

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: December 30, 2020

Auditor Information

Name: Robert Manville

Email: robertmanville9@gmail.com

Company Name:

Mailing Address: 168 Dogwood Drive

City, State, Zip: Milledgeville, Ga. 31061

Telephone: 912-486-0004

Date of Facility Visit: 12/14 through 12/15,2020

Agency Information

Name of Agency: Geo Group

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, FL 33431

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

☐ Military

☒ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Agency Website with PREA Information: 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: rseuradge@geogroup.com

Telephone: 561-999-5875

PREA Coordinator Reports to:

Daniel Ragsdale, Executive Vice President,
Contract Compliance

**Number of Compliance Managers who report to
the PREA Coordinator:** 102

Facility Information

Name of Facility: Casper Reentry Center (CRC)

Physical Address: 10007 Landmark Ln,

Casper, WY, 82604

Mailing Address (if different from above): Click or
tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☒ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)

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

☐ Other (please name or describe: [Click or tap here to enter text.](#)

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

The facility has received monitoring audits conducted by the Bureau of Prisons and Wyoming Department of Corrections.

Facility Director

Name: Josh Brown

Email: joshbrown@geogroup.com

Telephone: 307-268-4869

Facility PREA Compliance Manager

Name: David Pearson

Email: dpearson@geogroup.com

Telephone: 307-268-4878

Facility Health Service Administrator ☐ N/A

Name: Lori Saunders

Email: lsaunders@geogroup.com

Telephone: (307) 268-4840

Facility Characteristics

Designated Facility Capacity:

383

Current Population of Facility:

214

Average daily population for the past 12 months:

266

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 type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	Adults (19-68)	
Average length of stay or time under supervision	6 - 12months	
Facility security levels/resident custody levels	<Medium/Minimum	
Number of residents admitted to facility during the past 12 months	451	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	450	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	446	
Does the audited facility hold residents 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 residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input checked="" 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 checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input checked="" 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 checked="" type="checkbox"/> Other - please name or describe US Department of Probation	

		<input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	84.6	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	39	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	25	
Physical Plant		
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents 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 residents, 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>	4	
<p>Number of resident housing units:</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 residents 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 residents 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>	0	

Number of single resident cells, rooms, or other enclosures:	2 Temporary Restrictive Housing 1-person cells
Number of multiple occupancy cells, rooms, or other enclosures:	39 male rooms/5 male dorms 5 female rooms/1 female dorm
Number of open bay/dorm housing units:	6 dorms (5 male, 1 female)

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

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" 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: Click or tap here to enter text.)

Investigations

Criminal Investigations

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-resident or resident-on-resident), 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

<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input checked="" 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: Bureau of Prisons, WY DOC) <input type="checkbox"/> N/A
<p align="center">Administrative Investigations</p>	
<p>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?</p>	<p align="center">1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input checked="" 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 Bureau of Prisons, WY DOC) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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, 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.

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Casper Reentry Center during the period of December 14 – 15, 2020. The audit was conducted by U.S. Department of Justice certified PREA auditor Robert Manville. The standards used for this audit became effective August 20, 2012.

Some of the pre audit tasks were also conducted by Barb Denson a Department of Justice Certified auditor.

At the time of the audit the facility housed 214 residents. There was a total of 87 staff assigned to the center at the time of the audit. The facility is a community correctional program that houses two distinct populations.

The facility houses one population that is work release residents that receive medical and mental health services in the community. Residents in this program include BOP, Wyoming Department of Corrections, United States Probation, and Area Municipalities. It is a coed program and includes residents that are sentenced to the program from WDOC as a step back program and as a transition from the therapeutic secure program.

The other population is a secure facility that houses a therapeutic community program for the Wyoming Department of Corrections and offenders from Wyoming Department of Corrections with short term sentences. This is a male facility.

The work release program and the secure facility populations are managed separately whenever practical utilizing sound correctional principles. This includes scheduling, intake system, staff appropriate for the need for safety and supervision of the differing population.

Within the secure unit the facility management team also are required to manage a therapeutic community utilizing group and individual counseling, establishing norms and cultures within the therapeutic community and offenders with short term sentences. All residents assigned to the secure units are Wyoming Department of Corrections offenders.

Based on history of developing and managing therapeutic communities it was refreshing to see a facility has implemented a wholistic treatment program that addresses the needs of residents. Based on the limited time interviewing residents and staff the auditor feels confident that the agency has implemented a program that provides resident the opportunity to make positive changes in their lives.

Pre-Audit Phase:

Below is the work that Ms. Denson had accomplished and a synopsis of the activity that took place prior to this auditor being asked to conduct the remaining pre audit requirements, the onsite audit and the post audit tasks.

“Due to the COVID-19 pandemic, it was necessary to change the audit date to 7/21/20-7/21/20 and then rescheduled again to 10/27/20-10/28/20. Revised facility notices were provided to the facility and the facility forwarded photos of notices posted in 15 locations throughout the facility with the posting date of 8/21/20. Due to the pandemic, the audit dates were changed to 11/12/20 – 11/13/20. Revised facility notices were sent to the Manager, Contract Compliance PREA on 10/24/20. An e-mail and photos received from the Facility Director 10/26/20 showed revised notices were posted with the date posted noted as 10/26/20. Forensic exams are not performed at the facility. The facility has a Memorandum of Understanding (MOU) with the Wyoming Medical Center for SANE exams. The SANE Coordinator was contacted to review discuss the process of SANE exams. The facility is attempting to renew the MOU with the Medical Center. The SANE Coordinator reported if a resident victim comes to the Medical Center for a SANE exam, an advocate from the Self Help Center would be dispatched to the hospital to accompany the victim through the exam process. The victim would receive STD prophylaxis, an HIV test and females would receive a pregnancy test. Services provided would be billed to the State Attorney General Division of Victim Services.

The facility has a MOU with the Self Help Center located in Evansville, WY to provide residents with crisis intervention services related to sexual abuse. The original MOU was entered into in July 2014 with the Community Education Centers, the former owners and operators of the Casper Reentry Center. The Executive Director was contacted to review the terms of the MOU and to ask if the agency would agree to renew the MOU with the GEO Group. She agreed and stated she already has board approval to do so. The PREA Compliance Manager of the facility was contacted and asked she be forwarded a draft of an updated MOU for her review.

The Executive Director stated that services provided to residents include a 24/7 hotline, victim advocacy accompaniment to the Wyoming Medical Center, if requested by the victim, court advocacy services and counseling services. Currently because of the COVID-19 pandemic, counseling services are provided via telehealth. If a resident call to report a recent sexual abuse, they would be encouraged to make a report to the Casper Reentry Center's PREA Compliance Manager and would aid the resident to make that report if they needed assistance.”

The present auditor contacted the PREA compliance manager for updates on the MOU. During the delay in conducting the PREA audit the facility named a new PREA Compliance Manager (PCM). The present PCM provide an updated MOU signed by GEO and the executive director of the Self Help Center.

The Wyoming Medical Center has not formalized the MOU, however the SANE Director stated that the Center would provide the services stated above and due to Covid-19 has not been able to have a meeting to discuss the updated MOU.

On November 16, 2020, PREA Audit Notices (in English and Spanish) were updated with a new PREA auditor's information and posted in strategic locations throughout the facility where residents routinely live, enter and exit buildings, and participate in programming. The posting was updated and replaced due to a change in scheduled audits and auditor due Covid-19. No correspondence was received from any residents.

