

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim     Final

Date of Report 4/9/2021

## Auditor Information

Name: Robert Manville

Email: robertmanville9@gmail.com

Company Name:

Mailing Address: 168 Dogwood Drive

City, State, Zip: Milledgeville, Ga.

Telephone: 912-286-0004

Date of Facility Visit: March 17- 20, 2021

## Agency Information

Name of Agency:

The GEO Group Inc.

Governing Authority or Parent Agency (If Applicable):

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, FL 33431

Mailing Address:

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.geogroup.com/prea>

## Agency Chief Executive Officer

Name: George C. Zoley

Email: gzoley@geogroup.com

Telephone: 561-893-0101

## Agency-Wide PREA Coordinator

Name: Ryan Seuradge

Email: seuradge@geogroup.com

Telephone: 561-999-5875

<b>PREA Coordinator Reports to:</b> Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 102
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### Facility Information

<b>Name of Facility:</b> Lawton Correctional and Rehabilitation Facility			
<b>Physical Address:</b> 8607 SE Flower mound Rd		<b>City, State, Zip:</b> Lawton, OK 73501	
<b>Mailing Address (if different from above):</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	

**Facility Website with PREA Information** [www.geogroup.com/PREA](http://www.geogroup.com/PREA)

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA  
 NCCHC  
 CALEA  
 N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
 OKDOC Operations/Health Services Audit; GEO Corporate Audit and Mock PREA Audit

### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b> Mark Bowen
<b>Email:</b> <a href="mailto:Mbowen@geogroup.com">Mbowen@geogroup.com</a>
<b>Telephone:</b> 580.351.2778

### Facility PREA Compliance Manager

<b>Name:</b> Christine Topping
<b>Email:</b> <a href="mailto:ctopping@geogroup.com">ctopping@geogroup.com</a>
<b>Telephone:</b> 580.351.2778

### Facility Health Service Administrator

<b>Name:</b> Buddy Honaker
<b>Email:</b> <a href="mailto:whonaker@wellpath.us">whonaker@wellpath.us</a>
<b>Telephone:</b> 580.351.2778

## Facility Characteristics

Designated Facility Capacity:	2626	
Current Population of Facility:	2566	
Average daily population for the past 12 months:	2575	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-74	
Average length of stay or time under supervision:	11 years 7 months 24 days	
Facility security levels/inmate custody levels:	Medium / Protective Custody	
Number of inmates admitted to facility during the past 12 months:	1222	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1222	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1222	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or +city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: N/A	

Number of staff currently employed by the facility who may have contact with inmates:	402
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	181
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	50
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2
<b>Physical Plan</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	12
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	10
<b>Number of open bay/dorm housing units:</b>	0
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	271
<b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe Oklahoma Department of Corrections) <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	20
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's d <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Prior to the on-site visit, Agency PREA staff conducted an on-site "pre-audit" of the facility to assist with PREA audit preparation. Prior to the on-site visit, the PREA Coordinator and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, memorandums, brochures, staffing plans, training information, and other reference materials for examination. Policies and documentation are in the form of agency directives and policies. Updates of the Pre audit questionnaire, investigations and Institutional Supplements were also discussed prior to the beginning of the audit. The facility was provided with facility notices in English and Spanish four weeks prior to the onsite audit visit informing offenders of the scheduled audit date, which included my name and mailing address if they wished to send me correspondence. Offenders where informed correspondence would remain confidential. The facility information document was posted throughout the facility January 27, 2021.

The on-site visit for the Prison Rape Elimination Act (PREA) audit of the Lawton Correctional and Rehabilitation Facility was conducted by certified auditor Robert Manville from March 17 through March 20, 2021. The auditor completed the on-site review through March 19 and completed the document review on March 20, 2020. Notices of the upcoming audit and the Auditor's contact information were posted throughout the institution on January 27, 2021. Upon arrival at the facility, an in-briefing meeting was held with the Warden, several department heads and support staff, and PREA compliance. The standards used for this audit became effective August 20, 2012.

Prior to beginning the tour the auditor requested and received a roster of staff on duty for the first shift, a roster of all inmates by locations, a list of inmates by the target population as found in the auditor's handbook and copy or original PREA investigative files. (the investigative files were locked from staff view until requested by the auditor). At 2:00 P.M. the auditor requested and received the second shift roster of staff on duty by job assignments. The tour of the Lawton Correctional and Rehabilitation Facility included the intake processing areas, all housing units, the restrictive housing unit, protective custody unit, the health services department, recreation, food service, facility support areas, education, visiting rooms, and programming areas.

During the tours, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units Postings, regarding PREA violation reporting and the agency’s zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. . Inmates can shower, dress, and use the toilet without exposing themselves to employees of the opposite gender. A blind spot was noted in the new dishwasher room. The facility added a mirror on the back wall to allow staff to see inmates working in this area.

Thirty four (34) randomly selected correctional staff members were interviewed. Correctional officers and Lieutenants from all shifts were included in the interview process. These correctional staff also included staff assigned to supervise housing units, utility staff, escort staff and crisis response team members. A total of eight (8) random staff including maintenance, secretaries, and administrative staff were also interviewed. All were aware of the agency’s zero-tolerance could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response. The Agency Director, Agency PREA Coordinator and Agency Contract Administrator had been previously interviewed (the auditor is in receipt of the completed interview questionnaires). Specialized staff members were also interviewed. This included the Warden, IPCM, two (2) Investigator, Human Resource Specialist, Restrictive Housing Supervisor, Retaliation Monitor, Medical Administrator, Mental Health Director, Case Manager Supervisor, 4 Case Managers, Chaplain (volunteer supervisor) and a local hospital Emergency Room Nurse at Comanche County Memorial Hospital land a victim advocate from New Directions of Lawton, Ok. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status.

A total of fifty six (56) inmates were selected to be interviewed. The interviewed inmates were of various ages, nationalities, and ethnic backgrounds. Inmate random interviewed inmates included inmates in every dormitory in the facility except for one dormitory that was on cohort status due inmate being tested for possible Coronavirus. An inmate that was housed in wing the previous month was interviewed in lieu of offender in cohort status. The following targeted inmates were interviewed.

- Transgender 5
- Allegation of Sexual Abuse 2
- Victimization 4
- Disabled 1
- Cognitive 1
- LEP 12
- Random 31
- Total 56

The LEP inmates make up about 20% of the population and were not considered in developing a random sample of all living units. A translator and/or language lines were available while

interviewing inmates. There were no inmates in Protective Custody for any PREA related issue. There were no inmate that Identified as gay during the intake process. There were no inmates interviewed that identified as gay. There were no inmates that were deaf or blind. The one disabled is an older offender that uses a walker, is partially deaf and has a hard time seeing. However, when asked he was insistent that he was not blind or deaf, just old.

Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting mechanisms. The inmates further stated that staff members were responsive to their needs and that they felt safe at the facility. The inmates with history of victimizations were offered follow up interviews with mental health staff. According to the Mental Health staff all inmates with history of victimization are offered Mental Health services. Approximately 25% decline the services.

The facility offers medical, dental, mental, health and social services. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross- gender viewing. Inmates requiring health care beyond the scope of services provided in the facility are transported to providers or a hospital in the community. Following allegations of sexual abuse/assault, examinations and forensic evidence collection are conducted by certified SANE/SAFE providers at the Comanche County Memorial Hospital. Follow up medical and mental health care, testing and treatments are delivered by providers at Lawton Correctional and Rehabilitation Facility.

## Investigations

There were a total of 43 reported allegation of sexual abuse/sexual harassment. All cases were investigated. There were 25 allegation of sexual abuse and 19 cases of sexual harassment.

No cases were transported to outside medical for forensic examinations. A review of the investigative packets revealed that the investigations was complete and met the requirements of the standard. The Oklahoma Department of Corrections (ODOC) Office of Inspector General (OIG) by statue are required to investigate any wrong doings in a prison. After initial review, the OIG office may conduct the investigation or forward investigations back to the facility to be investigated by a trained Facility investigator.

The below is a chart of allegation during the last 12 months.

Finding	I/M on I/M Sexual Harassment	Staff of I/M Sexual Harassment	I/M on I/M Sexual Abuse	Staff on I/M Sexual Abuse	Total
Substantiated	0	0	0	2	2
Unsubstantiated	10	4	9	7	30
Unfounded	0	1	2	3	6
Not PREA	0	2	0	1	3

On Going	1	0	0	1	2
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## Facility Characteristic

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Upon arriving at Lawton Correctional and Rehabilitation Facility each visitor and staff must sign in or provided identification in order to go to the main administrative building. At the administrative building, all staff must clear a metal detector and a body scan machine, then they are checked by a handheld metal detector and pat searched by staff of the same gender.

After clearing the security system, visitor can go to the control room located in the administrative building and show proper credential, receive a visitor pass. All visitor passes are for escort only. The control room is manned by two staff. It controls the movement of all offenders and staff and monitors the security system, including the body scanners that all staff when in the security area of the facility.

After received appropriate visitors' cards and prior to going through the control area visitors are then be escorted to the administrative area to the left and right side of the building. Located in this administrative building are all of the essential administrative staff's office.

Also located in the area just as you enter the executive staff area is a secured camera room. In this room, two staff monitor the cameras and body alarms on a constant and continuous bases. The auditor was allowed to observe staff working in this area and viewed each of the cameras. All cameras were working at the time of the audit. Staff working in the camera rooms indicated that camera or monitor malfunctions is considered a mandatory work order and are completed in a timely manner, usually, in less than an hour.

The Lawton Correctional and Rehabilitation Facility is a multi-security facility ranging from minimum to maximum security. Lawton Correctional and Rehabilitation Facility houses male offenders for Oklahoma Department of Corrections. There are full time monitors for the Oklahoma Department of corrections housed at the facility.

The facility consists of two bed cells in ten housing units Each housing unit has a control room and video monitors with 24 hour staff. The units are two floors and house up to 304 inmates in each unit. There is a day room area located on the first floors of each unit. This area included telephones, kiosk, bulletin boards, televisions, and tables. There is a shower area located on each floor of the housing unit, Inmate can shower and change clothing behind a curtain area located in each shower area. Adjacent to sleeping area offices for unit managers, counselors, correctional supervisors, and interview rooms.

The restrictive housing unit includes segregation and disciplinary isolation. The facility also has units that manages protective custody inmates and a unit that is dedicated to managing inmates assigned to a behavior management program.

One additional unit is dedicated to medical services. The unit includes single cells, observation rooms and dormitory style rooms. Medical also includes a dental wing, pharmacy, waiting area, medical examination rooms, nurse's station, and medical offices. There are officer's stations throughout the Medical Unit. There is a private shower area located in the medical wing. There are PREA Posters located in the inmate waiting room.

The Receiving/Discharge area has holding cells with partitions for inmates to use restrooms in privacy. There is also an area for strip searches and for inmates to change clothes in privacy. There are offices located this area which allow private interviews to be conducted. There is a security Xray chair located in this area that all inmates sit in prior to entering the facility. There were zero-tolerance posters displayed in the intake area.

There are four gymnasiums located on this compound. These recreational areas also include an activity center, exercise equipment, hobby craft rooms and an outside recreation area. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions to provide privacy. There are outdoor recreational programs located between each of the living unit buildings. There were PREA information boards in each of the recreational areas.

The Education area contains classrooms and support services. The Education department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- English as a Second Language
- Law Library
- Leisure Library
- Computer Center

The Psychology Department contains a small conference room and individual offices for staff. There is a bulletin board that includes several information posters for inmates and a hotline number for PREA complaints.

The Religious Services Department consists of a chapel area, group rooms, music area and offices. There were PREA posters located in the religious services hallway and in the front entrance area. There were no blind spots noted in this area.

The Food Service Department has a large food service preparation area. Except for the staff dining room, all areas of food service are under constant surveillance with cameras, mirrors, or staff supervision. One additional mirror was placed in the washroom extension. There are zero-tolerance posters in all food service areas.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is

under continuous supervision and is monitored by cameras and mirrors. There were no blind spots noted in the laundry. The laundry area had posted PREA information including zero-tolerance and PREA audit notices.

The vocational/industry building has cameras, mirrors and is under constant supervisions of staff.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:**

- 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.61: Staff and agency reporting duties
- 115.71: Criminal and administrative agency investigations

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

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

## PREVENTION PLANNING

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

#### 115.11 (c)

- 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  No  NA
- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention rev. 2-14-19 w attachments  
Lawton Correctional and Rehabilitation Facility Policy-030601 Prison Rape Elimination Act  
Agency organizational charts

## Agency Regional Organizational Chart Lawton Correctional and Rehabilitation Facility organization chart

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention and a facility organizational chart meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. LCRF provides support staff for assisting the PREA coordinator with her task in carrying out the PREA mandates from GEO. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. Though out the tour, staff, and inmates new the PREA compliance managers name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was extremely knowledgeable and enthusiastic about PREA. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to cooperate office PREA coordinator's office questions or concerns.

