (electronic).

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 20 states any facility that receives notification of alleged sexual abuse is required to ensure that the allegation is investigated in accordance with PREA standards. OP-030601, page 23 states the facility/unit head or office receiving such notification shall ensure the allegation is reported to the OIG for investigation. The PAQ indicated there have been 43 incarcerated individuals who reported to another facility that they were abused while housed at Lawton. Further communication with the PCM indicated there were 43 Warden to Warden notification to other facilities and six received at Lawton from another facility. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Facility Administrator of the facility where the allegation is alleged to have occurred.

	<p>He further stated that regardless of how facilities receive an allegation of sexual abuse that occurred in one of the facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The Agency Head Designee stated that according to the PREA Coordinator, GEO receives PREA notifications from other confinement facilities. The interview with the Warden indicated that when an allegation is reported to the facility they initiate an investigation and report the information to the OK DOC OIG. The Warden advised they have not had any examples of sexual abuse allegations received from another agency/facility since he has been there. A review of the investigative log indicated six allegations were reported via a Warden to Warden notification and all six were referred to the OIG for investigation. Two were closed and four were still open/active investigations.</p> <p>Based on a review of the PAQ, 5.1.2-A, OP-030601, Investigative Reports, Warden to Warden Notifications, and information from interviews with the Agency Head Designee and Warden, this standard appears to be compliant.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act 4. PREA Checklist 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with First Responders 2. Interviews with Random Staff <p>Findings (By Provision):</p>

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an incarcerated individual was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2-A, pages 16-17 state upon receipt of a report that an individual in a GEO facility was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. OP-030601, pages 20-21 states upon learning of an allegation that an inmate was sexually abused: if the first staff member to respond is a correctional officer the following shall be required: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The PAQ indicated that during the previous twelve months, there have been 79 allegations of sexual abuse and 29 involved the separation of alleged victim and abuser. Sixteen involved the preservation of the crime scene or evidence collection and involved the staff requesting the victim not take any action to destroy evidence and ensuring the perpetrator not take any action to destroy evidence. The interview with the security first responder indicated duties include separating the individuals, securing the crime scene, not allowing individuals to shower and taking the victim to medical for services. The non-security first responder stated that duties include walking the victim to the next stop, notifying security, not allowing him/her to go back to the cell and not allowing him/her to shower. Interviews with incarcerated individuals who reported sexual abuse indicated that two were reported verbally and after the report they were moved from the housing area (one taken to medical and one taken to segregation voluntarily). Two had allegations reported through a third party and they both were also immediately removed from the housing unit (one to medical and one to speak to investigator). The last reported through the hotline and then went to speak to staff. The incarcerated individual was taken to the OIG for interview. None of the incarcerated individuals advised immediate first responder duties were conducted/needed. A review of investigative reports indicated that staff complete the PREA checklist which outlines if first responder duties were completed. Additionally, the investigative report outlines any first responder duties. Numerous investigative reports reviewed indicated incarcerated individuals were separated, a crime scene

was secured and incarcerated individuals were transported for a forensic medical examination and were instructed not to destroy evidence.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2-A, page 17 states if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence, remain with the alleged victim and notify security staff. OP-030601, page 21 states if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated that during the previous twelve months, there were 23 allegations of sexual abuse that involved a non-security first responder. Six involved the non-security staff requesting the victim not take action to destroy evidence and six were reported to security. Further communication with the PCM confirmed this was an error and all 23 were reported to security staff. The interview with the security first responder indicated duties include separating the individuals, securing the crime scene, not allowing individuals to shower and taking the victim to medical for services. The non-security first responder stated that duties include walking the victim to the next stop, notifying security, not allowing him/her to go back to the cell and not allowing him/her to shower. Interviews with fifteen random staff indicated most of the staff (thirteen) were aware of first responder duties. A review of investigative reports indicated that staff complete the PREA checklist which outlines if first responder duties were completed. Additionally, the investigative report outlines any first responder duties. Numerous allegations were reported to Case Managers, who immediately notified security staff and the PCM.

Based on a review of the PAQ, 5.1.2-A, OP-030601, PREA Checklist, investigative reports and interviews with random staff, staff first responders and incarcerated individuals who reported abuse indicate this standard appears to be compliant.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention

	<p>Procedure</p> <p>3. PREA Coordinated Response Plan</p> <p>Interviews:</p> <p>1. Interview with the Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 5.1.2-A, page 2 states each facility shall develop written facility plans to coordinate the actions taken in response to incidents of sexual abuse. The plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. A review of PREA Coordinated Response Plan confirms that the plan has sections outlining duties for first responders (initial response), shift supervisors (to include crime scene and evidence protocol), medical staff (to include SANE/SAFE), mental health care staff, investigators and facility leadership. The Warden confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. He stated they have the committee that also meets to go over information about incidents.</p> <p>Based on a review of the PAQ, 5.1.2-A, Coordinated Response Plan and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p>

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. 5.1.2-A, page 2 states GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged subject employees from contact with any individual in a GEO facility pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview with the Agency Head Designee indicated that GEO has a small number of facilities that have collective bargaining agreements. He further stated none of the collective bargaining agreements prohibit GEO from removing staff from contact with incarcerated individuals pending the outcome of an investigation for alleged sexual abuse or harassment. The facility does not have any collective bargaining agreements.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Investigative Reports

5. Protective Against Retaliation – Inmate

6. Protection Against Retaliation – Staff

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Warden

3. Interview with Designated Staff Member Charged with Monitoring Retaliation

4. Interviews with Incarcerated Individuals who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all incarcerated individuals and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. 5.1.2-A, page 21 states facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or employee. OP-030601, page 22 states the facility shall ensure any inmate or staff reporting allegations of sexual abuse or sexual harassment or cooperate in an investigation involving such allegations are protected from retaliation by other inmates or staff. The PAQ indicated the PCM is responsible for monitoring for retaliation.

115.67 (b): 5.1.2-A, pages 21-22 state facilities have multiple protective measures, such as housing changes, or transfers for victims or abusers, removal of alleged staff or abusers from contact with the victims who fear retaliation from reporting sexual abuse or harassment, or for cooperating with investigations. OP-030601, page 22 states the facility shall ensure any inmate or staff reporting allegations of sexual abuse or sexual harassment or cooperate in an investigation involving such allegations are protected from retaliation by other inmates or staff. The facility/unit head shall designate staff to monitor retaliation and take appropriate action(s) to include: employing protective measures, such as housing changes or transfers for inmate victims or abusers; removal of alleged staff or inmate abusers from contact with victims; engaging emotional support services such as mental health services for inmates and the Employee Assistance Program for staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations; and for at least 90 days following a report of sexual abuse or sexual harassment, a facility designated monitor(s) shall assess the conduct and treatment of the inmates or staff