GEO Group were asked to complete the Pre-Audit Questionnaire (PAQ) and supportive documentation which was received by the auditor on November 18, 2020. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, facility policies and procedures, forms, and organizational charts. Agency policy content was structured in accordance with corresponding PREA standards.

On December 10, 2020, the auditor requested that additional information be available for review during the onsite audit which included staff rosters, resident rosters, including any residents characterized as being included in "targeted" categories, and any applicable investigative documentation for the audit period. These documents were provided and reviewed during the on-site audit. Prior to the on-site visit, the auditor discussed the information conveyed in the Pre-Audit Questionnaire (PAQ) with GEO staff. As part of the preaudit process, a review of the agency's PREA referenced policies, applicable local supplemental instructions, as well as submittals of supporting documentation was conducted. The GEO Group provided GEO and Casper Reentry Program Policies and procedures. The auditor requested and received policies and procedures that are germane to the GEO Group and Wyoming Department of Corrections contract requirements about PREA. Documentation submittals and reported data generally covered the 12 months period from December 13, 2019 until December 14, 2020. A tentative schedule for interviews were formulated and submitted to the audited facility.

On-Site Audit Phase:

The auditor held an opening meeting at Casper Reentry Center on the morning of December 14, 2020. The audit schedule and process were discussed during the entrance meeting. The auditor was provided a conference room which to work and conduct private confidential interviews. All requested files and rosters, both staff and residents, were made available during the on-site audit.

Site Review:

Immediately following the opening meeting, a tour of facility was conducted. The auditor was escorted by the facility's PREA compliance manager and facility director. The auditor toured all resident living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, and physical supervision requirements as applied to a community correctional confinement requirement. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and “internal hotline” information was assessed while touring the facilities. The tour revealed adequate camera coverage, and physical supervision. A review of logbooks and records revealed documentation of security and PREA rounds.

The on-site audit tour did not reveal any resident privacy concerns. Toilet and shower areas throughout the facilities were in a manner to limit the possibility of non-incidental cross gender viewing.

Resident Interviews:

Resident interviewed were selected from a housing roster dated December 14, 2020. The rosters categorized residents by housing, programming, and gender. Additional information was provided for PREA targeted categories such as disabled, limited English proficient (LEP), etc. Staff were able to identify residents in targeted categories, or the lack of residents in targeted groups. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 29 residents that are not of the PREA targeted group were interviewed. These interviews included resident from each living unit, each program areas, each sentencing agency, and each gender. There were 4 targeted residents were also interviewed. The targeted residents were as follows; disclosed victimization at screening - 2, disabled - 1, and LGBTI -1.

Staff Interviews:

A total of 19 random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Additional four non-direct care were interviewed for first responder roles.

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 Facility Director, PCM, Investigator, Human Resource staff, Retaliation Monitor, 2 Program counselors, Intake Staff, Security Supervisor from each shift, Medical Administrator, Clinical Supervisor, and staff at Wyoming Medical Center and staff from the Self Help Center. All interviewed staff demonstrated an understanding of the PREA and

their responsibilities under this program, relative to their position or roles with the organization and employment status.

File Review

Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager and medical administrator.

Fifteen (15) background clearance files including five (5) new hired staff, five (5) staff that had been promoted and five (5) years employees that had been over five years tenure at the facility.

Fifteen (15) resident's records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation

Volunteer file were reviewed for training, and background investigations. The volunteer program is dormant at the present time due to the pandemic.

Ten Supervisor and management monthly PREA rounds logbooks entries were reviewed.

Six duty officer rounds documentation for weekdays, weekends, and nights were reviewed.

Investigations

During the applicable audit period, there was six (6) allegations of PREA allegations reported.

Allegation	Finding	Retaliation Monitoring	Notice to Victim	Incident Review Team Meeting
Staff on Resident Sexual Harassment	Substantiated	N/A	Yes	Yes

Staff on Resident Sexual Abuse	Unfounded	Yes, until documented evidence of unfounded	Yes	N/A
Resident on Resident Sexual Harassment	Substantiated	N/A	Yes	Yes
Staff on Resident Sexual Abuse	Substantiated	Yes	Yes	Yes
Staff on Resident Sexual Abuse	Unfounded	Yes, until documented evidence of unfounded	Yes	N/A
Staff Voyeurism	Unsubstantiated	Yes	Yes	N/A

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the facility PREA Compliance Manager and cooperate staff as required. PAQ entries were verified. The PREA compliance manager has provided updates on the status of MOUs with medical center and victim advocacy program.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, 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.

The Casper Reentry Center located in Casper; Wyoming is a 383-bed co-ed adult community correctional center. The facility is a "for profit" operation owned and operated by GEO Group and contracts with multiple agencies, inclusive of Wyoming Department of Corrections, Federal Bureau of Prisons, United States Probation Office, Natrona County Courts, City of

Casper Municipal Court, Town of Evansville Municipal Court, and Town of Mills Municipal Court.

The primary building on the complex was built in 2005 and houses all operations, programs, medical clinic, and service areas under one roof. The facility is budgeted for 84.6 employees. At the time of the audit 214 of the 383 beds are occupied. One side of the facility is operated as a secure adult male community correctional facility while the opposite side operates as a co-ed work release center. A central kitchen serves the entire population with two separate dining areas and effective scheduling being the key to separation of the two populations. Each side of the facility has an outside recreation area for respective populations. There are six total living units with multiple occupancy rooms. The work release operation has within multiple occupancy rooms located in three separate housing areas. The adult correctional operation, referred to as "secure side" is also located in multiple occupancy rooms within three separate housing areas. The primary building also houses administrative office areas, central control, and a gymnasium.

There are numerous sleeping areas with differing configurations and with different amenities. Some of the living unit have a toilet, sink, and shower. These toilet areas have partitions around the toilet and curtains around the showers.

Another area of rooms has only sleeping areas. These rooms are near group toilets, sinks and showers. These toilet areas have partitions around the toilet and curtains around the showers.

There are several day rooms located in each program as well as office spaces for staff located in the therapeutic living unit area. There is a small area in the secure unit that includes two one (1) man cell that are utilized as a transit and/or a time out area for residents. When residents are assigned to this area a staff member is stationed in this area to supervise the residents. There are cameras that are in the area of these cells.

Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, work area, visitation room and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group.

During the facility tour, the toll-free number for the RAINN National Hotline resident telephones in the staff secure unit. The number was found to be accessible to residents. The residents residing in the work release unit are allowed cell phones and provided the phone number for reporting and requesting advocacy or confidential victim support services.

The Food Service area is a large open area with that includes cook works stations, cooking appliances, wash area and storage areas. There are cameras located throughout the food service area. There are two dining room, one located on each side of a wall and separate entrance to these areas by residents.

The facility has an intake area located which includes a secure sale port gate and unloading and loading area. Residents go from the intake entrance to the intake area prior to going to their assigned program. (Presently residents go to a quarantine area located adjacent to each program). The intake staff provides residents with a handbook that residents sign. The work release counselor conducts the initial screening on work release and general population residents when they arrive at the facility. The clinical supervisor or substance abuse counselors usually conducts the initial screening when they arrive at the facility. Resident that come to the facility for placement in the therapeutic community have been prescreened prior to arriving at the facility and the initial screening is part of the initial orientation to the therapeutic community.

Residents going to the work release program are then escorted to the work release unit and undergo a program description and meet with the reentry transitional staff.