The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Offender manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance. Compliance was determined by review of agency organization chart, agency, and facility policies, both staff and inmate training orientation power point presentations, posters, offender manual and interviews with staff, contractors, volunteers, and inmates further provided compliance with this standard.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.12 (a)**

- 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.)  Yes  No  NA

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Client Contract  
Statement of Fact

The facility does not contract with other entities to house inmates. A review of the documentation submitted substantiates that the Oklahoma Department of Corrections requires the entities which they contract for the confinement of inmates (privatized prisons or residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. Compliance was determined by review of facility contract agreement and interviews with the GEO group PREA coordinator and Agency Administrator.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- 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  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.13 (b)

- 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.)  
 Yes  No  NA

### 115.13 (c)

- 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  No
- 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  No
- 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  No

### 115.13 (d)

- 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  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
LCRF Staffing Plan  
PREA Annual Facility Assessment  
Staff Rosters  
Lawton Correctional and Rehabilitation Facility Schematics  
Unannounced Rounds

GEO Group requires the facility to review the staffing plans on an annual basis. Interviews with the warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Prison provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Warden meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The latest staffing plan was reviewed in November 2020. The staffing plan is provided to the facility compliance manager and GEO Group PREA coordinator.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision.

The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekend. The IDO document the visits on logbooks located in housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. The administrative Lt. for each shift was interviewed. Each

indicated that they visit each living unit a minimum of once per shift. The control room staff document these visits on the unit log. The facility provided a page on one of the logbooks that documented that a Lt. visited the unit on each shift. An examination of policy and supporting documentation and all interviews confirms compliance with this standard.

Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Warden, IPCM, Human Resource Manager and Correctional Staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce meeting records; pay period staffing reports and the examination of the video monitoring system. A comprehensive tour of the facilities was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. The facility has updated cameras as response to a PREA After action team review. Subsequently, areas of the facility were also reviewed while going throughout the facilities to meet with staff on the first, second and third shift and to interview inmates.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- 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].)  Yes  No  NA

#### 115.14 (b)

- 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].)  Yes  No  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].)  Yes  No  NA

#### 115.14 (c)

- 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].)  Yes  No  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].)  Yes  No  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].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

GEO-ODOC contract  
Statement of Fact

There were no youthful offenders housed at the facility during this audit. A statement of fact from the warden indicates that the agency does not allow for youthful offender to be placed at this facility.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- 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  No

#### 115.15 (b)

- 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  No  NA
- 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

facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (d)

- 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  No
- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- 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  No
- 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  No

#### 115.15 (f)

- Does the facility/agency train security staff in // conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

5.1.2-A Sexually Abusive Behavior Prevention rev. 2-14-19  
LCRF Policy-030601 Prison Rape Elimination Act  
LCRF Staff training lesson plan  
LCRF staff training rosters  
Gender Announcement  
Privacy Notices – Female Staff  
Transgender Care Summary  
Statement of Fact

LCRF Policy-030601 Prison Rape Elimination Act mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. All security staff of the Lawton Correctional and Rehabilitation Facility receive training on how to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances.

Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower curtains for privacy. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare

themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender. Posting are located throughout the living units that female staff are assigned to work in housing units. The facility maintains a log for staff of the other gender that announce their presence when entering housing units. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and offender's gender and gender of persons conducting the strip searches.

Staff and most of inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The living areas showers have curtains that provides for inmate privacy while showering. Toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates it has been determined that Lawton Correctional and Rehabilitation Facility is in compliance with this standard.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- 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  No
- 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 intellectual disabilities?  Yes  No
- 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  No
- 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  No

#### 115.16 (b)

- 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  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Language Line Contract  
IDOC Contract  
Inmate Handbook  
TTY Tablet  
Staff Training  
Roster of bilingual staff  
Memo of Record

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention mandates that the facility shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy.

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The ESL inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has access to translation services for written access in other languages. Staff also may read information to inmates when necessary. Agency and facility policies prohibit offenders to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The warden

provided a memo of record indicating that The Lawton Correctional and Rehabilitation Facility has not utilized inmate interpreters, inmate readers, or other types of inmate assistants this accreditation period. The use of offenders under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew offenders were not to be used for this purpose. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with over 15 non-English proficient inmates confirmed the availability and use of the staff interpreters and telephonic interpretive services. Interviews with staff and inmates and an examination of policy/supporting documentation also confirm compliance with this standard. The facility maintain a list of staff members that are bi-lingual in languages other than English. There were no deaf or blind inmates housed at the facility during this audit period. The facility has TTY machines and hard of hearing telephones for deaf inmates. At the time of the audit there were no blind or deaf inmates assigned to the facility. There was one elderly inmate that was interviewed. Compliance of this standard was confirmed by review of Agency Policy, contracting services for language interpretation services and interviews with IPCM, Case Manager, Mental Health Director and Medical Administrator and ESL inmates.

## Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.17 (a)

- 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  No
- 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  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- 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  No
- 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  No

- 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 question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  Yes  No
- 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  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- 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  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- 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  No

#### 115.17 (f)

- 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  No
- 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  No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

### 115.17 (h)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Background Checks for contractors with contact with inmates  
Initial and Yearly Background Checks  
Promotion Letter and PREA Promotion Disclosure Waiver  
Personnel Records

All employees, contractors and volunteers have had criminal background checks completed prior to being employed by LCRF. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, 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 if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with inmates. By contract agreement all staff at LCRF receive a background check each year. The facility contracts with Career Building for NCIC background checks for LCRF staff and contracting staff.

Employees and contractors have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. When an employer request information of sexual abuse or sexual harassment the employer is provided with the cooperate office's personnel to receive this information. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Twelve new staff member and Twelve promoted staff and ten staff that have been employed at LCRF for more than five years personnel files were reviewed and found to have receive background checks completed prior to employment, promotion and or having over five year tenure at LCRF. Ten contractors' files were review for compliance. Based on policy, review of background checks and interviews with Medical Administrator, Human Resources Director and Warden it was determined that the facility was in compliance with this standard.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- 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.)  
 Yes  No  NA

#### **115.18 (b)**

- 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  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention Group  
LCRF Policy-030601 Prison Rape Elimination Act  
Facility Camera System  
Invoice for Purchases

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates the company will consider the effect of new or upgraded design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse. LCRF Policy-030601 Prison Rape Elimination Act state that the facility will consider the effect of new or upgraded design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse. In interview with the agency head designee at an earlier date stated that the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse.

There have been no additional modifications or expansions to LCRF during the last audit period. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the project development team to ensure the safety of inmates. The facility has upgraded and continues to upgrade the camera systems by replacing older cameras with new high definition and pivoting cameras. Compliance was determined by review of facility camera coverage and interviews with Agency Head Designee, GEO Group PREA coordinator, Warden and Chief of Security.

## RESPONSIVE PLANNING

## Standard 115.21: Evidence protocol and forensic medical examinations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- 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  No  NA

#### 115.21 (b)

- 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  No  NA
- 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  No  NA

#### 115.21 (c)

- 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- 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.)  Yes  No  NA

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- 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  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- 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.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA)  
National Protocol for Sexual Assault Medical Forensic Examinations  
PREA Response Plan  
MOU with New Directions  
Contract with local hospital (Comanche County Memorial Hospital)  
Sane/Safe Order

LCRF investigators conduct administrative investigations, and the Oklahoma Department of Corrections conduct criminal investigations. Oklahoma Department of Corrections utilized trained Sexual investigator to conduct sexual abuse investigations. A review of the investigative files established the facility and Oklahoma Department of Corrections office work as a collaborative team to conduct investigations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment and forensic evidence gathering by a SANE nurse at Comanche County Memorial Hospital. All sexual abuse advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim.