who reported the abuse and of inmates who were reported to have suffered sexual abuse for changes that may suggest possible retaliation by inmates or staff. Findings shall be reported to the facility/unit head who shall act promptly to remedy any such retaliation. The facility monitoring will include: inmate discipline or misconducts; housing, program or classification changes; negative job/performance reviews; reassignment of staff; if the inmate or staff is transferred during this 90 day period, the facility head of the current facility shall notify the receiving facility head of the continued need for monitoring. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Options such as housing changes or transfers from the facility, removal of alleged abusers (staff or incarcerated individual) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor incarcerated individuals who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days. The interview with the Warden indicated that the facility takes protective measures and monitors the incarcerated individual. He stated it is against a staff member they put out a memo that indicates the staff can only work in certain areas during the investigation. The Warden confirmed they can also take protective measures such as housing changes, facility transfers and emotional support services. The staff member responsible for monitoring for retaliation stated that her role in preventing retaliation is to monitor the individual weekly to biweekly. She indicated she has an open door policy too. The staff confirmed that they can take protective measures such as separation through housing changes, facility transfers, removal of contact with staff abusers and emotional support services. She indicated staff are advised they can't be around the individual during the investigation and they try not to rehouse or transfer the victim because they are the victim. The staff further stated if an incarcerated individual feels they are being retaliated against they can send a request, but she also monitors housing, programming and education to ensure they aren't being retaliated against. Interviews with incarcerated individuals who reported sexual harassment indicated four felt safe at the facility and all five felt protected against retaliation. A review of nineteen investigations (sexual abuse and sexual harassment) indicated many included notation that the victim was separated from the alleged perpetrator through a housing change (either victim or alleged perpetrator moved). Additionally, a few of the investigations noted that staff were provided direction not to have contact with the incarcerated individual who reported an allegation against them. All victims were offered emotional support services.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of incarcerated individuals or staff who reported sexual abuse and of

incarcerated individuals who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by incarcerated individuals or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 22 states for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of the individuals in a GEO facility or the employee to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored include disciplinary reports, housing changes, program changes, employee negative performance reviews and employee reassignments. OP-030601, page 22 states the facility shall ensure any inmate or staff reporting allegations of sexual abuse or sexual harassment or cooperate in an investigation involving such allegations are protected from retaliation by other inmates or staff. The facility/unit head shall designate staff to monitor retaliation and take appropriate action(s) to include: employing protective measures, such as housing changes or transfers for inmate victims or abusers; removal of alleged staff or inmate abusers from contact with victims; engaging emotional support services such as mental health services for inmates and the Employee Assistance Program for staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations; and for at least 90 days following a report of sexual abuse or sexual harassment, a facility designated monitor(s) shall assess the conduct and treatment of the inmates or staff who reported the abuse and of inmates who were reported to have suffered sexual abuse for changes that may suggest possible retaliation by inmates or staff. Findings shall be reported to the facility/unit head who shall act promptly to remedy any such retaliation. The facility monitoring will include: inmate discipline or misconducts; housing, program or classification changes; negative job/performance reviews; reassignment of staff; if the inmate or staff is transferred during this 90 day period, the facility head of the current facility shall notify the receiving facility head of the continued need for monitoring. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Warden stated if they suspect retaliation is occurring they will open an investigation locally, and depending on the severity they would notify the OK DOC OIG for investigation as well. The staff responsible for monitoring stated she monitors for 90 days. She indicated if she suspected retaliation or there was an issue she would monitor longer than 90 days, for as long as necessary. The staff noted when monitoring for retaliation she conducts weekly to biweekly in-person status checks and she also reviews programming, education, housing and discipline to ensure retaliation is not occurring with incarcerated individuals. Further, she stated for staff she monitors postings, performance reviews and discipline to ensure staff are not being retaliated against. A review of fourteen sexual abuse allegations confirmed all fourteen had monitoring completed. The monitoring was conducted for 90 days and included checks required under this provision.

115.67 (d): 5.1.2-A, page 22 states the designated staff member shall meet weekly (beginning the week following report of the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist. Staff shall also review disciplinary reports, housing or program changes, request slips, etc. when monitoring for retaliation. Further it advises that designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist. Items to be monitored for employees also include negative performance reviews and employee reassignments. The Employee Assistance Program (EAP) may also be offered to employees who fear retaliation for emotional support services. OP-030601, page 23 states in the case of inmates, such monitoring shall also include periodic status checks. The interview with the staff who conduct monitoring for retaliation confirmed that she conducts in-person status checks weekly to biweekly. A review of fourteen sexual abuse allegations confirmed all fourteen had monitoring completed. The monitoring included periodic in-person status checks.

115.67 (e): 5.1.2-A, page 22 states if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Options such as housing changes or transfers from the facility, removal of alleged abusers (staff or incarcerated individual) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor incarcerated individuals who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days. The interview with the Warden indicated that the facility takes protective measures and monitors the incarcerated individual. He stated it is against a staff member they put out a memo that indicates the staff can only work in certain areas during the investigation. The Warden confirmed they can also take protective measures such as housing changes, facility transfers and emotional support services. The Warden stated if they suspect retaliation is occurring they will open an investigation locally, and depending on the severity they would notify the OK DOC OIG for investigation as well.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Investigative Reports, Protective Against Retaliation – Inmate, Protection Against Retaliation – Staff and interviews with the Agency Head Designee, Warden, staff responsible for monitoring for

	retaliation and the incarcerated individuals who reported sexual abuse, this standard appears to be compliant.
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Incarcerated Individual Victim Housing Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Incarcerated Individuals in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of incarcerated individuals who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such incarcerated individual a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero incarcerated individuals who reported sexual abuse who were involuntarily segregated. 5.1.2-A, page 20 states any</p>

use of segregated housing to protect an individual in a GEO facility who is alleged to have suffered sexual abuse shall be subject to the requirements of Section K(1) Protective Custody. Section K(1) states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the "Sexual Assault/Abuse Alternatives Assessment" form to document the assessment. Policy states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Policy further indicates that involuntary segregated housing shall not ordinarily exceed a period of 30 days. Additionally, it states that in cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. OP-030601, page 19 states inmates who have alleged to have suffered sexual abuse are subject to the above requirements. The above requirements are noted in PREA Standard 115.43 policy language. The segregated housing units included separate recreation areas and housing areas. All incarcerated individuals have access to their tablet when in segregated housing units and can make phone calls through the tablets. Additionally, rolling phones are provided four days a week. Incarcerated individuals have out of cell access five days a week for recreation and three days a week for showers. Grievances are submitted to law library staff when they conduct rounds. The Warden confirmed that the agency has a policy that prohibits placing incarcerated individuals who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. He indicated that incarcerated individuals would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated if it was something they could do at the facility level the incarcerated individual would not remain involuntarily segregated for more than 24-48 hours, depending on if it was the weekend. The Warden advised he was unaware of a time they involuntarily segregated an incarcerated individual who reported sexual abuse. The interview with the staff who supervise incarcerated individuals in segregated housing indicated that if an incarcerated individual was placed in involuntary segregated housing due to an allegation of sexual abuse they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated any restrictions would be documented via the Case Manager. She further confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. The staff member stated the placement would be for the shortest time possible. She indicated it would typically not exceed the next working day, but it would depend on bed space. She further advised they haven't placed anyone in involuntary segregated housing for high risk of victimization. The staff who supervise incarcerated individuals in segregated housing further confirmed that any incarcerated individual that was involuntarily segregated would be reviewed at least every 30 days for continued need

of placement in segregated housing. A review of fourteen sexual abuse investigations noted that the majority remained in the general population after a report of sexual abuse. One was moved to protective custody upon request and one was placed in segregated housing for six hours and was then released to a general population housing unit.