Residents going to the therapeutic program or other secure programs are escorted to the secure area of the facility and meet with one of the therapeutic staff members to begin the indoctrination into the therapeutic programs. General population resident meets with facility case managers go over rules, PREA orientation and program descriptions.

The facility has cameras strategically placed inside the facility and areas outside of the facility. There were not cameras in areas where residents use the shower, toilet, or dress.

A tour of the center, and review of the cameras system and mirrors provided assurance that the facility had addressed any past concerns of blind spots and any privacy issuers. The facility underwent a thorough upgrade to the cameras, mirrors and monitoring equipment in the last two years. Facility staff pointed several areas that mirrors, and cameras have been relocated following the last PREA audits.

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: 8

List of Standards Exceeded:

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment;
PREA coordinator

Standard 115.213: Supervision and monitoring:
 Standard 115.218: Upgrades to facilities and technologies Standard
 115.231: Employee training:
 Standard 115.241: Screening for risk of victimization and abusiveness:
 Standard 115.251: Resident reporting:
 Standard 115.265; Coordinated Response:
 Standard 115.282: Access to emergency medical and mental health services

Standards Met	Number of Standards Met:	33
----------------------	---------------------------------	----

Standards Not Met	0
--------------------------	---

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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.

Standard and Documents Reviewed

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult and Community Confinement Facilities
CRC - 1200.24 PREA Staffing & Facility Requirements
Corporate PREA Organizational Chart
CRC Organizational Chart

Facility requirements and company and facility organizational charts 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 his 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 center's organizational chart illustrates the PREA Compliance Manager's position within the facility a Casper Reentry Center reports to the Facility Director. At Casper, the PREA

compliance manager is also the facility training director. He utilizes this role to accent PREA discussions in all elements of training. This was confirmed by interviews with several of the random monitors. The GEO Group PREA Coordinator and facility's Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was enthusiastic about PREA. The center's team meets on a continuous basis to review and update PREA concerns.

The GEO Group has implemented a PREA tracking system that includes tracking of PREA incidents, investigations, retaliation monitoring, resident notifications, after action forms to include all areas that must be reviewed by the incident review team, screening dates, rescreening dates, and mental health referrals from screening. All these components of the system are protected to only allow approved staff access. The system is available for the PREA coordinator and the Cooperate PREA team to ensure compliance with standards. Cooperate office is active involved in reviewing this data base including investigations, after action reports and compliance with timelines and best practices.

The agency and center policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Residents 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 resident's manual, and postings distributed throughout the center (observed during the tour).

All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both center staff and residents 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 agency and center exceed the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero- tolerance. Exceed compliance was determined by review of agency organization chart, agency, and center policies, both staff and resident training orientation power point presentations, posters, resident manual, and agency data base. Compliance also included interviews with staff, and residents to further provide exceed compliance with this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- ✦ If this agency is public and it contracts for the confinement of its residents 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 residents.) ☐

Yes

☐ No ☒ NA

115.212 (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 residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- ✦ If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- ✦ In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ 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 Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC - 1200.24 PREA Staffing & Facility Requirements
Wyoming Department of Corrections (WYDC) Attachment A, Professional Services Contract - Adult Community Correction
FBOP Statement of Work 2007

The facility does not contract with other entities to house residents. A review of the documentation submitted substantiates that the BOP and WYDC Professional Services Contract - Adult Community Correction requires the entities which they contract for the confinement of residents (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 115.213: Supervision and monitoring

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

115.213 (a)

- ✦ Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ 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 resident population? ☒ 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

115.213 (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

115.213 (c)

- ✦ In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- ✦ In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ 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:

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

Staffing Plan

PREA Unannounced Round Log

Annual PREA Facility Assessment

Video Monitoring Review

Staff Schedules (Male/Female Ratio on Duty Always)

Facility Floor Plan with Camera Locations

The GEO Group has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan.

In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. The Facility Director monitors the staffing plan by reviewing staff rosters and daily briefings. Monthly employee rosters are forwarded to BOP for their review. In interview with the Facility Director, in this audit period there were no times that there were deviations to the staffing plan. Staff vacancies are filled using staff overtime to ensure the correct plan including male to female staff.

The Annual PREA Assessment plan includes a staffing plan which is reviewed annually by the Facility Director, PREA Compliance Manager, the Deputy Director of Security Manager. and documented on the PREA Annual Facility Assessment form. This form is then forwarded to the Regional Director, the Director of Quality Assurance, the Divisional Vice President and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In the 2019 PREA Annual Facility Assessments, no recommendations were made for changes to the established staffing plan. The PREA Assessment plan was submitted on October 19, 2019. The staffing plan requires 91 full time equivalent staff (FTE). There was a

modification in the staffing plan to 87 full time equivalent staff (FTE) due to a discontinued contracted program.

The facility undergoes a PREA Assessment on an annual basis. The assessment includes:

1. The physical layout of each facility
2. The composition of the resident population
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors.

The facility PREA annual assessment was completed on October 2019 and was provided to the auditor prior to the PREA audit. Based on the assessment there were no time when the facility did not meet the mandatory staffing as approved by the client and GEO cooperate office.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. There are four counts per shift, which are documented on the Housing Count Roster. Management staff are required to complete, at a minimum, unannounced PREA rounds once a shift each month. These rounds are documented on the Unannounced PREA Rounds Log. Based on general conversations with staff including monitors and residents the facility director, and program supervisors visit the living and work areas throughout the day, nights, and weekends.

An examination of policy and supporting documentation and all interviews confirms compliance with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- ✦ Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
- ☒ Yes ☐ No ☐ NA

- ✦ Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

115.215 (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 residents? (N/A if the facility does not have female residents). ☒ Yes ☐ No ☐ NA

115.215 (d)

- ✦ Does the facility have policies that enable residents 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 residents 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- ✦ Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- ✦ If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (f)

- ✦ Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- ✦ Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents 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 formulating compliance with this standard:

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 900.06 Control of Contraband and Resident Searches
2017-2018 PREA Staff Training Curriculum
2017-2020 PREA Staff Training Acknowledgment Waivers
PREA Staff Training Curriculum

CRC Policy 900.06 Control of Contraband and Resident Searches allows frisk searches by a staff member of the same sex, when available. If permitted by contract and under the discretions and directions from the Director/Designee, strip searches which shall be

conducted by a staff member of the same sex and shall be no more thorough than circumstances require. Body cavity searches will not be performed by Casper Reentry Center Staff. All female resident searches will be conducted by female staff except in exigent circumstances. At all times, there is a female and a male staff member on duty.

Security monitors receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's Guidance in Cross Gender and Transgender Pat Searches curriculum was provided for review. Staff sign a Cross Gender Pat Searches & Searches of Transgender & Intersex acknowledgement form upon completion of this training and sign a Training Record Sign in Log. Receipt of this training was verified through interviews with staff and review of staff training records.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks, or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site and residents and staff interviewed confirmed that this practice is being followed. All showers had either doors, partitions, or curtains. All toilets had partitions or doors. There was no area that was visited by the auditor that had any showers, toilets or dressing area that would allow staff to view naked residents. Residents shared that they feel they have privacy to shower, toilet, and change clothing when staff of the staff are in their housing unit. A review of all camera did not show any area that residents would be using the toilets and showering.