The facility has access to a New Directions, a local rape crisis center organization to provide victim advocacy services. Follow up mental health services are provided by the facility mental health staff. Upon returning to the facility additional treatment is provided by facility medical and mental health care personnel when indicated. Inmates that claim past history of victimization prior to and during incarcerations are interviewed and offered services from facility mental health staff and the victim advocate services staff. The facility mental health staff advised that several of the inmates have asked for and received services from mental health staff.

A review of training records confirmed that internal investigative unit staff have received appropriate investigator training on the investigation of sexual abuse and harassment in a confinement setting. Interviews with staff, local SANE nurse, local rape crisis center advocate and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware that the PREA investigations relative to sexual abuse/harassment allegations.

All forensic medical examinations are conducted by Comanche County Memorial Hospital. An interview with the SAFE/SANE representative verified that the Hospitals have access to trained staff to conduct forensic examinations. The representative indicated that a SAFE/SANE is available 24 hours a day, seven days. The hospital representative indicated in our telephone interview that the hospital works with a victim advocacy group that is part of the coalition of sexual assault/abuse at the regional hospitals. There were no forensic examinations conducted during the past 12 months.

The representative from New Directions stated that all staff have been trained in providing advocacy services and completed background checks to provide services in the prison.

Compliance was determined by review of MOU with New Directions and MOU with Comanche County Memorial Hospital. Also compliance was determined by interviews with Victim Advocate program representative, Comanche County Memorial Hospital and PCM.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### **115.22 (b)**

- 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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### **115.22 (c)**

- 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  No  NA

### **115.22 (d)**

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

Lawton Correctional and Rehabilitation Facility Policy-030601 Prison Rape Elimination Act  
LCRF Policy-030601 Prison Rape Elimination Act  
Oklahoma Department of Corrections - Operating Procedures- 040117  
Monthly PREA tracking Report  
Statement of Fact  
GEO Website

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. All allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with LCRF policy 1400.03 Sexual Abuse/Assault Prevention and Intervention. When notified, the Warden shall notify the respective Regional Director and the cooperate PREA Administrator. For reports of sexual abuse, the crime scene shall always be protected, and investigators shall collect and tag evidence from the scene in accordance with established procedures.

Oklahoma State Statute, Title 57, Prisons and Reformatories Section 508.4 create an investigations unit within the ODOC with established jurisdiction to investigate criminal wrongdoing or administrative violation at ODOC owned or operated facilities, private prison facilities or any other facility who contract with ODOC that house offender for the State of

Oklahoma. The warden interview indicated he had a working relationship with ODOC and that ODOC and the director of investigations at LCRF work closely on any criminal or administrative investigations.

The ODOC and facility investigators are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff as well as an examination of policy/supporting documentation, confirm compliance with this standard.

Two facility staff were interviewed and proved very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. A review of the investigative packets revealed that the investigations was complete and met the requirements of the standard. The documentation related to the investigation were contained in the Investigation files and was reviewed by the auditor. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and investigator, as well as an examination of supporting documentation confirm the facility's compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- 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  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- 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  No
- 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  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- 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  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- 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  No
- 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  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

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

- **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
PREA Training Power Point and Video  
Training Objectives  
Staff attendance Record  
Random staff training records.

All staff are provided an Employee includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the inmates and preserving the possible crime scene. Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates' right to be free from sexual abuse and sexual harassment.
- Inmates on the right of inmates and employees to be free from retaliation for 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 inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

All newly hired correctional staff receive 96 hours course in County Jail Program. This program contains training on jail operations and includes component of PREA standards in a Lock Up facility.

Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. Yearly refresher training is required by all staff utilizing a Computer Based PREA training program. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they

understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard. Lawton Correctional and Rehabilitation Facility Policy-030601 Prison Rape Elimination Act recognizes that the facility houses male offenders and segregation and protective custody inmates. Policy mandates that the facility will be required to modify training to meet needs of a different population. Staff assigned to these specific to the programs receive additional training.

A sampling of staff annual training files (15) were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. Compliance was determined by reviewing GEO Group training program, review of the local training curriculum, interviews with training officer and staff assigned to specific populations.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- 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  No

#### 115.32 (b)

- 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  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Contractors Personnel files  
Volunteer/Contractor Training Curricula  
Contractor Signed Acknowledgement  
Volunteer Signed Acknowledgement

Contractors and volunteers are provided training relative to their duties and responsibilities. The agency contracts with 50 staff. Training for contracting staff is conducted by facility training officer. The medical department is managed by Wellpath. These staff attend training along with all GEO staff and specialized training based on their role. The commissary is managed by Keefe. They also receive the same training as GEO staff. A review of training files and interviews with contractors and PCM confirmed that the facility is compliant with this standard. The volunteer program has been discontinued during the pandemic.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- 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  No

- 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  No
- 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  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- 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  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
PREA Information and Signed Acknowledge Provided to Inmates  
Acknowledgement of Rights and Procedure  
Roster of Inmates Received PREA Education.  
Inmate Handbook  
Medical Handbook

Inmates receive information during the intake process that includes a PREA handout and Offender Handbook, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient inmates. A review of A&O manual verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.

The auditor reviewed a random sampling of Twenty (20) A&O Checklists/Signature Sheets to verify that inmates received the PREA education including relevant written materials. All

inmates are required to acknowledge completion of PREA education. During the interview process randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. All inmates said they received additional training after being at the facility. Based on interviews the timelines for the training was 10 to 30 days. Inmates were aware of available services outside of the facility for dealing with sexual abuse. Compliance was determined by review of inmate documented training, training curriculum, observation of training and interviews with intake staff, case managers and inmates.

### **Standard 115.34: Specialized training: Investigations**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.34 (a)**

- 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  No  NA

##### **115.34 (b)**

- 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  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- 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  No  NA
- 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  No  NA

##### **115.34 (c)**

- 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  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative.

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Investigative Training Curriculum  
List of Facility Investigators  
ODOC OIG Investigators  
Specialized Training Certificates  
Training Rosters  
Statement of Fact

The above policy and directives meet the mandates of this standard. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a Confinement Setting training and the PREA Criminal Investigator Certification Training List. The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through GEO training staff and NIC training Staff. Administrative investigations are conducted by facility investigators who have completed Sexual Abuse in a Confinement Setting training. When criminal investigations are indicated, they are conducted by ODOC OIG Investigators.