Based on a review of the PAQ, 5.1.2-A, OP-030601, Victim Housing Documents and the interviews with the Warden and staff who supervise incarcerated individuals in segregated housing, this standard appears to be compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Oklahoma Department of Correction OP-040117 – Investigations 5. Investigator Training Records 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff 2. Interview with the Warden 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager 5. Interviews with Incarcerated Individuals Who Reported Sexual Abuse <p>Findings (By Provision):</p>

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, page 3 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. OP-030601, page 27 states the OIG agent will thoroughly document each case to assure evidence in the event of criminal prosecution of sexual assault. Page 26 also states the investigative report will indicate whether the evidence substantiates a sexual assault has occurred or the allegations are unsubstantiated or unfounded. The IG agent or facility will complete the "Sexual Assault Report- Parts A, B and C" (Attachment C, attached) and include it with the investigative report. The facility will forward "Sexual Assault Report-Parts A, B, and C" (Attachment C, attached) to the OIG and the agency PREA coordinator at the conclusion of the facility's investigation. If there is a substantiated finding of sexual assault which violates state statute, a copy of the OIG agent's report and supporting documentation/evidence will be forwarded by the OIG to the appropriate jurisdiction for possible criminal prosecution. OP-040117, page 3 states if an investigation is conducted, it will be done promptly, thoroughly and objectively. Interviews with investigators indicated that an investigation is initiated immediately upon notification of an incident. The OIG investigator stated if it is sexual abuse that just occurred they respond to the facility immediately, but if it occurred prior they would receive the information and assign an investigator. All three investigators advised that allegations reported via a third party or anonymously would be investigated the same as an allegation reported via another method. A review of nineteen investigations indicated four were completed by facility investigators and fifteen were completed by the OK DOC OIG. Eleven of the investigations were completed timely, seventeen were thorough, eighteen were objective and all nineteen were initiated promptly. Of the four completed by the facility, one was completed timely and all four were thorough and objective.

115.71 (b): 5.1.2-E, page 3 states GEO shall use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training shall also include techniques for interviewing juvenile sexual abuse victims. OP-030601, page 13 states specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of sexual assault. This training may include, but is not limited to: crime scene management, elimination of contamination in accordance with OP-140125 entitled "Bloodborne Pathogen Exposure Control Program," evidence collection protocol and crisis intervention. Such training shall include conducting sexual abuse investigations in confinement settings. Documentation of training will be retained in the employee personnel file. A review of the PREA Specialized Training Investigating Sexual Abuse in a Facility Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (trauma and how it affects

victims, and interviewing and interrogating techniques), proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting (to include the forensic medical examination process) and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated four investigations were completed by facility staff. Two of the three investigators had specialized training documented. The one that did not was no longer employed and training documentation was not available.

115.71 (c): 5.1.2-E, page 4 states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, shall interview alleged victims, suspected perpetrators and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. OP-030601, page 27 states the OIG agent will thoroughly document each case to assure evidence in the event of criminal prosecution of sexual assault. Page 26 also states the investigative report will indicate whether the evidence substantiates a sexual assault has occurred or the allegations are unsubstantiated or unfounded. The IG agent or facility will complete the "Sexual Assault Report- Parts A, B and C" (Attachment C, attached) and include it with the investigative report. The facility will forward "Sexual Assault Report-Parts A, B, and C" (Attachment C, attached) to the OIG and the agency PREA coordinator at the conclusion of the facility's investigation. If there is a substantiated finding of sexual assault which violates state statute, a copy of the OIG agent's report and supporting documentation/evidence will be forwarded by the OIG to the appropriate jurisdiction for possible criminal prosecution. OP-040117, page 4 states the assigned inspector general agent will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. The inspector general agent will interview alleged victims, suspects and witnesses; and will review prior complaints and reports of sexual abuse involving the suspect and victim. Interviews with investigators indicated that first steps following an allegation include gathering as much information as possible and interviewing the victim. The investigators advised that the investigative process includes interviews, evidence collection and review of all information gathered. They indicated they would be responsible for gathering evidence including: DNA, physical, video footage, interviews, etc. The investigators confirmed that they review prior complaints of the alleged perpetrator. A review of nineteen investigations indicated four were completed by facility investigators and fifteen were completed by the OK DOC OIG. All nineteen included interviews, fifteen involved collection of evidence and three had a review of prior complaints (three of the four facility investigations had a review of prior complaints).

115.71 (d): 5.1.2-E, page 3 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. OP-030601, page 27 states the OIG agent will thoroughly document each

case to assure evidence in the event of criminal prosecution of sexual assault. Page 26 also states the investigative report will indicate whether the evidence substantiates a sexual assault has occurred or the allegations are unsubstantiated or unfounded. The IG agent or facility will complete the "Sexual Assault Report- Parts A, B and C" (Attachment C, attached) and include it with the investigative report. The facility will forward "Sexual Assault Report-Parts A, B, and C" (Attachment C, attached) to the OIG and the agency PREA coordinator at the conclusion of the facility's investigation. If there is a substantiated finding of sexual assault which violates state statute, a copy of the OIG agent's report and supporting documentation/evidence will be forwarded by the OIG to the appropriate jurisdiction for possible criminal prosecution. OP-040117, page 10 states when an investigation is referred for criminal prosecution, the investigating agent will submit a copy of the report, an affidavit and all work products to include description of physical, testimonial and documentary evidence obtained during the investigation to the prosecuting authority. Copies of all documentary evidence will also be included, where feasible. Interviews with investigators indicated that compelled interviews would be conducted by the OIG. The OIG does not consult with prosecutors prior to completing. A review of investigations indicated the OIG conducts all criminal investigations and would deal with compelled interviews.

115.71 (e): 5.1.2-E, page 4 states no agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such allegation. Page 4 further states that the credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a GEO facility or program or staff. OP-030601, page 10 states staff shall not make judgments or assumptions about the credibility of an alleged victim, suspect, or witness of sexual abuse or harassment. OP-040117, page 9 states the credibility of an alleged victim, suspect or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate/offender or staff member. Page 11 further states if during the course of an IG investigation, it becomes necessary to offer a polygraph examination to a private prison employee, the request must first be approved by OIG prior to requesting approval through the private prison facility head through the chief administrator of Institutions. Interviews with the investigators confirmed that they would not require a incarcerated individual victim to take a polygraph or truth telling device test. They further advised credibility would be based on facts and evidence. Interviews with incarcerated individuals who reported sexual abuse confirmed that none were required to take a polygraph or truth telling device test as part of the investigation.

115.71 (f): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. Page 4 further states that administrative

investigations shall include an effort to determine whether staff action or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind the credulity assessment and investigative facts and findings. OP-030601, page 27 states the OIG agent will thoroughly document each case to assure evidence in the event of criminal prosecution of sexual assault. Page 26 also states the investigative report will indicate whether the evidence substantiates a sexual assault has occurred or the allegations are unsubstantiated or unfounded. The IG agent or facility will complete the "Sexual Assault Report- Parts A, B and C" (Attachment C, attached) and include it with the investigative report. The facility will forward "Sexual Assault Report-Parts A, B, and C" (Attachment C, attached) to the OIG and the agency PREA coordinator at the conclusion of the facility's investigation. If there is a substantiated finding of sexual assault which violates state statute, a copy of the OIG agent's report and supporting documentation/evidence will be forwarded by the OIG to the appropriate jurisdiction for possible criminal prosecution. OP-040117, pages 6-7 state investigative reports by the office of the Inspector General will be in 12 point Arial font and will be abbreviated as IG, followed by the appropriate case number and the following summary information: Basis for Investigation; Interviews and Evidence and Summary. Interviews with investigators confirmed that administrative investigations would be documented in written reports and include a narrative of everything that occurred during the investigation (i.e. interviews, evidence collection, SANE, etc.), evidence, photos, recording of interviews and any other documentation related to the investigation. They further stated through the entire investigation they look to see what staff did. If they violated policy and procedure it would be noted and they would be disciplined based on policy violation. A review of nineteen investigations confirmed all nineteen were documented in a written report. The reports included: demographic information, the initial complaint, a summary of the investigation including interviews, evidence, etc., and an investigative outcome.