GEO policy 5.1.2-A and facility policy 900.06 prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents complete a Statement of Search form indicating the gender of the staff they prefer to conduct pat searches. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. At the time of the audit, there was no transgender resident housed at the facility. Casper Reentry Center has not received any transgender or intersex residents nor have any residents self-identified as either during this review period. Compliance was determined by review of policies, touring all area of the facility, interviews with residents and staff.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- ✦ Does the agency take appropriate steps to ensure that residents 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:
Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- ✦ Does the agency take appropriate steps to ensure that residents 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:
Residents who are blind or have low vision? ☒ Yes ☐ No
- ✦ Does the agency take appropriate steps to ensure that residents 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:
Residents who have intellectual disabilities? ☒ Yes ☐ No
- ✦ Does the agency take appropriate steps to ensure that residents 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:
Residents who have psychiatric disabilities? ☒ Yes ☐ No
- ✦ Does the agency take appropriate steps to ensure that residents 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:
Residents who have speech disabilities? ☒ Yes ☐ No
- ✦ Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (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 residents 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

115.216 (c)

- ✦ Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident'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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

CRC - 1200.42 PREA Intake and Orientation

GEO Annual Data Reports

PREA Education Manual for Residents (English/Spanish)

Large Print PREA Education Manual for Residents (English/Spanish)

PREA Facility Posters (English/Spanish)

Resident Reporting Options Posters (English/Spanish)

GEO PREA In-Service Training (Use of Interpreters)

Language Line Services, Inc.

TTY Device

Statement of Fact

GEO and Casper Reentry Center policies mandates that the facility shall not discriminate against residents 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 Act.

Through policy and practice, the facility staff ensures that residents 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. 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 residents when necessary. Agency and facility policies prohibit residents 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 resident's safety. The director provided a memo of record indicating that the center has not utilized resident interpreters, resident readers, or other types of resident assistants this accreditation period. The use of residents under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew residents were not to be used for this purpose. Interviews with first responders, medical, therapeutic counselors and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions. Interviews with staff and residents and an examination of policy/supporting documentation also confirm compliance with this

standard. The center employs staff that are bi-lingual in languages other than English. There were no deaf or blind resident housed at the facility during this audit period. The facility has TTY telephone and hard of hearing telephones for residents. Compliance of this standard was confirmed by review of Agency Policy, contracting services for language interpretation services and interviews with staff that conduct screening, medical staff and PCM.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- ✦ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center (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 residents 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 residents 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 residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center (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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

115.217 (c)

- ✦ Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- ✦ Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior center employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- ✦ Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (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 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 formulating compliance with this standard:

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

CRC - 1200.41 PREA Staffing & Facility Requirements

Employment Application Questionnaire

Career Builder Background Check

NCIC Background Check

Promotion Disclosure Waiver

Annual Performance Evaluation & Disclosure

Employee Annual Disclosure Form

All employees, contractors and volunteers have had criminal background checks completed prior to being employed by Casper Reentry Center. The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer that may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center; 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 residents. The facility utilizes a private vendor, Career Builders to conduct background check on all applicants, promotions and every five years.

Employees 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. Five new staff members, three promoted staff, and five staff that have been employed at Casper Reentry Center for more than five years personnel files were reviewed and found to have received background checks completed prior to employment, promotion and or working longer than five years at Casper Reentry Center. Interviews with human resources manager and a review of documentation (PREA Questionnaire), Background checks for random staff, staff that have five years plus tenure and staff that were promoted confirm compliance with this standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents 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

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:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult
Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.41 PREA Staffing & Facility Requirements
Annual Facility Assessment
Statement of Fact

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 residents from sexual abuse. Casper Reentry Center Policy 1200.41 -1 PREA Staffing and Facility Requirements 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 residents 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 residents safe from sexual abuse. There have been additional modifications to the cameras at Casper Reentry Center during the last audit period. Casper Reentry Center completely upgraded its entire security surveillance camera system as well as added approximately 100 additional security mirrors during this review 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 residents. The GEO Group complete an annual facility assessment. Based on the 2020 PREA assessment the facility is requesting a capital expense in the 2021 budget to replace and upgrade cameras and security control systems. Exceed Compliance was determined by review of facility upgrades to camera, monitor and mirror coverage though out the facility. Further compliance was determined by interviews with Agency Head Designee, GEO Group PREA Coordinator, Facility Director, and review of annual PREA facility assessment.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- ✦ Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily 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

115.221 (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 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

115.221 (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

115.221 (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

115.221 (g)

- ✦ Auditor is not required to audit this provision.

115.221 (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 formulating compliance with this standard:

CRC Policy 1200.40 Sexually Abusive Behavior Prevention and intervention Program (PREA)
GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
SAFE/SANE Provider Information
Victim Advocacy MOU
Statement of Fact

GEO policy 5.1.2-E outlines the agency's requirements as it applies to this standard. The facility has trained facility investigators. Casper Reentry Center houses several populations. Most residents are housed for Wyoming Department of Corrections. The remaining residents are housed for Federal Bureau of Prisons, United States Probation Office, Natrona County Courts, City of Casper Municipal Court, Town of Evansville Municipal Court, and Town of Mills Municipal Court. For DOC resident's criminal investigations cases are investigated by Wyoming Department of Corrections Wyoming State Police. For residents housed for BOP and United State Probation Office criminal investigation are investigated by Local Sheriffs or BOP Office of Inspector General. Administrative investigations conducted by the WDOC will be determined on a case-by-case basis. The facility Investigator was interviewed. He has a working relationship with WDOC.

The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

Victims of sexual abuse have access to forensic medical examinations with the victims consent and without cost to the resident regardless if the victim names the abuser or cooperates with an investigation arising out of incident. Forensic exams are not performed at this facility. Victims of sexual abuse are provided through the Wyoming Medical Center. The facility does not serve youthful offenders.

The facility has a MOU with Self Help Center Inc. The program director was contacted to discuss sexual assault services that they provide to victims of sexual assault. The program provides counseling, emotional support, and victim advocate services. If a resident victim of sexual abuse were referred to the hospital for a SANE exam, the hospital would contact Self Help Center to request victim advocacy services. The MOU was finalized on 7/9/2020.

Residents are made aware of the confidential emotional support services available to them in the PREA Education Manual for Residents, and PREA posters displayed throughout the facility. When interviewed, residents were aware of the confidential emotional support services available to them and how to access them. Compliance was determined by review of policies, MOU, and documentation provided from Victim Advocacy Group.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (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 conducting criminal investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.222 (d)

- ✦ Auditor is not required to audit this provision.

115.222 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Group Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

CRC Policy 1200.40 Sexually Abusive Behavior Prevention and intervention Program (PREA)
Wyoming DOC policy 1.014 Investigations
Incident Tracking Logs
GEO Website (PREA Investigations)
DOC Written Mandate on Referrals
Statement of Fact

GEO policy 5.1.2-E and Casper Reentry Center Policy 1200.06-4 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. GEO policy mandates that each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.

CRC Policy 1200.40 Sexually Abusive Behavior Prevention and intervention Program mandates that the facility shall report all allegations of Sexual Abuse and Sexual Harassment and make referral for investigations. Upon learning of an allegation of sexual abuse the facility will implement a coordinated response plan and begin the securing of the crime scene and contacting the Facility Director, Regional Director for GEO, GEO PREA Coordinator, and Wyoming Department of Corrections for Wyoming DOC residents. DOC would immediately respond to the scene to start investigation for DOC residents. If it is determined that the action is criminal DOC may request assistance from Wyoming State Police. For federal residents, the center would contact the above staff and the BOP reentry facility monitor. The facility monitor would notify BOP to determine the investigative entity to conduct the investigation. For local municipalities, the center would notify the local law enforcement for allegation that are criminal in nature. Noncriminal investigation may be conducted by local trained PREA investigator.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are tracked on the PREA Monthly Incident Outcome Tracking Log.