Interviews with investigators, and an examination of policy, documentation and the investigators files confirm compliance with this standard.

## Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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 suspicions 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  No  NA

### 115.35 (b)

- 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.)  Yes  No  NA

### 115.35 (c)

- 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  No  NA

### 115.35 (d)

- 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  No  NA

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program  
LCRF Policy-030601 Prison Rape Elimination Act  
Employee PREA Training.  
Medical and Mental Health Wellpath Specialized Trainings Lesson Plans  
LCRF Medical and Mental Health Care Roster  
Certificate of Completion.  
Statement of Fact Examinations

The facility has full-time medical and mental health care staff on site. The agency requires that all mental health staff receive training beyond initial PREA. In compliance with the requirements the Wellpath academy has developed and implemented specialized training for mental health and medical staff. This training includes PREA basic and additionally includes specialized training for medical and mental health staff. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual

abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. All medical and mental health staff have received PREA specialized training during the last 12 months. Compliance was determined by review of training curriculum and interviews with medical and mental health directors.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- 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  No
- 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  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### **115.41 (d)**

- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- 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  No
- 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  No
- 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  No

#### 115.41 (f)

- 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  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  
 No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  
 No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- 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  No

#### 115.41 (h)

- 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  No

#### 115.41 (i)

- 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 information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention

LCRF Policy-030601 Prison Rape Elimination Act  
Initial Risk Assessment  
30-day follow-up assessment  
Mental Health Assessment  
Transfer list.

All offenders are assessed during the intake screening process for their risk of being sexually abused or being sexually abusive. The Screening instrument includes screening to determine risk of vulnerability and the risk of being a predator or sexual assaultive offender. The screening is conducted by Case managers during the intake process. The screening occurs within twenty-four hours after the inmate's arrival. Policies and procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. A medical staff conducts an initial medical screening including questions of prior sexual abuse. Additional screening is conducted by a Mental Health Director utilizing a mental health screening instrument.

Policy requires an inmate's risk level is reassessed within thirty days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility screening tool addresses all issues required for this standard. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status.

LCRF Policy-030601 Prison Rape Elimination Act that only unit managers, case manager, chief of classification, executive assistant, and PCM have access to the risk screening tool.

All screening are referral to mental health staff for follow up if the offender claims history of sexual victimization, history of predator sexual actions or if inmate self admits to being transgender. A review of 20 screening and 20 rescreening revealed that all inmates were screened and rescreened as required by standards. Interviews with Case Managers Supervisor, Mental Health Staff, Medical Administrator, Case Managers, and Offenders including target population offenders support the findings of this review.

## **Standard 115.42: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.42 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- 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  No
- 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 present management or security problems?  Yes  No

#### 115.42 (d)

- 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  No

#### 115.42 (e)

- 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  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- 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  No  NA
- 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  No  NA
- 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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  
 No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Transgender List  
Transgender Care Summary  
Risk Assessment  
Statement of Search/Shower Preference Form

Screening information is used to determine housing, bed, work assignments within the Facility in order to keep potential victims away from potential abusers. The PREA Manager maintains an "at risk log" submitted by the Classification Supervisor of potential victims and potential abusers determined from the PREA Intake Risk Assessment. The "at risk log" is kept current and includes current housing locations. PREA Compliance Manager maintains a tracking log of those individuals who self-identify as LGBTI with their housing locations. Following a reported allegation of sexual abuse, the PREA Compliance Manager ensures victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. Considerations on a case-by-case basis include the inmate's health and safety, operational management, security, and mental health needs. Serious consideration is given to the inmate's own views regarding safety.

Placement and programming assignments for each transgender or intersex inmate must be reassessed using processes outlined in Gender Dysphoria: In making housing and programming assignments for Transgender or Intersex inmates at the LCRF, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. In the LCRF, housing assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the inmate's own views with respect to his/her own safety. The Transgender Care Committee will meet to determine proper housing within 72 hours of arrival. The Transgender Care Committee shall at minimum consider: The individual's documented criminal history and passed/present behavior, the individual's physical, mental, medical and special needs, the individual's self-assessment of his/her safety needs (do they feel threatened or at risk of harm), privacy issues, including showers, available beds and/or housing, all records and prior assessments of the effects of any housing, all records and prior assessments of the effects of any housing placement on the individuals health and safety The TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the Transgender Care Committee Summary for each TCC meeting to include persons attending and conclusions reached. A copy of the summary shall be retained in the individual's institutional file and copy forwarded to the Corporate PREA Coordinator upon completion. LGBTI inmates at the LCRF shall not be placed in housing units solely based on their identification as LGBTI. Transgender and Intersex Individuals shall be given an

opportunity to shower separately from other inmates. LCRF utilizes a form for inmates to request to shower by themselves and to determine appropriate staff to conduct pat down searches.

Case manager supervisor, medical and mental health personnel meet on a weekly basis to assess the status of any inmates who have made allegations of sexual abuse or sexual assault or who may be exhibiting adjustment problems. The facility maintain and at risk log for all inmates that are subject to victimization or predators. The interview with the Agency's PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Review of GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) and LCRF policies provide document to confirm compliance with this standard. There were 12 Transgender of Intersex inmates housed at LCRF during the review. Seven were interviewed. Each were interviewed upon arrival and were provided an opportunity to see mental health staff, complete a search preference and shower form and discuss their housing and programming options. The overall interviews found that LGBT offenders felt safe in the facility and were able to assess mental health and case managers to discuss room and job assignments. Further compliance was determined by interviews with agency PREA coordinator, case manager supervisor and PCM.

## Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.43 (a)

- 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  No
- 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  No

### 115.43 (b)

- 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  No
- 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  No
- 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  No
- 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  No

- 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  No  NA
- If the facility restricts any 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  No  NA
- If the facility restricts any 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  No  NA

#### 115.43 (c)

- 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  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- 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  No
- 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  No

#### 115.43 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Statement of Fact

LCRF Policy-030601 Prison Rape Elimination Act requires inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. LCRF Policy mandates that inmates in protective custody will receive all of the service provided inmate in general population. Interviews with Unit officers and Unit supervisor confirm that to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the housing unit for the purpose of separation of an offender, except when there is a safety or security concern. Lawton Corrections and Rehabilitation Facility has a self-contained protective custody housing unit. This unit provides programming and the services provided inmates in general population.

All inmates in the restrictive housing unit are reassessed by a committee every 7 days after entering the restrictive housing unit. The facility would document the reasons for restricting access and the length of time the restriction would last. There has been no inmate placed in the involuntary Protective Custody for a PREA allegation during the last 12 months. Compliance was determined by review of policy, documentation, investigative reviews and interviews with unit correctional staff, inmates case manager supervisor, IPCM and warden.