115.71 (g): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. OP-030601, page 27 states the OIG agent will thoroughly document each case to assure evidence in the event of criminal prosecution of sexual assault. Page 26 also states the investigative report will indicate whether the evidence substantiates a sexual assault has occurred or the allegations are unsubstantiated or unfounded. The IG agent or facility will complete the "Sexual Assault Report- Parts A, B and C" (Attachment C, attached) and include it with the investigative report. The facility will forward "Sexual Assault Report-Parts A, B, and C" (Attachment C, attached) to the OIG and the agency PREA coordinator at the conclusion of the facility's investigation. If there is a substantiated finding of sexual assault which violates state statute, a copy of the OIG agent's report and supporting documentation/evidence will be forwarded by the OIG to the appropriate jurisdiction for possible criminal prosecution. OP-040117, pages 6-7 state investigative reports by

the office of the Inspector General will be in 12 point Arial font and will be abbreviated as IG, followed by the appropriate case number and the following summary information: Basis for Investigation; Interviews and Evidence and Summary. Interviews with investigators confirmed that criminal investigations would be documented in written reports and include a narrative of everything that occurred during the investigation (i.e. interviews, evidence collection, SANE, etc.), evidence, photos, recording of interviews and any other documentation related to the investigation. A review of nineteen investigations confirmed all nineteen were documented in a written report. Six of the investigations included a criminal element. The reports included: demographic information, the initial complaint, a summary of the investigation including interviews, evidence, etc., and an investigative outcome.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were six allegations referred for prosecution since the last PREA audit. 5.1.2-E, page 4 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. OP-030601, page 11 states all inmates or staff members found guilty of committing sexual assault are disciplined in accordance with agency procedures and will be referred for criminal prosecution by the office of the Inspector General. Page 23 also states all allegations and resulting investigations will be conducted in accordance with OP-040117 entitled "Investigations" and if substantiated, will be presented to the District Attorney for criminal prosecution. OP-040117, page 10 states upon completion of the investigation and a determination that probable cause exists that felony wrongdoing or sexual abuse/assault has occurred, the case will be referred to the appropriate district attorney or United States attorney to determine if criminal prosecution will be pursued. Interviews with investigators indicated the OIG refers all PREA allegations to the prosecutor regardless of outcome. The facility investigators refer all cases to the OIG for review. A review of investigations indicated all sexual abuse allegations investigated by the OIG (with the exception of those that the victim recanted or advised the allegation was not truthful) were referred to the District Attorney.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 4 states that GEO shall retain all written reports referenced in this section (investigations) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. OP-040117, page 6 states in compliance with PREA requirements, all PREA investigations will be maintained as long as the alleged abuser is incarcerated and/or employed by the agency, plus five years. A review of historical investigations confirmed investigations are retained appropriately.

115.71 (j): 5.1.2-E, page 3 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. OP-040117, page 3 states the departure of the alleged suspect or victim from employment or control of the agency will not be a basis for terminating an investigation. The investigators stated that the departure of the victim or abuser does not negate the investigation. They stated that the investigation would continue regardless of whether the incarcerated individual or staff member left the facility.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 5.1.2-E, page 3 outlines numerous responsibilities for GEO when an outside agency investigates an allegation of sexual abuse or sexual harassment. These include requesting documentation from the agency that the investigators have completed the training, cooperate with the outside investigators by providing requested information, remain informed about the progress of the investigation at least one monthly by contacting the individuals and requesting copies of completed investigations. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The interview with the Warden indicated the facility is required to make monthly contact with the OK DOC OIG about active investigations. He advised they have a good working relationship so they typically have weekly contact about investigations. The interview with the PCM indicated that when an outside agency investigates the facility remains informed of the progress through monthly status checks on all open cases. The facility investigators stated that when the OIG conducts an investigation they cooperate with them and provide assistance as needed.

Based on a review of the PAQ, 5.1.2-E, OP-030601, OP-040117, investigator training records, investigative reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and the investigators, this standard appears to require corrective action. A review of nineteen investigations indicated four were completed by facility investigators and fifteen were completed by the OK DOC OIG. Eleven of the investigators were timely, seventeen were thorough and eighteen were objective. Of the four completed by the facility, one was timely and all four were thorough and objective. A review of nineteen investigations indicated four were completed by facility investigators and fifteen were completed by the OK DOC OIG. All nineteen included interviews, fifteen involved collection of evidence and three had a review of prior complaints (three of the four facility investigations had a review of prior complaints).

Corrective Action

The facility will need to ensure investigations are completed timely and include information on review of prior complaints of the alleged perpetrator.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Clarification of Investigations
2. Memorandum to Oklahoma OIG
3. Investigator Training

The facility provided documentation noting that investigation are completed by the OK DOC OIG, which is an outside entity. The facility has not control over investigations completed by the OIG. As such, the facility cannot be held responsible (per the PRC FAQ) for timeframes and elements of investigations completed by the OIG.

The facility PCM provided a memo sent to the OIG that outlined the requirement of prompt and timely investigation, as well as the requirement to document the review of prior complaints of the alleged perpetrator.

Additionally, the facility conducted training with facility investigators related to prompt and timely investigations, as well as the requirement to document the review of prior complaints of the alleged perpetrator(s).

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, page 4 states that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. OP-030601, page 6 states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators confirmed that they do not utilize a standard of evidence higher than a preponderance of the evidence when determining if investigations are substantiated. A review of nineteen investigations noted that six were substantiated. All appeared to use a standard of evidence no higher than a preponderance of the evidence. Additionally, the other investigations reviewed appeared to have an appropriate investigative finding based on evidence.</p> <p>Based on a review of the PAQ, 5.1.2-E, OP-030601, investigative reports and information from the interviews with the investigators indicate that this standard appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. Investigative Reports
5. Notification of Investigation Status

Interviews:

1. Interview with the Warden
2. Interviews with Investigative Staff
3. Interviews with Incarcerated Individuals Who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any incarcerated individual who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2-E, page 9 states at the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of the allegation in writing, whether the allegation the allegation has been substantiated, unsubstantiated, unfounded or deemed not-PREA. OP-030601, page 27 states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility (state or contracted with ODOC), the facility head shall inform the inmate victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were 28 investigations completed within the previous twelve months and 28 notifications were made verbally or in writing. Further communication with the PCM indicated there were 52 investigation closed and all 52 had a victim notification. The interview with the Warden confirmed that the incarcerated individual victim receives notification related to the outcome of the investigation. Interviews with the investigators also confirmed that the facility informs the incarcerated individual victim of the outcome of the investigation. Interviews with incarcerated individuals who reported sexual abuse indicated three were aware they were to be informed of the outcome of the

investigation. Three advised they received written notification and two indicated they had not yet received anything. A review of fourteen sexual abuse investigations confirmed all fourteen had a victim notification.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the incarcerated individual of the outcome of the investigation. The PAQ indicated that there were nineteen investigations completed by an outside agency within the previous twelve months and nineteen notifications were provided. 5.1.2-E, page 9 states if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. OP-030601, page 27 states following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility (state or contracted with ODOC), the facility head shall inform the inmate victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. A review of fourteen sexual abuse investigation confirmed all fourteen had a victim notification, including those investigated by the OK DOC OIG.