In the past 12 months, there were 3 allegation of staff-on-resident sexual abuse, one allegation of staff-on residents' sexual harassment and one case of resident-on-resident sexual harassment and one case of staff voyeurism reported. All allegations were referred to Wyoming Department of Corrections for investigation. WDOC conducted four of the investigations, coinvestigated one allegation with local sheriff's office and referred one allegation to the trained Casper Reentry Center to conduct the investigation. The Casper Reentry Center investigator assisted WDOC and the local sheriff in the criminal investigation as requested.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website <http://www.geogroup.com/PREA>

(Documents and Resources Section) and Wyoming DOC website <http://corrections.wyo.gov/home/services-and-programs/prison-rape-elimination-act-prea>. Compliance was determined by review of policies, investigative reports, websites, and interviews with facility investigator.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- ✦ Does the agency train all employees who may have contact with residents on: Its zero tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- ✦ Does the agency train all employees who may have contact with residents 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 residents on Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No?
- ✦ Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- ✦ Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- ✦ Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- ✦ Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- ✦ Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- ✦ Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- ✦ Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- ✦ Have all current employees who may have contact with residents 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

115.231 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 GEO Staff Training Curriculum
 Pre-Service Training Rosters
 In-Service Training Record

All staff are provided an Employee handbook that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents 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.
- ☐ Residents' right to be free from sexual abuse and sexual harassment.
- ☐ Residents on the right of residents 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 residents.
- ☐ How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.

- ☐ How to comply with relevant laws related to mandatory reporting of sexual
- ☐ abuse Cross Gender & Pat Searches & Searches of Transgender and Intersex

Wyoming DOC requires new monitors to attend 80 hours of training and two additional OJT training. 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. GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention program mandates that the facility will be required to modify training to meet needs of the gender population being served at the facility. The PCM is also the center's training officers. He is actively in providing weekly, monthly, and yearly training to staff on PREA.

A sampling of staff annual training files (15) was reviewed and contained documentation supporting compliance with this standard. In the past 12 months, all Casper Reentry Center staff have received PREA training as verified by review of employee training files. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The facility meets this standard as was evident by review of the training curriculums, review of staff training records and the overall knowledge of staff in response to interview questions.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- ✦ Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?
- ☒ Yes ☐ No

115.232 (b)

- ✦ Have all volunteers and contractors who have contact with residents 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 residents)? ☒ Yes ☐ No

115.232 (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 formulating compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program
Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training
PREA Orientation and Training
Volunteer Training Acknowledgment
Volunteer Orientation Roster

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program mandates each facility shall ensure that all Contractors or volunteers who have contact with

Individuals in a GEO Facility or Programs are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures. Contracted Medical and Mental Healthcare Practitioners shall receive specialized training, in addition to general training for Contractors and Volunteers (if their duties include evaluating and providing patient care to residents). All volunteer staff are required to receive PREA training annually. A review of volunteer training curriculum included all aspects of this standard. Casper Reentry Center did not have any contracts with outside vendors during the review period. There has been no additional training nor volunteer programs due to restrictions concerning Covid-19. No volunteers are currently accessing the facility to provide service. Compliance was determined by review of the training curriculum and interviews with PCM, Administrative assistant that services as the volunteer coordinator and facility director.

Standard 115.233: Resident education

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

115.233 (a)

- ✦ During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- ✦ During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- ✦ During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- ✦ During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- ✦ During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- ✦ Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- ✦ Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- ✦ In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.42 PREA Intake and Orientation
PREA Education Manual for Residents
Resident Handbook
Language Line Contract
Acknowledgment of Receipt of PREA Education Manual
PREA Education Posters
Acknowledgment of Receipt of PREA Education Manual
PREA Video Acknowledgment

Residents receive a PREA education manual during the initial intake screening. The manual is printed in both English and Spanish. There are PREA posters throughout the center 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 residents. A review of Resident Handbook and PREA Brochure verified that residents received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All residents are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all residents within 30 days of their arrival at the facility. If a resident is transferred to another facility, policy requires that this training process be repeated at the new center, as confirmed through interviews with newly arrived resident. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. The class is presented by watching a video, group discussions and question and answer session. It is presented in language Resident understand. The center will utilize available community resources for resident with ADA obstacles in receiving and understanding the training.

The auditor reviewed a random sampling of fifteen (15) A&O Checklists/Signature Sheets to verify that resident received the PREA education including relevant written materials. All residents are required to acknowledge completion of PREA education. During the interview process, randomly selected residents 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. Residents were aware of available services outside of the facility for dealing with sexual abuse. Compliance was determined by review of resident documented training, training curriculum, and interviews with program staff and residents.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- ✦ In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).)

☒ Yes ☐ No ☐ NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Specialized Investigator Certificate
Statement of Fact

GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There is one trained facility investigator employed at Casper Reentry Center. For criminal investigations cases will be investigated by appropriate client. DOC residents would be investigated by DOC Investigator. Training curriculum and certificate for GEO staff was provided. All Wyoming DOC investigator have received training on conducting Sexual assault investigations in a confinement facility. Compliance was

determined by review of sexual abuse investigations, investigator's training records, review of policy and interview with sexual abuse investigator, GEO Group coordinator and facility director.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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 parttime 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

115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)

☒ Yes ☐ No ☐ NA

115.235 (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

115.235 (d)

- ✦ Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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 formulating compliance with this standard:

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

Medical Staff Roster

GEO PREA Specialized Medical and Mental Health Curriculum

PREA Specialized Medical Training Certificate

PREA Basic Training Acknowledgment

Statement of Fact

Casper Reentry Center does not conduct any forensic exams. Victims are referred off site to hospitals which have SANE providers. The facility has full-time medical and mental health care staff on site. The agency requires that all mental health staff receive training beyond the initial PREA requirement. In compliance with the requirements, the GEO Group has developed and implemented specialized training for mental health and medical staff. This training included basic PREA and additional 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, as well as victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training as it relates to the PREA. Interviews with both the Medical and Mental Health Directors confirmed the requirement for additional PREA specialized training for the medical and mental health staff and the completion of that training during the last 12 months. Compliance was determined by the review of the training curriculum and interviews with both Medical and Mental Health Directors.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- ✦ Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- ✦ Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- ✦ Do intake screenings ordinarily take place within 72 hours of arrival at the facility?

☒ Yes ☐ No

115.241 (c)

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

115.241 (d)

- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- ✦ In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- ✦ In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- ✦ In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- ✦ Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- ✦ Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- ✦ Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- ✦ Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- ✦ Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

- ✦ Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents? ☒ 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:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Casper Reentry Center Policy 1200.43 PREA Screening
Initial Assessments and Reassessment

All residents are assessed during the intake screening process for their risk of being sexually abused by other residents or being sexually abusive toward other residents. The screening is conducted by a program counselor. The center is provided intake information prior to the resident's arrival at the facility when participating in the Therapeutic Community. Program Counselor review these documents and determine staff to conduct the screening based on the assigned program. Substance Abuse Counselors interviewed indicated that the screening instrument is one part of a complete intake interview that includes general discussion, "get to know you" conversations and program expectations. The work release counselor or transitional counselor screens Work Release and general populations residents, while a therapeutic resident is screened by the clinical supervisor or substance abuse counselor. The screening normally occurs within twenty-four hours, but no more than seventy-two hours after the resident's arrival. The center utilizes a risk assessment screening developed by the GEO group that utilizes a risk score to determine resident Risk. Any resident who scores as a "High Risk Sexual Victim" (HRSV) and/or "High Risk Sexual Aggressor" (HRSA) is referred to mental health staff for follow-up. Resident assigned to the work release program is referred to Central Wyoming Counseling Center. Resident assigned to the therapeutic community would be referred to a licensed professional counselor for counseling. Based on the risk assessment and resident and counselors request the resident could be referred to the counseling center or tele psychologist or tele- psychiatrist. It was evident that staff performs this assessment immediately upon admission.