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- 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  No

- 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  No

#### 115.51 (b)

- 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  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- 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)  
 Yes  No  NA

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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*information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
PREA Reporting Posters for Inmates  
PREA Reporting Poster for Staff  
PREA Hotline  
Inmate Handbook  
Verbal Reporting  
Investigative Packet

Lawton Correctional and Rehabilitation Facility offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. The following are ways for inmates, staff, volunteers, and contractors to report aggregation of sexual abuse or sexual harassment or retaliation for reporting sexual abuse or sexual harassment:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Call LCRF hotline
- Write to Department of Corrections Office of Inspector General,
- Send a note or file a grievance and place into the facility mail.
- Reporting Phone Log
- RANNS Hotline
- Report to the Cooperate PREA office at (561) 999-5827

Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment. Reporting mail will not be opened or censored. This was verified by interviewing the mail clerk.

The PREA hotline was contacted and verified that it is operational. Inmate can utilize All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/sexual harassment allegations. Inmates at the facility are not detained solely for civil immigration purposes.

Interviews with staff and inmates, the observation of posters addressed reporting methods. GEO Group websites were reviewed and also provided reporting opportunities. Further an examination of policy/documentation confirm the facility's compliance with this standard.

## **Standard 115.52: Exhaustion of administrative remedies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.52 (a)**

- 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.  Yes  No

**115.52 (b)**

- 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  No  NA
- 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  No  NA

**115.52 (c)**

- 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 this standard.)  Yes  No  NA
- 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  No  NA

**115.52 (d)**

- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.52 (e)

- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.52 (f)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.52 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Inmate Handbook  
Emergency Grievance

All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There was no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations.

This information is posted on each living unit bulletin board and is included in the inmate handbook. Disciplinary action would generally be taken if a grievance were filed in bad faith. Compliance was determined by review of policies and grievance logs, as well as interview with the Grievance Officer and PCM.

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- 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  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, 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.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- 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  No

#### 115.53 (c)

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

LCRF Policy-030601 Prison Rape Elimination Act  
GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
MOU with New Directions; Lawton, Ok.  
Inmate Handbook

The facility does not house inmates solely due to having an immigration detainer. The facility has successfully entered into an agreement with New Directions located in Lawton, Ok. a local advocacy group to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from the agency). Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Offender handbook cover reporting procedures and provides a phone numbers of the advocacy group and outlines the steps on how inmates may report PREA violations and who and where to report, along with the PREA report line number. The inmate handbook provides information to inmate on limits of confidentiality. When calling the New Directions, inmates are allowed to use a personal pin for confidentiality so there is no concern about facility tracking the phone call. Interviews with Mental Health staff and Advocacy representative confirmed that prior to providing services inmates are advised of limits of confidentiality. The facility also provides a telephone number to RAINNS (Rape, Abuse and Incest National Network which includes access to regional or national confidential victim support for victims of sexual abuse. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with staff and inmates, auditor observation of postings in the housing unit, interviews with the local victim advocates and an examination of policy/documentation confirm compliance with this standard.

## **Standard 115.54: Third-party reporting**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
PREA Reporting Poster  
GEO Website  
Inmate Handbook

PREA Reporting Posters and GEO website meet the requirements of this standard. PREA Reporting Posters are visible in the visitation room, lobby and is found in the inmate handbook. GEO provides Reporting system on GEO Website <https://www.geogroup.com/prea> provides information on ways for third party reporting including anonymous reporting. Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. The facility also has a Posted Zero Tolerance that provides third parties to contact The Oklahoma Department of Corrections Office of Inspector General. Reports can be made over the phone, in person, in writing or anonymously if desired. Persons can also contact the Corporate PREA Office directly (561)

999-5827.

The inmates interviewed indicated they were aware of third-party reporting. Compliance was determined by review of policy, posters, GEO website and interviews with Inmates, staff, and PREA compliance manager.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

- 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  No
- 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  No
- 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 abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- 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  No

#### 115.61 (c)

- 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  No
- 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  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State

or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Employee Handbook (Reporting Sexual or Workplace Harassment)  
Training Curriculum (Reporting Slideshow)  
Reporting Phone Log  
Contractor Reporting Requirements

Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the security supervisor on site or PCM but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. Staff were aware of the many ways to receive reports from offenders, families, friends or other third parties. The staff were also aware of the several ways they may report this information to the GEO Group or the facility. GEO has developed several methods for staff to make anonymous reports: GEO website has specific instruction for employees to report directly to GEO PREA coordinator or outside resource for anonymous reporting. A review of established policy, websites and interviews with staff

members support the finding that the facility exceeds compliance with this standard.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
PREA Sexual Abuse Investigations  
Training Curriculum (Reporting)

Policies and operating procedures require any addresses the mandate of this standard. Any offender who alleges to be a victim of sexual abuse or any offender who alleges to be a victim of sexual harassment shall be offered protection and an incident report will be completed and investigation conducted. Prior to placing a victim in the restrictive housing unit, the security needs of the individual persons shall be reviewed by the warden or facility duty officers. If an inmate is place in involuntary self-protection, accommodations and essential services shall be comparable to those provided for the general population. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act

immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the lieutenant and medical staff. In the past 12 months there were no instances in which institution staff members determined that an inmate was subject to a substantial risk of imminent sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- 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  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance

with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Memos to warden and superintendents  
Investigative Reports

Policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Procedures are in place that require the Warden to immediately notify the Warden or Director of the other confinement facility, in writing, of the nature of the sexual abuse allegation. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. All offenders will be referred to mental health staff and Investigation staff for follow up and investigations. Compliance was determined through review of agency policy. The facility had twenty six (26) new intakes that made allegations of sexual abuse or sexual harassment at a sending facility for the last 12 months. There were no allegations from receiving institutions that inmates were sexual abused or sexual harassed at LCRF. The facility warden made the notifications within 72 hours and began a preliminary investigation within 24 hours of receiving the offender. Compliance was also confirmed through review of memo to sending warden, interviews with PCM, and warden.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- 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  No
- 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  No
- 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  No
- 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  No

## 115.64 (b)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
PREA Response Plan  
First Responder Cards.

LCRF policies and directives establishes mandates for staff, volunteer, and contractor's role for inmate allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. Eight random staff including administrative, program and support staff were interviewed. All persons interviewed had receive PREA training and all responded they would tell the inmate to not destroy any evidence, would remain with the resident and notify the closest correctional staff. Policy and training requires. Compliance was determined by review of the policy and interview with non-correctional staff. There have been no allegations of sexual abuse or sexual harassment reported to non-correctional staff.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

## 115.65 (a)

- 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 response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
LCRF Coordinator Response Plan