115.73 (c): The PAQ indicated that following an incarcerated individual's allegation that a staff member has committed sexual abuse against the incarcerated individual, the agency/facility subsequently informs the incarcerated individual whenever: the staff member is no longer posted within the incarcerated individual's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 9 states if the alleged abuser was an employee, the victim shall also be informed whenever: the employee no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. OP-030601, pages 27-28 state following an inmate's allegation that a staff member has committed a sexual offense against the inmate, the facility head shall: Subsequently inform the inmate victim (unless the investigation determines the allegation is unfounded) whenever the staff member is: no longer posted at the inmate's unit; no longer employed at the facility; indicted on a sexual offense and convicted of a sexual offense. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an incarcerated individual in the previous twelve months and that the required notifications were made pursuant to this provision. Interviews with incarcerated individuals indicated three were allegations against a staff member. None of the three advised they were provided notification under this provision. A review of investigations noted that two notifications were provided with the investigative

outcome notification indicating the staff was no longer employed and the investigation was referred to the District Attorney. Two additional sexual harassment investigations also noted notifications under this provision.

115.73 (d): The PAQ indicates that following an incarcerated individual's allegation that he or she has been sexually abused by another incarcerated individual, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 9 states if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. OP-030601, page 28 states following an inmate's allegation of a sexual offense by another inmate, the facility head or designee shall subsequently inform the alleged victim whenever the suspect inmate has been indicted or convicted on the sexual offense. Interviews with incarcerated individuals indicated two were allegations against another incarcerated individuals. Neither advised they were provided notification under this provision. A review of investigations noted that one notification was provided with the investigative outcome notification that the investigation was presented to the District Attorney.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to incarcerated individuals described under this standard are documented. 5.1.2-E, page 9 states the individual shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. OP-030601, page 28 states the facility head will ensure notifications to inmates are documented on the "Notification of Investigation Status" form (Attachment D, attached) and the original placed in the facility investigation file. The PAQ stated that there were 43 notifications made pursuant to this standard and all 43 were documented. Further communication with the PCM indicated there were 52 investigation closed and all 52 had a victim notification. A review of fourteen sexual abuse investigation confirmed all fourteen have a victim notification. Three of the notifications included additional notifications under provision (c) and/or (d).

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2-E, OP-030601, investigative reports and information from interviews with the Warden, investigators and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. GEO Employee Handbook 5. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 9 states employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. OP-030601, page 5 states sexual conduct between staff and inmates is strictly prohibited, subject to administrative disciplinary sanctions and referral for prosecution. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.</p> <p>115.76 (b): The PAQ indicated there were three staff members who violated the sexual abuse and sexual harassment policies and three staff members who was terminated for violating the sexual abuse or sexual harassment policies. 5.1.2-E, pages 9-10 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. OP-030601, page 6 states the</p>

presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate is termination. A review of investigative reports indicated there were three staff that violated the sexual abuse and sexual harassment policies. Two staff resigned and one staff member was terminated. All three had paperwork completed to ensure they were ineligible for re-hire as well as paperwork for permanent visitation restriction. The one sexual abuse investigation was submitted to the District Attorney for charges.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories.

5.1.2-E, page 10 states disciplinary sanction for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there were three staff that violated the sexual abuse and sexual harassment policies. Two staff resigned and one staff member was terminated. All three had paperwork completed to ensure they were ineligible for re-hire as well as paperwork for permanent visitation restriction. The one sexual abuse investigation was submitted to the District Attorney for charges.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2-E, page 10 states all terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity is clearly not criminal. OP-030601, page 5 states sexual conduct between staff and inmates is strictly prohibited, subject to administrative disciplinary sanctions and referral for prosecution. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or

otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. The PAQ indicated that there were three staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and three staff member were reported to law enforcement or relevant licensing bodies. A review of investigative reports indicated there were three staff that violated the sexual abuse and sexual harassment policies. Two staff resigned and one staff member was terminated. All three had paperwork completed to ensure they were ineligible for re-hire as well as paperwork for permanent visitation restriction. The one sexual abuse investigation was submitted to the District Attorney for charges.

Based on a review of the PAQ, 5.1.2-E, OP-030601, the GEO Employee Handbook and investigative reports, indicates that this standard appears to be compliant.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act
4. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who

engages in sexual abuse be prohibited from contact with incarcerated individuals. 5.1.2-A, page 12 states any volunteer or contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility and shall be reported to law enforcement and relevant licensing bodies, unless activity was not clearly not criminal. The PAQ indicated that there has been one contractor or volunteer who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated there was one contractor who violated the sexual abuse and sexual harassment policies. The contractor resigned prior to the investigation being completed. The facility completed paperwork on permanent visitation restriction and the investigation was submitted to the District Attorney for charges.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with incarcerated individuals in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, pages 13 states in the case of any violation of GEO sexual abuse or sexual harassment policies by the volunteer or contractor, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in access being restricted. The Warden indicated they would contact the individuals supervisor. The Warden stated they typically do not allow access back into the facility related to these types of incidents, regardless of the investigative outcome.

Based on a review of the PAQ, 5.1.2-A, OP-030601, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 2. Oklahoma Department of Correction OP-060125 - Disciplinary Procedures 3. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act 4. Inmate Orientation and Reference Handbook (Handbook)

5. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that incarcerated individuals are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. 5.1.2-E, page 10 states individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility shall be subject to formal disciplinary sanctions. The PAQ indicated there have been zero administrative and one criminal finding of guilt for incarcerated individual-on-incarcerated individual sexual abuse within the previous twelve months. OP-030601, page 10 states staff, as indicated above, shall be responsible for ensuring all substantiated allegations of prohibited conduct are referred appropriately for disciplinary action. OP-060125 outlines the disciplinary process. Pages 7-17 of the Handbook outline the disciplinary process and disciplinary sanctions for violating sexual abuse and sexual harassment policies. A review of investigative reports indicated there were two incarcerated individuals who violated the sexual abuse and sexual harassment policies. Both were given discipline per the OK DOC disciplinary process. Both had restrictions on privileges and one had an increase in custody/security level. Further, the perpetrator of sexual abuse incident had the investigation submitted to the District Attorney for charges.

115.78 (b): 5.1.2-E, page 10 states sanctions shall commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals (or incarcerated individuals) with similar histories. OP-060125 outlines the disciplinary process to include types of sanctions for violations. Pages 7-17 of the Handbook outline the disciplinary process and disciplinary sanctions for violating sexual abuse and sexual harassment policies. The interview with the Warden indicated that if a incarcerated individual is found to have violated the sexual abuse or sexual harassment policies he/she would go through the client's disciplinary process and receive sanctions based on the type of offense. He also stated that if it was criminal activity they could have felony charges. The Warden confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the incarcerated individual's disciplinary history and sanctions imposed

for comparable offenses by other incarcerated individuals. A review of investigative reports indicated there were two incarcerated individuals who violated the sexual abuse and sexual harassment policies. Both were given discipline per the OK DOC disciplinary process. Both had restrictions on privileges and one had an increase in custody/security level.