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 residents at high risk of being sexually abused/sexually harassed separate from those residents who are at high risk of being sexually abusive. The Screening instrument includes all areas noted in this standard. The GEO Group PREA Coordinator provided guidance on persons conducting the screening instrument to provide their own perception on offender gender orientation by adding the phrase the offender perceives to be gender conforming or gender non-conforming.

The program counselors or transitional counselor meet with the work release residents to review any additional information that has been received, overall adjustment to the facility and for job placement. During the offender's 30 day meeting the risk level is reassessed. The substance abuse counselors meet with the residents daily or weekly one on one. The

therapeutic treatment team meet with the residents weekly or monthly. The reassessment is completed by the substance abuse counselor utilizing treatment team meeting to determine present risk. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis. Agency policy prohibits residents 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 residents are not placed in housing units based solely on their sexual identification or status.

During intake screening, procedures require staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field, and medical files) for any indication that a resident has a history of sexually aggressive behavior. Housing assignments are made accordingly. The Screening for Risk of Victimization and Abusiveness include the following:

- Whether the resident has a mental, physical, or developmental disability.
- The age of the resident.
- The physical build of the resident.
- Whether the resident has previously been incarcerated.
- Whether the residents' criminal history is exclusively nonviolent.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the resident has previously experienced sexual victimization.
- The resident's own perception of vulnerability; and
- Whether the resident is detained solely for civil immigration purposes.

Exceed was determined by review of the screening instrument, review of resident records with screening and rescreening instrument, review of company resident data to manage screening instruments. Compliance was further determined by interviews with staff assigned to the separate programs, PREA compliance manager, and residents.

Standard 115.242: Use of screening information

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

115.242 (a)

- ✦ Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- ✦ Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- ✦ When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- ✦ Are each transgender or intersex resident'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

115.242 (e)

- ✦ Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- ✦ 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents 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 residents, does the agency always refrain from placing: intersex residents 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 residents 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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
PREA Assessment, PREA Assessment Referral, PREA 30 Day Re-Assessment
PREA Risk Assessment & Referral
Statement of Fact

Residents who score at risk of victimization or abusiveness are referred for further evaluation by mental health staff. Residents have an option of refusing these services. Those identified to be at risk are tracked on an At-Risk Log. Residents tracked on the At-Risk Log are housed in in housing units that separate potential victims from potential predators.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. Housing and programming assignments for transgender and intersex residents shall be reassessed every 6 months using the PREA Vulnerability Reassessment form.

Transgender and intersex residents are given the opportunity to shower alone. At the time of the on-site visit, there was no transgender female housed at the facility.

Compliance was determined by interviews with 2 program counselor, PREA compliance manager, clinical supervisor, and residents.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- ✦ Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- ✦ Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- ✦ Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- ✦ Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- ✦ Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- ✦ Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- ✦ Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- ✦ Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ 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:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.42 PREA Intake and Orientation
CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
RAINN – National Sexual Assault Hotline
Wyoming Department of Corrections Hotline
Resident Reporting Options Poster
PREA Education Manual for Residents
Third Party Reporting Options Poster
Employee Handbook (Sexual Harassment) GEO
Website (Staff Reporting Info)

The agency/facility provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting. Residents can verbally report any staff member, report in writing, by telephone, submit a grievance or by a third-party report.

Reporting avenues includes:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Report in Writing
- Submit a Grievance
- PREA Compliance Manager:
- RAINN – National Sexual Assault Hotline
- Self Help Center Inc
- Wyoming Department of Corrections Hotline
- Report to the Cooperate PREA office
- Report to GEO Regional Office

Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment.

The PREA hotline was contacted and was accessible for residents assigned to the secure unit without using the Resident's Pin# which would identify the resident. Residents assigned to the work release center are allowed cell phone and provided the toll-free number to contact the PREA hotline. The Self Help Center Inc was contacted and verified they would accept calls from residents. The resident is provided ways to the report upon arriving at the facility, during their official PREA training, by posters located throughout the center and by reading the Resident PREA handbook. GEO Group and Wyoming Department of Corrections websites were reviewed and provided reporting opportunities. Exceed compliance was determined by the number of ways for residents to report and the number of times and avenues this information is provided to the offenders. All staff and resident to articulate the ways resident can provide reports.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- ✦ Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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

115.252 (b)

- ✦ Does the agency permit residents 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 a resident 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

115.252 (c)

- ✦ Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- ✦ If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.252 (e)

- ✦ Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party file such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (f)

- ✦ Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

- ✦ If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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 formulating compliance with this standard:

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

Statement of Fact

CRC Policy 1200.5 Grievance Process

PREA Education Manual for Residents

Resident Handbook

In review of GEO policy 5.1.2-A there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for how to file grievances. This information is provided as part of the official orientation and provided in the PREA Education Manual for Residents. By contract, GEO is authorized to allow Casper Reentry center to utilize CRC Policy 1200.5 Grievance Process to tile grievance at CRC. Residents are not required to use an informal grievance process and procedures also allow a resident to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Policy 1200.5 Grievance Process have procedures in place for residents to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Residents are informed of the grievance process through the Resident Handbook. If a third party file a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. The facility director or his designee will take immediate corrective action to protect the alleged victim upon receiving an emergency grievance of this nature. An initial response will be issued to the resident filing an emergency grievance within 48 hours and final decision will be provided within five calendar days. A final decision will be issued on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing date. The facility may claim an extension of time to respond, up to 70 days, and shall notify the resident of the extension in writing. The agency may discipline a resident for filing a grievance related to alleged sexual abuse if the agency determines that the resident filed the grievance with malicious intent.

This information is posted on each living unit bulletin board and is included in the resident handbook. Disciplinary action would generally be taken if a grievance were filed in bad faith. In the past 12 months, the facility has received one grievance alleging sexual abuse and there were no emergency grievances received. The grievance was investigated, and response was provided to the resident within the timeline established by the standard. Per contract, the facility provided a copy of the grievance to WDOC. The WDOC asked the facility to investigate the grievance locally. Compliance was determined by review of policies, grievance, and grievance log, as well as interview with the PCM.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- ✦ Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- ✦ Does the facility inform residents, 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

115.253 (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 residents 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 formulating compliance with this standard:

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

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA) MOU

Resident Reporting Options

Casper Reentry Center has a MOU with Self Help Center Inc to provide confidential emotional services to residents 24 hours a day, seven days a week. This information is provided to residents in the PREA Education Manual for Residents and on the Resident Reporting Options posters displayed throughout the facility. Resident can contact the Self Help Center Inc and are informed of the extent to which communications will be monitored and the extent to which reports of abuse on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. While the center will provide advocacy services to accompany a resident's in cases of sexual assault, separately the center provides emotional support services in cases of sexual assaults. The center also provides emotional support within the community for domestic violence, stalking and elder abuse. This program is managed by highly trained advocates. The executive director of the Self Help Center indicated that advocates that provides for counseling or confidential support go through a specialized training prior to be certified to provide this service. When interviewed, residents were aware of the outside confidential support services available to them and how to access them. Compliance was determined by review of the MOU and interviews with staff of the Self Help Center.