The agency policy and facility directives specify the guidelines and procedures that prevent sexual abuse/sexual assault and provide for prompt and effective intervention, in the event a case of abuse or assault occurs. The coordinator response plan includes procedures for the Reporting, Protecting, Physical care, Psychological Crisis intervention, Crime Scene Preservation, and After-Action Review. Coordinator Response Plan provide direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, the forensic examination service providers (SANE) and facility leadership. Staff and community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. During the last 12 months 25 inmates have made allegation of sexual abuse. In 12 cases another staff were the first responder. In each case the first responder notified security and requested the offender to not take shower, brush teeth or destroy any evidence. In each case the first responder stayed with the alleged victim unit security staff arrive on the scene and assumed management of the situation. In 13 case correctional staff were the first responders. A review of the investigation files and interviews with medical staff revealed that there were no cases that allowed time for the collection or evidence. All offenders that made allegation of sexual abuse were immediately seen by the medical staff and seen by mental health staff within 24 hours. Staff took appropriate action to

protect the inmate, notify medical and mental health. No offenders were transported to a SANE nurse. In all cases staff separated the inmate and accused predators. There were no cases when the forensic examination determined that there was evidence of a sexual assault. Compliance was determined by review of the policy, investigative files, and interviews with first responders, PCM, warden and inmates who made allegations of sexual assault.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.66 (a)**

- 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 limits 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  No

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Prevention and Intervention

LCRF Policy-030601 Prison Rape Elimination Act  
Statement of Fact

Lawton Correctional and Rehabilitation Facility nor any other governmental entity responsible for collective bargaining on Lawton Correctional and Rehabilitation Facility behalf have entered into or renewed any collective bargaining agreement or other agreement that limits the 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. According to statement of fact Lawton Correctional and Rehabilitation Facility does not have a bargaining agreement.

### Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- 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  No

#### 115.67 (c)

- 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  No
- 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  No
- 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: Act promptly to remedy any such retaliation?  Yes  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- 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  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Retaliation Monitoring Logs  
Statement of Fact

The policy prohibits any type of retaliation against any staff or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The monitoring of any type of retaliation is conducted for at least 90 days or longer if warranted. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation. The agency has developed an implement a form for documenting retaliation. The facility has designated that the Institutional PREA compliance manager as the Retaliation Monitor. A review of the retaliation monitoring included an interview and documentation after the 90 days of monitoring had concluded. There was ample documentation from case manager interactions, mental health referrals and mental health follow up. The facility provided all retaliation forms, which includes offenders that claim sexual abuse. There were no instances where an inmate or staff were retaliated against based on allegations or finding they reported or were subject to sexual abuse or sexual harassment. Compliance was determined by review of agency policy and accompany forms, interviews with retaliation monitor, warden and IPCM and an inmate that were monitored by the Retaliation Monitor for 90 days. The monitoring documentation provided evidence that the retaliation monitor met with the inmate on a regular basis.

### **Standard 115.68: Post-allegation protective custody**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.68 (a)**

- 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  No

#### **Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program  
LCRF Policy-030601 Prison Rape Elimination Act  
Alternative Alternate Assessment

GEO Group and LCRF Policies mandates that to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the restrictive housing unit. There were no inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policies and documentation, as well as staff interviews including Shift Supervisor, Restrictive Housing Unit Supervisor, PCM and Warden.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations 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).]  Yes  No  NA
- 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  No  NA

#### 115.71 (b)

- 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  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- 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  No

#### 115.71 (e)

- 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  No
- 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  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.71 (g)

- 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  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?

Yes  No

#### 115.71 (i)

- 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  No

#### 115.71 (j)

- 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  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior  
Investigative Packet

## Specialized Investigative Training Certificate

The facility investigators conduct investigations at LCRF unless the action appears to be criminal in nature. ODOC OIG Investigators conduct Criminal Investigation. During the previous 12 months, there were two substantiated allegation of sexual abuse that were referred for prosecution.

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior mandates that investigations 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. Investigations into allegations of sexual abuse and sexual harassment, shall be promptly, thoroughly, and objectively completed. The agency conduct such investigations for all allegations, including third party and anonymous reports. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators are required to interview alleged victims, suspected perpetrators, and witnesses. Further policy mandates that the 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, administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and 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..

The Agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The review of the twenty five (25) completed case files of inmates alleging sexual abuse/sexual harassment revealed that all investigations were completed promptly, thoroughly and in compliance with policy. The facility has twenty (20) trained investigators. An interview with two of the investigators, and review 25 investigative files confirmed compliance with this standard.

### **Standard 115.72: Evidentiary standard for administrative investigations**

Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### **115.72 (a)**

- 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  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior  
 LCRF Policy-030601 Prison Rape Elimination Act  
 Investigators training  
 PREA Investigative Reports

The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated by policy, training, and review of investigative reports. Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The evidence standard was utilized in the cases reviewed by the auditor. Compliance was determined by review of policy, investigations, investigator training curriculum, interviews with investigators and PCM.

## Standard 115.73: Reporting to inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.73 (a)

- 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  No

### 115.73 (b)

- 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  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit.  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- 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  No
- 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 convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior  
LCRF Policy-030601 Prison Rape Elimination Act  
Notice of outcome memo to Offender

PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring any inmate who alleges that he suffered sexual abuse at LCRF be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated, or unfounded at the conclusion of the investigation. When an allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member were indicted on a charge related to sexual abuse within the facility or the Agency learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation were completed by an outside agency. When an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. When the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, the agency requests the relevant information from the investigative agency in order to inform the inmate. When an inmate's allegation that he or she has been sexually abused by another inmate, 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. When an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted

within their housing unit, is no longer employed at the facility, if the staff member were indicted on a charge related to sexual abuse within the facility or the Agency learned that the staff member was convicted on a charge related to sexual abuse. During this auditing period, there were 18 administrative investigations of alleged sexual abuse or sexual harassment that required notification in accordance with this standard. There were 18 notifications provided to inmates. The documentation of the notifications and inmate interviews support the finding that the facility follows this standard. Compliance with this standard was further determined by a review of policy, staff interviews and inmates and copies of notifications inmate shared with auditor.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- 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  No

#### 115.76 (d)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Employee Handbook  
Investigation  
Disciplinary/PAF

Staff members are subject to disciplinary sanctions for violating Agency sexual abuse or sexual harassment policies. Discipline would 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. There were two (2) staff placed on administrative leave pending an allegation of sexual abuse during this audit period. One staff member resigned, and one staff was terminated. Resigning in lieu of termination is the same as termination. Both cases were forwarded to the District Attorney for criminal charges. Compliance with this standard was determined by a review of policy, investigations, referrals, personnel actions, and interviews with Warden.

## Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior  
LCRF Policy-030601 Prison Rape Elimination Act  
Contractor/Volunteer Investigation  
Ineligible to Hire

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at LCRF.

There was an allegation in August 2019 of sexual abuse. The investigation substantiated case of misconduct but not sexual abuse. The contracting staff resigned. The case was not referred to the District Attorney for prosecution. Compliance with this standard was determined by a review of policy, volunteer/contractor training files investigative files and contractor supervisor

interviews.