115.78 (c): 5.1.2-E, page 10 states the disciplinary process shall consider whether an individual's (or incarcerated individual's) mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any should be imposed. The interview with the Warden confirmed that a incarcerated individuals' mental disability or mental illness would be considered in the disciplinary process. OP-060125, page 10 notes that the mental health authority will complete a "Mental Health Recommendations Regarding Inmate Discipline". A review of investigative reports indicated there were two incarcerated individuals who violated the sexual abuse and sexual harassment policies. Both were given discipline per the OK DOC disciplinary process. Both had restrictions on privileges and one had an increase in custody/security level. Neither were documented as those that require mental health input.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending incarcerated individual to participate in these interventions as a condition of access to programming and other benefits. 5.1.2-E, page 10 states if the facility offers therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider require the offending individual to participate. The interview with the mental health staff member confirmed that they offer therapy, counseling and other intervention services designed to address and correct underlying reason or motivations for sexual abuse to the perpetrator. Staff stated services are voluntary, not mandatory.

115.78 (e): 5.1.2-E, page 10 states disciplining an individual in a GEO facility (or incarcerated individual) for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The PAQ stated that the agency disciplines incarcerated individuals for sexual contact with staff only upon finding that the staff member did not consent to such contact. OP-060125 outlines the disciplinary process to include types of sanctions for violations. Pages 7-17 of the Handbook outline the disciplinary process and disciplinary sanctions for violating sexual abuse and sexual harassment policies.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of

sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2-E, page 10 states a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying. OP-060125 outlines the disciplinary process to include types of sanctions for violations. Pages 7-17 of the Handbook outline the disciplinary process and disciplinary sanctions for violating sexual abuse and sexual harassment policies.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between incarcerated individuals and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 10 states facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced. OP-060125 outlines the disciplinary process to include types of sanctions for violations. Pages 7-17 of the Handbook outline the disciplinary process and disciplinary sanctions for violating sexual abuse and sexual harassment policies.

Based on a review of the PAQ, 5.1.2-E, OP-060125, OP-030601, Inmate Orientation and Reference Handbook (Handbook), investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. PREA/SAAPI Risk Assessment 5. Secondary Medical/Mental Health Documents <p>Interviews:</p>

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Medical and Mental Health Staff
3. Interviews with Incarcerated Individuals who Disclosed Prior Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all incarcerated individuals at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, page 6 states if during the intake assessment, person tasked with screening determine that an individual in a GEO facility is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. Pages 6 further states any individual who is identified (pursuant to §115.41) to have previously experienced sexual victimization or has perpetrated sexual abuse in an institutional setting or the community shall be referred, immediately, using the Medical-Mental Health Referral form (see Attachment L), to a medical or mental health practitioner for a follow-up meeting within 14-days of the initial risk assessment. OP-030601, page 16 states if the screening indicates an inmate has experienced or perpetrated prior sexual victimization, whether it occurred in an institutional setting or in the community setting, staff shall ensure the inmate is offered a follow-up meeting with a mental health provider within 14 days of the intake screening. The PAQ indicated that 117% of the incarcerated individuals who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. Further communication with the PCM indicated this was incorrect and that 100% were offered a follow-up with mental health. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The interview with the staff responsible for the risk screening indicated that if a incarcerated individual discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health within 24-72 hours. Interviews with the incarcerated individuals who disclosed prior victimization during the risk screening indicated one of the three was offered a follow-up with mental health care staff and he declined. The auditor requested documentation for seven incarcerated individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received.

115.81 (b): The PAQ indicated all prison incarcerated individuals who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, pages 6 states any individual who is identified (pursuant to §115.41) to have previously experienced sexual victimization or has perpetrated sexual abuse in an institutional setting or the community shall be referred, immediately, using the Medical-Mental Health Referral form (see Attachment L), to a medical or mental health practitioner for a follow-up meeting within 14-days of the initial risk assessment. OP-030601, page 16 states if the screening indicates an inmate has experienced or perpetrated prior sexual victimization, whether it occurred in an institutional setting or in the community setting, staff shall ensure the inmate is offered a follow-up meeting with a mental health provider within 14 days of the intake screening. The PAQ indicated that 91% of those incarcerated individuals who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. Further communication with the PCM indicated this was incorrect and that 100% were offered a follow-up with mental health. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. The interview with the staff responsible for the risk screening indicated that if a incarcerated individual is identified with prior sexual abusiveness they would be offered a follow-up with mental health within 24-72 hours. The auditor requested documentation for eight incarcerated individuals identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not yet been received.

115.81 (c): This provision does not apply as the facility is not a jail.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PCM indicated that this information was incorrect and that information related to sexual victimization or abusiveness is not strictly limited to medical and mental health staff, but it is limited to only staff who assist with making housing, work and programming decision. 5.1.2-A, page 6 states information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise required by federal, state or local law. OP-030601, page 17 states the facility shall use information from the risk screening evaluation in accordance with "Cell Assessment Form" (OP-030102, Attachment A) in order to inform staff making housing, work, education, and program assignments; with the goal of keeping those inmates who are at risk of being sexually victimized separate from those at high risk of being sexually abusive. Incarcerated individual risk screening files are paper while medical and mental health documents are electronic. During the tour the auditor spoke with health service staff and confirmed medical and

mental health care records are electronic and only medical and mental health care staff have access to the records. Correctional Officer and other security staff do not have access to the medical records system (EMR). Risk Screening files are paper and are maintained in records. Records is staffed during administrative business hours and after hours the door is locked. Records staff indicated that only staff with a need to know have access to the records and that all access is logged. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office and with the OK DOC. Additionally, information is entered into the electronic PREA Portal database. This database has very limited access (investigators and administrative staff).

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated individual is under the age of eighteen. 5.1.2-A, page 6 states medical and mental health practitioners are required to obtain informed consent for individuals in a GEO facility before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of eighteen). Interviews with medical and mental health staff confirmed they obtain informed consent prior to reporting sexual abuse that did not occur in a correctional setting. They further stated the facility does not house anyone under eighteen.

Based on a review of the PAQ, 5.1.2-A, OP-030601, PREA/SAAPI Risk Assessment, medical and mental health documentation, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and incarcerated individuals who disclosed victimization during the risk screening, this standard appears to require corrective action. Interviews with the incarcerated individuals who disclosed prior victimization during the risk screening indicated one of the three was offered a follow-up with mental health care staff and he declined. The auditor requested documentation for seven incarcerated individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received. The auditor requested documentation for eight incarcerated individuals identified with prior sexual abusiveness during the risk screening. At the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested documentation. If not available, further corrective action will be required. The facility will need to provide confirmation of the

procedure for affording mental health follow-ups within fourteen days of disclosure of prior sexual victimization or identification of prior sexual abusiveness. Training with appropriate staff will need to be provided. The facility will need to provide a list of incarcerated individuals who disclosed prior sexual victimization and who were identified with prior abusiveness during the corrective action period. A systematic sample of mental health follow-up documents will need to be provided (i.e. every fifth incarcerated individual on the list).

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Incarcerated Individuals with Prior Sexual Victimization and Abusiveness During Risk Screening During October 2024
3. Mental Health Documentation

The facility provided part of the initially requested documentation. The remaining documents were not provided and as such additional corrective action was required.

Training was completed with facility staff on the requirement and process for the fourteen day mental health follow-up for those who disclose prior sexual victimization or those identified with prior sexual abusiveness during the risk screening. Staff signatures were provided confirming receipt of the training.

The facility provided documentation for incarcerated individuals that arrived from October 1, 2024 through October 30, 2024. One incarcerated individual disclosed victimization, one disclosed victimization and was identified with prior sexual abusiveness and three were identified with prior sexual abusiveness. All five had a mental health follow-up completed within fourteen days.