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? ☒ 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:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 PREA Third Party Reporting Poster
 GEO Website (Reporting Sexual Abuse/Sexual Harassment)
 Wyoming Department of Correction Third Party Reporting

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. 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.

Persons or organizations outside a Wyoming Department of Corrections facility may provide a report by calling 877-966-4271. This information is located on WDOC website

Compliance was confirmed by reviewing policies, posters and GEO Website and Wyoming Department of Corrections Website and by interviews with residents, PCM and Warden.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

- ✦ Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (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

115.261 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Fifty State Survey of Vulnerable Persons Statutes Wyoming Vulnerable Persons Statutes
Statement of Fact

The GEO Group require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Further, all staff must immediately report any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. 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. GEO policy mandates that Medical and Mental Health medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. GEO has developed several methods for staff to make anonymous reports. The staff were also aware of the several ways they may report this information to the GEO Group. The GEO website has specific instruction for employees to report directly to GEO PREA coordinator or outside resource for anonymous reporting. Staff were also aware of the many ways to receive reports from residents, families, friends or other third parties. A review of established policy, websites and interviews with staff members support the finding that the facility compliance with this standard. Casper Reentry Center had no incidents involving vulnerable persons, which required mandatory reporting to the State entity during the review period. Compliance was determined by the review of Policies, GEO website and interviews with Medical Administrator Clinical Supervisor, PCM, Director of Security, staff, and residents.

Standard 115.262: Agency protection duties

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

115.262 (a)

- ✦ When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ 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:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Statement of Fact

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A. In interview with the Facility Director and PREA Compliance Manager and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action regarding a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. All staff interviewed staff stated that regardless of credibility of the incident, all notification of imminent sexual abuse they would remain with the resident, notify the program monitor supervisor, PCM and Director. The Facility Director indicated that the facility would maintain direct supervision of the resident and would arrange for the resident to be moved to another dormitory if possible. If there are no inhouse alternatives, the center would coordinate with the DOC Private facilities supervisor for transfer of the aggressive resident(s) to another program within Wyoming. The clinical supervisor interview discussed the therapeutic community need to make certain that all residents, especially victims or persons at risk of imminent sexual abuse feel safe within the community. The facility has two transition cells that can be used to house Wyoming Department of Corrections residents in the secure unit side until other options are explored. Work Release offenders housed for BOP would be moved to a BOP facility or another BOP Reentry program. The Facility Director and the BOP contract monitor would coordinate the placement and movement of the BOP resident. Compliance was determined by review of policy and interview with supervisors from the work release and secure housing unit. Also interview to determine compliance was the PCM and Facility Director.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- ✦ Upon receiving an allegation that a resident 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

115.263 (b)

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

115.263 (c)

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

115.263 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Statement of Fact

GEO policy 5.1.2-A, mandates that upon receiving an allegation that a resident was sexually abused while confined at another facility, the allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator and the Facility Director. In interview with the Facility Director and statement of fact in the past 12 months, no residents of Casper Reentry Center alleged that sexual abuse had occurred while they were confined to another facility.

Compliance was determined by review of GEO policy, interviews with intake staff, PCM and Facility Director.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- ✦ Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Statement of Fact Staff
First Responder Cards

CRC 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. Four random staff including administrative, program and support staff were interviewed. All persons interviewed had received PREA training and all responded they would tell the resident to not destroy any evidence, would remain with the resident and notify the closest monitor. There have been no allegations of sexual abuse or sexual harassment reported to non-correctional staff. Compliance was determined by review of the policy and interviews with non-correctional staff.

Standard 115.265: Coordinated response

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

115.265 (a)

- ✦ Has the facility developed a written center 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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
PREA Coordinated Response Plan

GEO policy and Casper Reentry Center's PREA Coordinated Response Plan establishes a plan to coordinate actions in response to an incident of sexual abuse. The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. The plan includes prevention, intervention, responses to sexual assault, aftercare components, after action reporting. The plan is thorough and includes all aspects of the PREA standards and includes appropriate staff to manage each area of the responsive plan.

A PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. Staff have PREA cards that serves as guide of responsibilities in cases of sexual abuse or sexual harassment. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse. Determination of Exceed the standard was based on the coordinated response plan and interviews with staff, PCM, Medical Administrator, Medical SANE provide Self Help staff and Facility Director.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (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 formulating compliance with this standard:

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

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
Statement of Fact

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities states that if the alleged suspect of a sexual assault is a staff member, the staff member shall be placed on no contact status with the alleged victim. This no contact will be provided in an email to supervisor and staff and will be forwarded to the investigative staff. To accomplish the mandate, staff can be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Casper Reentry program does not have a collective bargaining unit. Compliance was determined by review of the policies and review of investigative report where staff member was placed on administrative leave pending an investigation and statement of fact that the center does not have a collective bargaining unit.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- ✦ Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- ✦ Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- ✦ Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

- ✦ In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.267 (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

115.267 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Protection from Retaliation Log

GEO policy 5.1.2-A and facility policy Casper Reentry Center Policy 1200.40 establishes compliance to this standard. Residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other residents and staff. The PREA Compliance Manager is responsible for monitoring for retaliation. Weekly monitoring is to begin the week following the incident for a minimum of 90 days or longer if warranted. Monitoring will terminate if the allegation is determined to be unfounded. Monitoring for retaliation is documented on the Protection from Retaliation Log. In the past 12 months, there were three incidents of retaliation monitoring that occurred. Compliance was determined by interview with the PREA Compliance Manager, review of the retaliation monitoring log and Statement of Fact provided the auditor.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).)
☒ Yes ☐ No ☐ NA

115.271 (b)

- ✦ Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (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

115.271 (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

115.271 (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 resident or staff? ☒ Yes ☐ No
- ✦ Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (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

115.271 (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

115.271 (h)

- ✦ Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- ✦ Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (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

115.271 (k)

- ✦ Auditor is not required to audit this provision.

115.271 (I)

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 115.221(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 formulating compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
PREA Investigation Reports
Incident Tracking Logs
Client Mandate on Handling Investigations

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Casper Reentry Center including third party and anonymous reports. The facility has one trained facility investigators.

The supervisor receiving the report of an allegation of sexual abuse or sexual harassment immediately notifies the Facility Director who notifies the PREA Coordinator and the respective client. According to contracts with Wyoming Department of Corrections, criminal investigations are investigated by the WDOC Investigator or Wyoming State Police for DOC residents. For federal residents, the center would contact the BOP reentry facility monitor. The facility monitor would notify BOP to determine the investigative entity to conduct the investigation. For local municipalities, the center would notify the local law enforcement for allegation that are criminal in nature. Noncriminal investigation will be conducted by local trained PREA investigator.

All allegations of sexual abuse and sexual harassment are documented on the Monthly PREA Incident Tracking Log.

The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years. During the preceding 12 months there were six allegations of sexual abuse or sexual harassment. All allegation involved Wyoming Department of Corrections offenders and were referred to Wyoming Department of Corrections. Two case of sexual harassment were referred to the facility for investigations. One case involving voyeurism was referred to the facility after the initial investigation determined allegation to be unfounded based on video evidence. Three cases were investigated by Wyoming Department of Corrections. One allegation of Sexual Assault was founded and was transferred to Natrona County Sheriff's Office for prosecution. The county determined that it did not rise to the level of criminal and declined prosecutions. Compliance was determined by review of previous investigative reports, review of the monthly PREA incident logs and interviews with PREA compliance manager, investigator, and facility director.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.272 (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 formulating compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
PREA Investigation 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 report. Investigators training programs provide in-depth clarification of this standard. Compliance was determined by review of policy, previous investigations, investigator training curriculum and interviews with investigator.

Standard 115.273: Reporting to residents

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

115.273 (a)

- ✦ Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- ✦ If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No
☐ NA

115.273 (c)

- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- ✦ Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
CRC Policy 1200.40 Sexual Abusive Prevention and Intervention Program (PREA)
Notifications of Outcome of Allegation

The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Facility Director is responsible to present to the resident the Notification of Outcome of Allegation form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident. If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody. There were six allegations of sexual abuse or sexual harassment in the last 12 months. Notification were provided to all residents that were still in custody. There were two notification provided to the residents during the rating period.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Employee Handbook (Sexual Abuse and Sexual Harassment) Statement of Fact

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. There has been one staff placed resigned prior to investigations of allegations of sexual abuse during the last twelve months. Wyoming DOC had transferred case to Natrona County Sheriff's office. GEO accepted the resignation in lieu of terminations and notified staff licensing board of the outcome of the investigation. Compliance with this standard was determined by a review of policy, statement of fact, interviews with Director and Agency PREA coordinator.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- ✦ Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ 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

115.277 (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 residents? ☒ 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:

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

Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA) Statement of Fact

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 were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at Casper Reentry Center. Compliance with this standard was determined by a review of policy, volunteer/contractor training files and volunteer supervisor interviews.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- ✦ Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- ✦ Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- ✦ When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- ✦ Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (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

115.278 (g)

- ✦ If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ 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:

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

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)

Resident Handbook

Statement of Fact

If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the WDOC or BOP who will determine whether to subject the offender to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for and the sanctions that will be imposed in the Resident Handbook. The disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. GEO or the client will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.

In the past 12 months, there was one disciplinary sanction imposed related to resident sexual misconduct. A female work release resident had a sexual consensual contact with another work release resident away from the center. Compliance with this standard was determined by a review of policy, Resident PREA Handbook and interviews with PCM and Facility Director.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.282 (a)**

- ✦ Do resident 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

115.282 (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 § 115.262? ☒ Yes ☐ No
- ✦ Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- ✦ Are resident 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

115.282 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)

PREA Coordinated Response Plan

Statement of Fact

Casper Reentry Center's PREA Coordinated Response Plan mandates that first responders notify the program supervisor and medical staff immediately upon notification of a sexual assault. If medical staff or not on duty the center immediately notifies the facility director and transport the victim to Wyoming Medical Center.

Upon arrival at the medical center, the resident will be provided emergency treatment and SANE exams at no cost to the resident. Wyoming Medical Center and the facility will notify the Self Help Center for advocacy services including escorting resident through the SANE forensic examination if resident consents to such services. Counseling services are provided by Central Wyoming Counseling Center post examination and treatment. The medical center staff interviewed stated that the medical center provides for a forensic team that includes on site or on call mental health professionals during the forensic examination and treatment.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In the past 12 months, there have been no referrals for emergency medical or mental health services required. Compliance with this standard was determined by a review of policy, and interviews with PCM and Wyoming Medical Center and Self Help Center.

Standard 115.283: 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

115.283 (a)

- ✦ Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (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

115.283 (c)

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

115.283 (d)

- ✦ Are resident 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 residents 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

115.283 (e)

- ✦ If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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

115.283 (f)

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

115.283 (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

115.283 (h)

- ✦ Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ 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:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)

PREA Coordinated Response Plan

Statement of Fact

The facility will offer ongoing medical and mental health care to all the residents of the Casper Reentry Center who have been victimized by sexual abuse. The evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will also be offered tests for sexually transmitted infections. Female victims of sexually abusive vaginal penetration shall be offered pregnancy tests. If pregnancy results shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. By policy, the facility would attempt to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. The center does not house known sexual abusers and if a resident were to be determined to be or have history of sexual abuse the resident would be transferred to an appropriate facility. Mental health services are provided by Casper Reentry Center staff and Central Wyoming Counseling Center. Compliance with this standard was determined by a review of policy, and interviews with PCM and Self Help Center staff.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)

After Action Review Reports

Statement of Fact

The Facility Director, Clinical Program Supervisor, Director of Security, Program Managers and PREA Compliance Manager make up the facility's Incident Review Team. The team meets and the PREA Coordinator may attend via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status, or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a PREA after Action Review Report and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement or document its reasons for not doing so. The Facility Director/PREA Compliance Manager maintains copies of all completed PREA after Action Review Reports and a copy is retained in the corresponding investigative file.

In the past 12 months, there were two (2) incident reviews completed. When interviewed, the Director of Security and PREA Compliance Manager knew their responsibilities as they relate to the review of sexual abuse incidents. Compliance with this standard was determined by a review of policy, After Actions Reports and interviews with PCM, Chief of Security and Facility Director.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

- ✦ Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

CRC Policy 1200.40 Sexual Abusive Behavior Prevention and intervention Program (PREA)
GEO Annual Data Reports

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. The facility provides the same information to Wyoming Department of Corrections.

Compliance with this standard was also determined by a review of policy/documentation and an interview with the PCM and GEO Group PREA coordinator. The computerized data collections system allows the GEO Group with access of continuous and instant uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- ✦ Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

GEO Annual Data Reports

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 Casper Reentry Center report revealed the facility had four allegations of sexual abuse that was determined to be unsubstantiated, substantiated, or unfounded. Compliance with this standard was determined by a review of the annual report and interviews with PREA compliance manager and the GEO Group

PREA coordinators.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- ✦ Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (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

115.289 (c)

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

115.289 (d)

- ✦ Does the agency maintain sexual abuse data collected pursuant to § 115.287 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 formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.
GEO Annual Data Reports

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 Director.

AUDITING AND CORRECTIVE ACTION

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 residents? ☒ Yes
☐ No

115.401 (n)

- ✦ Were residents 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.

This is the third audit for this facility. The last PREA audit was conducted August 17, 2017. 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. The facility was scheduled to conduct the PREA audit by another Certified PREA auditor. The auditor completed part of the Pre audit review and provided information to the present auditor. The facility was scheduled during the Covid-19 pandemic and was postponed until July, then October, and then November. The PREA auditor was unable to complete the audit and GEO request this auditor complete the audit during week of December 14, 2020. The original notification of the audit was posted several times. The latest posting by the previous auditor was August 21, 2020. Notifications of the audit were posted throughout the facility to allow inmates to send confidential letters to the auditor. The update of auditor information was completed on October 26, 2020. There were no correspondences from resident or staff during this audit period received by the prior auditor or this auditor.

Standard 115.403: Audit contents and findings

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals 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 center 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.

The center's therapeutic community utilizes the best practices in helping substance abuse residents deal with overcoming this crippling life problem. In doing so the community establishes a safe environment for residents to assist in making the transition to a sober life. PREA standards are integrated in the program in a way to make resident feel safe in working through the life-threatening addiction.

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 Casper Reentry Center 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 resident 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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert L. Manville

Auditor Signature

December 30, 2020

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d774fd6a216-6f4bf7c7c110>.

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