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

- 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  No

#### 115.78 (b)

- 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  No

#### 115.78 (c)

- 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  No

#### 115.78 (d)

- 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  No

#### 115.78 (e)

- 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  No

#### 115.78 (f)

- 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 evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexual Abusive Behavior  
LCRF Policy-030601 Prison Rape Elimination Act  
Oklahoma Department of Corrections Operating Procedures- 060125 Acts Constituting Rule Violations.  
Investigation/Misconduct

A review of LCRF and Operating Procedures- 060125 meets the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate discipline program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. Based on review of the incident, review by mental health and administrative staff no inmate was disciplined for a sexual related offense. There were disciplinary reports for sexual misconduct that included consensual sexual misconduct.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Prior to disciplinary hearing mental health staff complete an agency forms to access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There was one (1) allegation of lying to staff on a PREA allegation against a staff member.

Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, disciplinary reports as well as Mental Health Director, staff, and inmate interviews.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- 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  No  NA

##### 115.81 (b)

- 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  No  NA

##### 115.81 (c)

- 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?  Yes  No

##### 115.81 (d)

- 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  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Victim Aggressor Screening Tool  
Mental Health Referral

Interviews with medical and mental health staff confirm the institution has a very thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by medical, mental health and case management staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive in an institutional setting or in the community. During the intake process a mental health staff member and a medical provider separately interview the incoming inmate. During this process

mental health staff offer follow-up meetings with inmate that have history of sexual abuse or are identified as a sexual predator. Staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility is in compliance with this standard. Compliance was confirmed by a review of policies and intake screening documents, as well as interviews with five inmates who self-identified as having experienced prior victimization during intake. Compliance was also determined by interviews with medical and mental health staff.

## **Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.82 (a)**

- 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  No

### **115.82 (b)**

- 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  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.82 (c)**

- 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  No

### **115.82 (d)**

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
Coordinated Response Plan  
Special Incident Report  
SAFE/SANE order  
Statement of Fact

The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 24 hours a day, seven days a week. Mental health providers are on-site five days per week and are also available for call-back during off duty hours. Victims of Sexual Abuse in VVCF custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record. LCRF Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers will be transported to Comanche County Memorial Hospital for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented. The results of the physical examination and all collected physical evidence are provided to the ODOC OIG Investigators. Mental Health Counselor or PREA Manager will meet weekly with the alleged victim in private to ensure sensitive information is not

exploited by staff or others and see if any issues exist. These meeting will be documented on the Retaliation Log. Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff and the mental health director and mental health providers.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- 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  No

#### **115.83 (b)**

- 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  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.83 (d)**

- 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.*)  Yes  No  NA

#### **115.83 (e)**

- 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.)  Yes  No  NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- 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  No

#### 115.83 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
LCRF Policy-030601 Prison Rape Elimination Act  
SAFE/SANE order  
Mental Health PREA follow up documentation  
Physician Progress Notes  
Mental Health Progress Notes  
Inmate accounts

The facility provides sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are 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. The facility will 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. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody, if needed. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services. Compliance to the standard was verified through review of policy mental health PREA allegation follow up interviews and interviews with medical and the mental health directors.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- 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  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- 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  No
- 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  No

- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail  
LCRF Policy-030601 Prison Rape Elimination Act  
PREA Investigation follow up log  
Incident Review Team reports

The policy requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
  - (b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
  - (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse. Assess whether monitoring technology should be deployed to supplement staff supervision.
  - (d) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
  - (e) Documentation for any recommendation not implemented shall be maintained.

LCRF Warden identified staff that are part of the core Incident Review team. GEO Group PREA Coordinator participates in sexual abuse incident reviews. A review of the Incident Review team meeting found there were incident review team meeting for the unsubstantiated and substantiated allegations of sexual abuse. During the last 12 months there have been 18 Incident Review Team Meeting and after action reports completed. Compliance was determined by review of incident review team meetings, interviews with several incident review team members and facility warden.

## Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.87 (a)

- 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  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.87 (c)

- 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  No

### 115.87 (d)

- 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  No

#### 115.87 (e)

- 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.)  Yes  No  NA

#### 115.87 (f)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

LCRF Policy-030601 Prison Rape Elimination Act  
Month PREA Incident Logs  
GEO Website (2019 Annual Compliance Report)

A review of documentation supports the finding that the GEO and has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June

30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance to this standard. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The Agency aggregates and reviews all data annually. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. Compliance with this standard was also determined by a review of policy/documentation and an interview with the PCM and GEO Group PREA coordinator.

## **Standard 115.88: Data review for corrective action**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.88 (a)**

- 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  No
- 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  No
- 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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### **115.88 (b)**

- 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  No

### **115.88 (c)**

- 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  No

### **115.88 (d)**

- 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  No

## **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Prevention and Intervention  
 LCRF Policy-030601 Prison Rape Elimination Act  
 PREA Incident Log  
 GEO Log of incident in 2019

The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator. A review of Lawton Correctional and Rehabilitation Facility report for 2019 included all allegations of sexual abuse and the findings of each allegation investigations. There were twenty nine (29) allegations of sexual abuse. There were fourteen (14) allegations of sexual abuse that were still being investigated during the reporting period, there were three (3) case that were unfounded, twelve (12) cases that was unsubstantiated and no cases of substantiated in the 2019 PREA annual Report. The Annual Report was reviewed by the auditor. Compliance with this standard was determined by a review of policy/documentation and interviews with PREA compliance manager and the GEO Group PREA coordinators.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
  - Yes  No

### 115.89 (b)

- 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  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following policies, directives and documentation was reviewed in determining compliance with this standard:

GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention  
GEO Website Page Data

All PREA files and related data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The agency makes the information available on the GEO website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are retained in a file. Compliance with this standard was determined by a review

of policy/documentation and interviews with PCM and warden.

## Standard 115.401: Frequency and scope of audits

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- 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  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  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  No  NA
- 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.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility original scheduled audit was postponed due to order of the governor and recommendations of the CDC to curtail persons coming into some State and Correctional Facilities during the Pandemic. As a responsible party the GEO Group provided contracting auditors the opportunity to not fulfill their contracting obligations and to postpone audits due to Federal and State mandates. This is the third audit for this facility. The last audit was conducted on PREA audit was conducted in January 2018. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the facilities) allowed inmates to send confidential letters to the auditor prior to the audit on January 27, 2020. There were no correspondences from inmates or staff during this audit period.

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (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 that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Allegations of sexual abuse or sexual harassment are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, outcome notifications and incident review team.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. The Lawton Correctional and Rehabilitation Facility currently meets or exceeds all applicable PREA standards.

## **AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII)

about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Robert Manville

4/09/2021

**Auditor Signature**

**Date**