Based on the documentation provided the facility has corrected this standard and as

	such appears to be compliant.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 - Prison Rape Elimination Act 4. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with First Responders 3. Interviews with Incarcerated Individuals who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that incarcerated individual victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2-A, page 20 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. OP-030601, pages 11-12 states Staff, as indicated above, shall be</p>

responsible for ensuring all victims who report sexual abuse/assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up in accordance with OP-140118 entitled "Medical Emergency Response". Page 29 states medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Medical Emergency Response." Further page 30 states the qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual abuse/assaults. After providing mental health counseling, the QMHP may consult with the investigating agent regarding the investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities." The auditor observed the health services area as well as the additional exam rooms on certain housing units. The exam rooms on the housing units had a large window with no additional privacy. During the interim report period the facility installed blinds for the windows and provided photos confirming necessary privacy, if needed. The main health services are included a reception area, exam rooms, treatment rooms, and observation cells. The exam and treatment rooms had large windows with blinds for additional privacy. Interviews with medical and mental health care staff confirmed that incarcerated individuals receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff advised that services are typically provided immediately. Both staff confirmed the services they provide are based on their professional judgment. Interview with the incarcerated individuals who reported sexual abuse indicated four of the five were offered/provided medical and mental health services. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services.

115.82 (b): OP-030601, pages 11-12 states Staff, as indicated above, shall be responsible for ensuring all victims who report sexual abuse/assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up in accordance with OP-140118 entitled "Medical Emergency Response". Page 29 states medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Medical Emergency Response." Further page 30 states the qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual abuse/assaults. After providing mental health counseling, the QMHP may consult with the investigating agent regarding the

investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities." The facility is staffed 24 hours a day, seven days a week. Incarcerated individuals are treated at the facility unless they are required to be transported to a local hospital. The interview with the security first responder indicated duties include separating the individuals, securing the crime scene, not allowing individuals to shower and taking the victim to medical for services. The non-security first responder stated that duties include walking the victim to the next stop, notifying security, not allowing him/her to go back to the cell and not allowing him/her to shower. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services. Five incarcerated individuals were transported to an outside hospital for services.

115.82 (c): The PAQ states that incarcerated individual victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 5.1.2-A, page 20 states this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. OP-030601, pages 11-12 states Staff, as indicated above, shall be responsible for ensuring all victims who report sexual abuse/assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up in accordance with OP-140118 entitled "Medical Emergency Response." Page 29 states medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Medical Emergency Response." Further page 30 states the qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual abuse/assaults. After providing mental health counseling, the QMHP may consult with the investigating agent regarding the investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities." Interviews with medical and mental health staff indicated that incarcerated individual victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The incarcerated individuals who reported sexual abuse stated they did not have allegations that necessitated sexually transmitted infection prophylaxis. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services. Five of the incarcerated individuals were offered/provided access to sexually transmitted infection prophylaxis.

	<p>115.82 (d): 5.1.2-A, page 20 states all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based on a review of the PAQ, 5.1.2-A, OP-030601, a review of medical and mental health documents (primary and secondary), observations made during the tour and information from interviews with medical and mental health care staff, first responders and incarcerated individuals who reported sexual abuse, this standard appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with Incarcerated Individuals Who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p>

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2-A, page 21 states each facility (shall offer medical and mental health evaluations to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. OP-030601, pages 11-12 states Staff, as indicated above, shall be responsible for ensuring all victims who report sexual abuse/assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up in accordance with OP-140118 entitled "Medical Emergency Response." Page 29 states medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Medical Emergency Response." Further page 30 states the qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual abuse/assaults. After providing mental health counseling, the QMHP may consult with the investigating agent regarding the investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities." The auditor observed the health services area as well as the additional exam rooms on certain housing units. The exam rooms on the housing units had a large window with no additional privacy. During the interim report period the facility installed blinds for the windows and provided photos confirming necessary privacy, if needed. The main health services are included a reception area, exam rooms, treatment rooms, and observation cells. The exam and treatment rooms had large windows with blinds for additional privacy. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services. Five incarcerated individuals were transported to an outside hospital for services. The auditor requested documentation for seven incarcerated individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received.

115.83 (b): 5.1.2-A, page 21 states the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. OP-030601, pages 11-12 states Staff, as indicated above, shall be responsible for ensuring all victims who report sexual abuse/assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up in accordance with OP-140118 entitled "Medical Emergency Response." Page 29 states medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as

appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Medical Emergency Response." Further page 30 states the qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual abuse/assaults. After providing mental health counseling, the QMHP may consult with the investigating agent regarding the investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities." Interviews with medical and mental health care staff confirmed that incarcerated individuals are offered follow-up services, treatment plans and referrals. Interviews with incarcerated individuals who reported sexual harassment indicated four of the five were offered/provided follow-up medical and/or mental health services. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services. Five incarcerated individuals were transported to an outside hospital for services. The auditor verified that incarcerated individuals are provided follow-up with mental health related to counseling and services related to sexual abuse.

115.83 (c): 5.1.2-A, page 21 states services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. All medical and mental health staff are required to have the appropriate credentials and licensure. The facility utilizes the local hospitals for forensic medical examinations. Interviews with medical and mental health care staff confirmed that medical and mental health services are consistent with the community level of care. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services. Five incarcerated individuals were transported to an outside hospital for services.

115.83 (d): The PAQ indicated that this provision is not applicable as the facility does not house female incarcerated individuals. 5.1.2-A, page 21 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable.

115.83 (e): The PAQ indicated that this provision is not applicable as the facility does not house female incarcerated individuals. 5.1.2-A, 21 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable.

115.83 (f): The PAQ indicated that incarcerated individual victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2-A, page 21 states victims shall also be offered test for

sexually transmitted infections as medically appropriate. OP-030601, pages 11-12 states Staff, as indicated above, shall be responsible for ensuring all victims who report sexual abuse/assaults are appropriately referred for medical and mental health evaluation/assessment and for crisis intervention counseling and follow-up in accordance with OP-140118 entitled "Medical Emergency Response." Page 29 states medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Medical Emergency Response." Further page 30 states the qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual abuse/assaults. After providing mental health counseling, the QMHP may consult with the investigating agent regarding the investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities." The incarcerated individuals who reported sexual abuse stated they did not have allegations that necessitated testing for sexually transmitted infections. A review of medical and mental health documentation for fourteen victims of sexual abuse confirmed all fourteen were offered/provided medical and mental health services. Five of the incarcerated individuals were offered/provided access to testing for sexually transmitted infections.

115.83 (g): The PAQ stated that treatment services are provided to the incarcerated individual victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 21 states all services shall be provided without financial cost to the victim. The incarcerated individuals who reported sexual abuse confirmed that they did not have to pay for medical and mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 5.1.2-A, page 21 states the facility shall attempt to conduct a mental health evaluation on all known incarcerated individual-on-incarcerated individual abusers or resident on resident abusers within 60 days of learning of such abuse history and offered treatment deemed appropriate by mental health practitioners. The interview with the mental health staff member confirmed that she attempts to conduct a mental health evaluation on all incarcerated individual perpetrators within fourteen days. A review of documentation indicated there was one incarcerated individual perpetrator of sexual abuse during the previous twelve months. The incarcerated individual perpetrator had a mental health evaluation conducted two days after the investigation was deemed substantiated.

Based on a review of the PAQ, 5.1.2-A, OP-030601, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and incarcerated individuals who reported sexual abuse, this standard appears to require corrective action. The auditor requested documentation for seven incarcerated individuals who disclosed prior sexual victimization during the risk screening. At the issuance of the interim report the documentation had not yet been received.

Corrective Action

The facility will need to provide the requested documentation. If not available, further corrective action will be required. The facility will need to provide confirmation of the procedure for affording mental health follow-ups within fourteen days of disclosure of prior sexual victimization. Training with appropriate staff will need to be provided. The facility will need to provide a list of incarcerated individuals who disclosed prior sexual victimization during the corrective action period. A systematic sample of mental health follow-up documents will need to be provided (i.e. every fifth incarcerated individual on the list).

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. Incarcerated Individuals with Prior Sexual Victimization During Risk Screening During October 2024
3. Mental Health Documentation

The facility provided part of the initially requested documentation. The remaining documents were not provided and as such additional corrective action was required.

	<p>Training was completed with facility staff on the requirement and process for the fourteen day mental health follow-up for those who disclose prior sexual during the risk screening. Staff signatures were provided confirming receipt of the training.</p> <p>The facility provided documentation for incarcerated individuals that arrived from October 1, 2024 through October 30, 2024. One incarcerated individual disclosed victimization and one disclosed victimization and was identified with prior sexual abusiveness. Both had a mental health follow-up completed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Oklahoma Department of Correction OP-030601 – Prison Rape Elimination Act 4. Investigative Reports 5. Sexual Abuse/Harassment Incident Reviews <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p>

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 23 states facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. OP-030601, page 28 states in all instances where a sexual abuse investigation occurs, regardless of findings, at the conclusion of the investigation the facility shall conduct a sexual abuse incident review. The PAQ indicated that 25 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only unfounded incidents. A review fourteen sexual abuse investigations confirmed all fourteen had a sexual abuse incident review completed.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2-A, page 23 states such reviews shall occur within 30 days of the conclusion of the investigation. OP-030601, page 28 states in all instances where a sexual abuse investigation occurs, regardless of findings, at the conclusion of the investigation the facility shall conduct a sexual abuse incident review. This review shall occur within 30 days of the receipt by the facility or of OIG investigative findings. manager. The PAQ further indicated that 25 sexual abuse incident review was completed within 30 days of the conclusion of the investigation. A review fourteen sexual abuse investigations confirmed all fourteen had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2-A, page 23 states the review team shall consist of upper-level management officials and the local PCM, with input from the supervisors, investigators and medical and mental health practitioners. OP-030601, page 28 states in the review team shall include administrative staff, with input from line supervisors, investigators, medical/mental health professional and facility PREA compliance manager. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff. A review fourteen sexual abuse investigations confirmed all fourteen had a sexual abuse incident review completed. The review team included those noted under this provision.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations

made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2-A, page 23 states unless mandated by client contract, a "PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. OP-030601, pages 28-29 state the review team shall: convene monthly to review any facility incident or OIG investigation; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of the review teams findings utilizing the "Sexual Abuse/Harassment Incident Review" form (Attachment K, attached). Interviews with the Warden, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Warden stated that information from the sexual abuse incident review is used to determine if additional staffing is needed, if a blind spots needs alleviated or if there needs to be increased rounds in the area. The PCM indicated the facility conducts sexual abuse incident reviews and that the reviews include the requirements under this provision. She stated she is part of the sexual abuse incident review team and she has not noticed any trends. Further, she advised once the sexual abuse incident review is completed they submit the information to the client and they follow up on any recommendation. A review fourteen sexual abuse investigations confirmed all fourteen had a sexual abuse incident review completed via the Sexual Abuse/Harassment Incident Review form.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 5.1.2-A, page 23 states the facility shall implement recommendations for improvement or document its reasons for not doing so. OP-030601, page 29 states the facilities shall implement the recommendations for improvement or shall document the reasons for not doing so. The "Sexual Abuse/Harassment Incident Review" form (Attachment K, attached) and documentation of implementation of recommendations (if applicable) will be submitted to the affected administrator of Institutions and agency PREA coordinator within 30 days after the review teams concludes the review. A review fourteen sexual abuse investigations confirmed all fourteen had a sexual abuse incident review completed. None included any recommendation.

Based on a review of the PAQ, 5.1.2-A, OP-030601, investigative reports, sexual abuse

	<p>incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that the facility include detailed incident specific information under each section of the form. While some included information, some did not and included only a yes or no response. Further, for substantiated and unsubstantiated incidents, the auditor highly recommends that the facility take a closer look related to recommendation for corrective action.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Portal Online Database 4. PREA Annual Report <p>Findings (By Provision):</p> <p>115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 23 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of the PREA Portal Online Database confirms that information related to the allegation is entered into the database to include; the facility where the allegation occurred, how it was reported, the date it was reported, the incident date, the incident type, location it occurred, time it occurred and</p>

investigative outcome. Data is derived from this database. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 23 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the GEO Group Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 23 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

115.87 (e): The PAQ and further communication with the PCM indicated that the agency does not obtains incident-based and aggregated data from every private

	<p>facility with which it contracts for the confinement of its incarcerated individuals. The agency does not contract for the confinement of its incarcerated individuals. The agency is a private for profit agency and houses other agency's incarcerated individuals.</p> <p>115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 5.1.2-A, page 23 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Based on a review of the PAQ, 5.1.2-A, the PREA Portal Online Database and the GEO Group Annual PREA Report, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p>

115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, pages 23-24 states that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by: identifying problems areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. A review of PREA Annual Reports indicates that the reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. He indicated that GEO has a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, and the corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that all of the agency's clients, except USMS, include GEO PREA data in their annual PREA reports as well. He confirmed the agency takes corrective action on an ongoing basis and that historical annual PREA data reports are available on GEO's website. He stated GEO has implemented several corrective actions since the PREA program's inception in 2012. The PC further confirmed that the agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. He indicated GEO publishes a PREA report annually and the current and historical reports are available on the agency website. The PCM stated that facility data is entered into the electronic system and all data is reported to GEO to utilize.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the

current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2-A, pages 23-24 state that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of PREA Annual Reports indicate that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the previous year.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2-A, page 24 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2-A, page 24 states that GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the PREA Annual Reports confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information. The interview with the PC indicated that GEO only reports statistical data and incident types, personally identifiable information for confidentiality purposes.

Based on a review of the PAQ, 5.1.2-A, the GEO Group Annual PREA Reports, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. PREA Annual Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. He stated any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. The PC further stated in GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority annually for review and approval.

115.89 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. A review of the website: <https://www.geogroup.com/prea> confirmed that the current PREA Annual Report, which includes aggregated data for all GEO facilities, is available to the public online.

115.89 (c): 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available,

	<p>all personal identifiers shall be removed. A review of the PREA Annual Report, which contains the aggregated data, confirms that no personal identifiers were publicly available.</p> <p>115.89 (d): 5.1.2-A, page 24 and the PAQ indicate that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical PREA Annual Reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 5.1.2-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that all GEO facilities have had a completed PREA audit.</p> <p>115.401 (b): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency’s facilities are audited each year. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from incarcerated individuals.</p> <p>115.401 (n): The auditor observed the audit announcement in each housing unit and in common areas on letter size paper. The audit announcement was also observed on the incarcerated individual tablet system. The audit announcement</p>

	<p>advised the incarcerated individuals that correspondence with the auditor would remain confidential unless the incarcerated individual reported information such as sexual abuse, harm to self or harm to others. The incarcerated individuals were able to send correspondence via special mail.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (a): A review of the website confirmed that the agency has uploaded final reports for audited facilities.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes