

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

Interim       Final

**Date of Interim Audit Report:** August 2, 2020       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      October 24, 2020

## Auditor Information

|   |   |
|---|---|
| <b>Name:</b> Karen S. Dalton                | <b>Email:</b> ksddrph@aol.com                               |
| <b>Company Name:</b> Dalton Consulting, LLC |   |
| <b>Mailing Address:</b> P.O. Box 11481      | <b>City, State, Zip:</b> Whittier, CA 90603                 |
| <b>Telephone:</b> (562) 652-0179            | <b>Date of Facility Visit:</b> June 29, 2020 – July 3, 2020 |

## Agency Information

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>Name of Agency:</b> The GEO Group  |                                   |   |   |
| <b>Governing Authority or Parent Agency (If Applicable):</b> <a href="#">Click or tap here to enter text.</a> |                                   |   |   |
| <b>Physical Address:</b> 4955 Technology Way  |                                   | <b>City, State, Zip:</b> Boca Raton, FL 33431                             |   |
| <b>Mailing Address:</b> Same as above   |                                   | <b>City, State, Zip:</b> <a href="#">Click or tap here to enter text.</a> |   |
| <b>The Agency Is:</b>   | <input type="checkbox"/> Military | <input checked="" type="checkbox"/> Private for Profit                    | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal  | <input type="checkbox"/> County   | <input type="checkbox"/> State  | <input type="checkbox"/> Federal                |
| <b>Agency Website with PREA Information:</b> <a href="#">Click or tap here to enter text.</a>                 |                                   |   |   |

## Agency Chief Executive Officer

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Name:</b> George C. Zoley      |                                |
| <b>Email:</b> gzoley@geogroup.com | <b>Telephone:</b> 561-893-0101 |

## Agency-Wide PREA Coordinator

|  |   |
|--|---|
| <b>Name:</b> Ryan Seuradge   |   |
| <b>Email:</b> rseuradge@geogroup.com   | <b>Telephone:</b> 561-999-5875  |
| <b>PREA Coordinator Reports to:</b><br>Daniel Ragsdale, Executive Vice President,<br>Contract Compliance | <b>Number of Compliance Managers who report to the PREA Coordinator:</b><br>102 (44 prisons/jails; 36 reentry; 8 youth; 14 ICE) |

## Facility Information

**Name of Facility:** Great Plains Correctional Facility

**Physical Address:** 700 Sugar Creek Drive

**City, State, Zip:** Hinton, OK 73047

**Mailing Address (if different from above):**  
P.O. Box 1018

**City, State, Zip:** Hinton, OK 73047

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** www.geogroup.com/PREA

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

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

ACA

NCCHC

CALEA

Other (please name or describe: JCAHO)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Contract Facility Monitoring by BOP annually

### Warden/Jail Administrator/Sheriff/Director

**Name:** John B. Fox

**Email:** jofox@geogroup.com

**Telephone:** 405-542-3711, Ext. 232211

### Facility PREA Compliance Manager

**Name:** Donna Fulgham

**Email:** dfulgham@geogroup.com

**Telephone:** 405-542-3711, Ext. 232282

### Facility Health Service Administrator N/A

**Name:** Emily Timm

**Email:** etimm@geogroup.com

**Telephone:** 405-542-3711, Ext. 232238

### Facility Characteristics

**Designated Facility Capacity:**

1940

**Current Population of Facility:**

1682

|   |   |  |
|---|---|--|
| Average daily population for the past 12 months:  | 1766  |  |
| Has the facility been over capacity at any point in the past 12 months?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Which population(s) does the facility hold?   | <input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males  |  |
| Age range of population:  | 18-78   |  |
| Average length of stay or time under supervision:   | 48 months   |  |
| Facility security levels/inmate custody levels:   | Low/In  |  |
| Number of inmates admitted to facility during the past 12 months:   | 1448  |  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :   | 1448  |  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :  | 1448  |  |
| Does the facility hold youthful inmates?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)   | Click or tap here to enter text.<br><input checked="" type="checkbox"/> N/A   |  |
| Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):           | <input checked="" type="checkbox"/> Federal Bureau of Prisons<br><input type="checkbox"/> U.S. Marshals Service<br><input type="checkbox"/> U.S. Immigration and Customs Enforcement<br><input type="checkbox"/> Bureau of Indian Affairs<br><input type="checkbox"/> U.S. Military branch<br><input type="checkbox"/> State or Territorial correctional agency<br><input type="checkbox"/> County correctional or detention agency<br><input type="checkbox"/> Judicial district correctional or detention facility<br><input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail)<br><input type="checkbox"/> Private corrections or detention provider<br><input type="checkbox"/> Other - please name or describe: Click or tap here to enter text.<br><input type="checkbox"/> N/A |  |
| Number of staff currently employed by the facility who may have contact with inmates:   | 272   |  |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:  | 106   |  |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:  | 3   |  |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility:   | 14  |  |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility:   | 10  |  |

## Physical Plant

|   |  |
|---|--|
| <p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>  | 7  |
| <p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p> | 5  |
| Number of single cell housing units:  | 0  |
| Number of multiple occupancy cell housing units:  | 5  |
| Number of open bay/dorm housing units:  | 0  |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):  | 100  |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                              |
| <b>Medical and Mental Health Services and Forensic Medical Exams</b>  |  |
| Are medical services provided on-site?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Are mental health services provided on-site?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |

|  |   |
|--|---|
| <p><b>Where are sexual assault forensic medical exams provided?</b><br/>Select all that apply.</p>   | <input type="checkbox"/> On-site<br><input checked="" type="checkbox"/> Local hospital/clinic<br><input type="checkbox"/> Rape Crisis Center<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )   |
| <p><b>Investigations</b></p>   |   |
| <p><b>Criminal Investigations</b></p>  |   |
| <p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>                 | <p>0</p>  |
| <p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b><br/>Select all that apply.</p>  | <input type="checkbox"/> Facility investigators<br><input checked="" type="checkbox"/> Agency investigators<br><input checked="" type="checkbox"/> An external investigative entity   |
| <p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>                            | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input checked="" type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input type="checkbox"/> N/A |
| <p><b>Administrative Investigations</b></p>  |   |
| <p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>           | <p>4</p>  |
| <p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p> | <input checked="" type="checkbox"/> Facility investigators<br><input checked="" type="checkbox"/> Agency investigators<br><input checked="" type="checkbox"/> An external investigative entity  |
| <p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>                | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input checked="" type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><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.*

### INTRODUCTION

The Great Plains Correctional Facility (GPCF) is located in Hinton, Oklahoma at 700 Sugar Creek Road, 73047. The facility sits in the northeastern part of Caddo County and is surrounded by primarily agriculture and oil fields. Traveling 5.9 miles off Interstate 40 heading south down U.S. Route 281, the GPCF sits atop a hill, just past several residences. The facility is operated by the GEO Group. The facility rated capacity is 1940 with an average daily inmate population of 1766 over the past 12 months. GPCF houses male inmates between 18 and 78 years of age, with no youthful inmates. The average length of stay is 48 months. The GPCF opened in 2014. The facility was ACA (American Correctional Association) accredited in 2017 with a score of 99.8 and was accredited by The Joint Commission (TJC) in 2017 as well. The inmate population on the day of arrival was 1541.

Karen Dalton, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Jails and Prisons, and a Doctor of Public Health, conducted the Prison Rape Elimination Act (PREA) audit of the Great Plains Correctional Facility.

The GEO Group requested a bid from Dr. Dalton to audit the GPCF. A bid was submitted on February 9, 2020 and accepted by The GEO Group. The onsite portion of the audit was scheduled for May 11-13, 2020, however due to the COVID19 pandemic the onsite phase was rescheduled for June 29-July 2, 2020. The auditor wore a face mask throughout the onsite portion of the audit and inmates and most staff who were interviewed wore face coverings as well.

### PRE-ONSITE AUDIT PHASE

On May 14, 2020 the auditor received the Great Plains Correctional Facility PAQ. The PAQ was fully completed and supporting documentation was included. On May 28, 2020 the auditor reached out via email to the facility PREA Compliance Manager (PCM) to introduce herself and request a time for a telephone call. The PCM responded and a phone call was set for June 1, 2020. During the phone call the auditor and PCM discussed audit philosophy, expectations and travel plans for the onsite portion of the audit. The PCM shared great pride in her efforts in establishing a sexually safe facility. She indicated her involvement with the previous audit from 2017 and was looking forward to being able to showcase the facility in the upcoming audit.

On June 3, 2020 audit notices were provided to the facility's PREA Compliance Manager (PCM) in English and Spanish. The PCM was given instructions to post the notices immediately on bright colored paper throughout the facility, including areas frequented by inmates, staff, visitors, volunteers & contractors and the public. The audit notice contained information of the pending audit and stated any person with information pertinent to the audit should write to the auditor. This included inmate housing areas, day rooms, dining areas, medical, classification and intake. The auditor was provided confirmation via email that the audit notices were posted on June 10, 2020. The email included a color copy of the audit notice. During the facility tour the auditor observed notices posted in all areas mentioned above. In addition, information was posted in the mailroom that indicated if, by chance, mail had been received for the auditor at the facility it would be treated as legal mail and held until the auditor arrived. The notices were printed in a large font size, and during inmate interviews it was learned the notices had been posted for several weeks.

Additionally, on June 3, 2020 the Pre-Audit Questionnaire (PAQ) was received from the GEO Group. The PAQ and all policies for both the GEO Group (Corporate) as well as the GPCF were included along with supporting documentation for each of the PREA Standards. The PAQ was extremely organized and well put together. On June 5, 2020 the PCM requested the auditor complete the U.S. Department of Justice, Federal Bureau of Prisons "Authorization for Release of Information NCIC (National Crime Information Center) Check" form. The form was completed, and a copy of the auditor's driver's license was provided to the PCM. From the initial email on May 28, 2020 there were over 35 email exchanges between the auditor and the PCM. Correspondence included seeking clarification on policy language to requesting additional documentation. All correspondence was responded to immediately and without hesitation, and without prompt, the PCM acknowledged the auditor's need for lists of inmates by housing unit, staff by shift, access to training, inmate, personnel (including volunteers and contractors), and investigative files.

On June 19, 2020 the auditor sent an email to Just Detention International (JDI) requesting information on any correspondence received from the GPCF. JDI replied on June 22, 2020 that a review of their database indicated they had not received any information pertaining to the Great Plains Correctional Facility. On June 21, 2020 the auditor provided an audit schedule to the PCM for the onsite phase of the audit. The PCM acknowledged the schedule immediately.

The auditor reviewed all documentation provided through the PAQ and follow up correspondence prior to the onsite portion of the audit. The facility's previous audit report dated May 15, 2017 was reviewed. An internet search was conducted regarding any litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics (BJS) data and news articles. No information of concern was revealed.

#### ONSITE AUDIT PHASE

On Monday, June 29, 2020 the auditor arrived at the Great Plains Correctional Facility at 0800 hours. The auditor spent three and a half days on site, conducting the out-brief on Thursday, July 2, 2020. The hours on site were Monday, June 29, 0800-2030 hours, Tuesday, June 30, 0800-2100 hours, Wednesday, July 1, 0800-1930 hours and Thursday, July 2, 0900-1200 hours. Upon arrival at the facility the auditor was provided an office to work, prepare and organize during the onsite phase. The office had a desk, chairs, and a telephone and provided privacy for the staff interviews. After a warm welcome and a few introductions, the in-brief took place in the executive conference room. The auditor, GEO Director of Operations, Central Region, Facility Administrator, two Assistant Facility Administrators, and additional executive staff members met, and the auditor discussed her audit methodology as being both inclusive and a partnership, the importance of seeing the information provided in the PAQ in operation, and institutionalized. The auditor complimented the PCM on the organization of the PAQ and supporting documentation. The Facility Administrator gave a thorough overview of the facility and the COVID19 pandemic impact on facility operations was discussed. The facility made face coverings and hand sanitizer readily available to the auditor throughout the entire onsite phase of the audit.

After the in-brief the auditor and PCM met to discuss next steps. Staff lists by shift and RDOs (Regular Days Off) were available to the auditor. For the purpose of random staff interviews, every third officer listed was selected. If an individual called out sick, the next individual on the list was selected. The interview protocols for random staff and first responders were utilized for all staff interviews. All staff, volunteers and contractors working at the GPCF receive training in first responder duties. The PCM asked for additional documentation the auditor would be seeking to assist with audit. The auditor requested the following:

- A roster of all inmates at the facility by housing location
- A list of inmates classified into the following targeted categories:
  - Disabled, physically, mentally, blind, deaf or hard of hearing
  - LEP – Limited English Proficient
  - Transgender or Intersex
  - Gay or Bisexual
  - Inmates housed in segregated housing for risk of sexual victimization
  - Inmates who reported sexual abuse
  - Inmates who disclosed sexual victimization during the risk screening

The PCM provided all of the requested information. Verification from the Health Services Administrator indicated there were no current inmates who were blind, or wheelchair bound, however one inmate used a walker and was interviewed. There were no inmates who identified as transgender, intersex, or bisexual. The facility does not house inmates in segregated housing for risk of sexual victimization. For the purpose of random inmate interviews, inmates from every housing unit, A, B, C, D, E and RHU (Restrictive Housing Unit) were interviewed. One pod within D Unit was not included in the inmate interviews due to their quarantine due to COVID19. Inmates were randomly selected by housing unit and brought to a centralized case manager office adjacent to the inmate dining hall to conduct the inmate interviews. The office provided adequate privacy for conducting the interviews. Random and targeted interview protocols were utilized for the interviews. Additionally, 11 of the 43 inmates interviewed were Spanish speaking and the Language Line Solutions phone number was made available to the auditor. The line was easy to use and very effective in conducting interviews. All inmates interviewed were male as there were no female inmates housed at the GPCF. One inmate with a physical disability, one inmate who experienced an injury which left him with ringing in his ear, three cognitively impaired and one gay inmate were interviewed. Further, two inmates who reported sexual abuse and three who reported sexual victimization during the risk screening were interviewed.

The auditor requested time to meet with the Facility Administrator (Warden), Assistant Facility Administrators, Contract Administrator, Health Services Administrator, Human Resource Manager, Investigative Staff, Volunteers and Contractors. It was also requested to meet with staff who perform risk screening, incident review team members, intake staff, classification staff, staff who supervise inmates in the RHU, those who monitor retaliation, the training administrator, mailroom and food service staff, and maintenance staff who supervise inmates. It became evident during the course of identifying specialized staff that the position of case manager at the GPCF wears many hats pertinent to the specialized staff roles identified for PREA compliance. The following specialized staff interviews were conducted at the GPCF:

- Facility Administrator (Warden)
- Assistant Facility Administrator (PREA Compliance Manager)
- Assistant Facility Administrator (Director of Security)
- Agency Contract Administrator
- Intermediate or Higher Level Facility Staff responsible for conducting unannounced rounds
- Intake Staff
- Classification Staff
- Director of Volunteers and Contractors
- Facility Chaplain
- Investigative Staff
- Staff who conduct Screening for Risk of Victimization/Abusiveness
- Staff who supervise inmates in RHU
- After Action (Incident Review) Team Staff
- Staff who monitor retaliation
- First Responders (security and non-security)
- Human Resource Staff
- Contract Compliance/Personnel
- Mailroom Staff
- Training Administrator
- Food Service Staff
- Grievance Staff
- Health Services Administrator
- Medical Staff
- Inmate Disciplinary Hearing Staff
- Maintenance Staff
- Bureau of Prison Staff

In addition, written statements following the interview protocol for PREA Coordinator and Agency Head were obtained from The GEO Group, Inc.



It should be noted that during the onsite phase of the audit the facilities education and life skills programming, visitation, and outdoor recreation had been curtailed due to the COVID19 pandemic. Staff responsible for programs and services had been redeployed throughout the facility to assist in other operational areas such as meal delivery and conducting checks within the housing units to ensure cleaning supplies were readily available.

After the in-brief and meeting with the PCM, a facility tour was conducted. The Warden, PCM, Director of Security, and an administrative staff member accompanied the auditor on the tour. The tour included all housing units, the kitchen, commissary, medical and recreation areas. Laundry, visiting, intake and release, central command and individual housing unit command centers. The facility offers contact visitation, however all visitation was suspended due to the COVID19 pandemic. Postings of how to make third-party reports of sexual abuse and sexual harassment were on display and visible in the visitation center. During the tour the auditor had full access to inmates and staff and took advantage of this by asking impromptu questions, took note of the PREA audit notices, PREA signage providing instruction to inmates on how to make a report of sexual abuse or sexual harassment and access emotional support services. The auditor looked at surveillance cameras as well as various security mirrors and was briefed on a camera and fencing expansion that took place in 2017 due to a major disturbance at the facility that same year. The facility is well equipped with cameras and convex mirrors, providing full coverage of the entire facility inside and out. Doors were checked to ensure they were locked. Restrooms were located inside the housing units and showers were set at either end of the housing rows. All showers had been equipped with privacy curtains to ensure inmates could shower without being in full view of staff or other inmates. The auditor noticed reminders painted on the outside of each housing unit reminding staff to announce themselves when entering an area where opposite gendered inmates were housed. Additionally, the auditor heard control booth officers announce the presence of opposite gender staff entering the housing areas. The auditor checked housing unit logbooks and noticed regular documentation of unannounced rounds being conducted. When supervisors were encountered on the tour, the auditor asked what the purpose of an unannounced round was, and all supervisors were aware the rounds were used to spontaneously check that inmate and staff behavior is appropriate and in support of a sexually safe environment. The inmate telephone was tested, and no personal PIN was required to access the displayed \*99 telephone number. During the course of testing the inmate telephones two things were realized; first, the \*99 connected to the Intervention & Crisis Advocacy Network and was being used for both an outside reporting line and to access outside, emotional support services. Movement into and out of the facility had been curtailed due to COVID19, so there were no intake activities occurring however the auditor was walked through and provided a thorough overview of the process. Interviews with staff began shortly after the conclusion of the facility tour. Staff and inmate interviews continued throughout the remainder of the onsite portion of the audit, as well as document review.

A total of 86 staff and inmate interviews were conducted for this audit. The interviews included forty-three inmates - (22 targeted and 21 random), and 43 staff - (31 specialized and 12 random). The auditor selected all individuals to be interviewed. The GPCF provides a robust training program for all staff members, so both security and programs staff, contractors and volunteers, medical and mental health were trained in first responder duties. Additionally, some staff held multiple roles leading to additional specialized staff protocols being utilized during their interview. In addition to the staff interviews, the auditor requested supplemental documentation such as training records, investigative files, personnel files, allegation and retaliation tracking documents. The interviewees did not hesitate to provide the auditor with forms, checklists, and documentation above and beyond the original requests! The auditor reviewed these files ensuring the necessary documentation was available that followed the PREA standard protocols.

The PCM provided "PREA Allegations" forms for the past two years. In 2018 there were three allegations. Two were inmate on inmate sexual abuse allegations that were both unsubstantiated. The third one was an inmate on staff sexual abuse allegation that was recorded as a PREA allegation. This allegation was substantiated. In 2019 there were three sexual abuse allegations; two inmate on inmate and one staff on inmate. One inmate on inmate allegation was deemed unsubstantiated. The other inmate on inmate allegation and staff on inmate allegations are open investigations. The completed investigations from 2018 and 2019 were reviewed by the auditor to ensure they included the following information; the date of the

report, date of the allegation (if different), the name of the victim, name of the suspect (if known), and the disposition or status of the case. Also included was a brief description of the allegation. The documentation for the incident reviews was provided to the auditor. The incident reviews documentation showed the PCM, as the chair of the incident reviews, and the team had considered whether policy or procedural changes were needed, if there were underlying motivations for the incident, whether staffing levels were adequate and if monitoring technology needed expansion or upgrade. The area where the incident occurred was reviewed to assess any physical barriers.

Once the staff and inmate interviews concluded, documentation review was completed and the auditor had all necessary information, an out briefing was conducted. In attendance were both Assistant Facility Administrators (AFA) (Programs and Security), with the Programs AFA the PREA Compliance Manager, the facility Major, Compliance Officer, BOP representatives, and two representatives on the phone, one from the GEO Group and one from BOP. The auditor outlined several impressive operational practices the GPCF has put into place to ensure sexual safety in its facility. These included the organization of the facility and facility records, the cleanliness of the facility and the pride staff exude in their day to day operations. The GPCF exceeded four standards. The agency and auditor entered into a 60-day corrective action for provision (b)(1) of standard 115.51. The auditor made herself available to the PCM and the facility for any questions or clarifications.

The day following the issuance of the interim report, the GPCF PCM reached out to the auditor to discuss steps that had been taken since the last day of the onsite phase of the audit with respect to standard 115.51, provision (b)(1). Email correspondence occurred to ensure the work being done was in line with full compliance.

On September 24, 2020 the auditor received extensive documentation showing full compliance with standard 115.51. A detailed memo from the Facility Administrator provided a step by step analysis of the work that was completed for compliance. Additionally, the supporting documentation was included. The facility revised policy 12.005 – Sexual Abuse Prevention, the GPCF Inmate Handbook, the *Break the Silence* poster, showing the Intervention & Crisis Advocacy Network (ICAN) being utilized as a confidential emotional support service entity for inmates who have been impacted by sexual abuse. Additionally, the documents clearly make the distinction between the reporting mechanisms and the ICAN supportive services. Finally, acknowledgement of retraining for inmates and staff were provided with training attendance confirmed via a sign in sheet. The attention to detail and modification of materials, training and confirmation of the new procedures over time. Finally, the auditor made a follow up phone call to the Intervention & Crisis Advocacy Network (ICAN). It was confirmed the agency accepts calls from the inmates at the Great Plains Correctional Facility via an override number. The ICAN representative indicated the caller would be connected with an advocate, and confidential emotional support services would be provided. These services were confirmed to be consistent with services anyone from the community would be provided.

In this final report of the GPCF, four standards were exceeded; 115.13, 115.17, 115.42 and 115.67. Thirty-nine standards were met, and zero standards were found out of compliance.



## Facility Characteristics

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

The Great Plains Correctional Facility (GPCF) is a private, for profit prison operating under The GEO Group. The GEO Groups mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, and community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care. The GPCF mission is to ensure the Federal Bureau of Prisons (BOP) receives high quality, cost effective and comprehensive privately managed prison services. This is accomplished through continuous assessment and operational excellence. The GPCF holds accreditations from the American Correctional Association (ACA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The facility has a contract with the Bureau of Prisons (BOP). There is one Facility Administrator (Warden) and two Assistant Facility Managers (AFA); one for operations and one for programs who collectively run the direct supervision style prison. Housing modules have two layers of supervision at all times; one in the control booth that sits above and has direct site into all modules within a building, and one that includes security staff and program staff situated within each housing module. The rated capacity for the GPCF is 1940. The facility houses low and intermediate level male inmates. They do not house youthful inmates. The day the auditor arrived the inmate county was 1541. The average length of stay is 48 months.

The GPCF is located in the county of Caddo, and the city of Hinton, OK. It is approximately 50 miles west of Oklahoma City, Oklahoma. A fence with double layer Constantine wire surrounds the perimeter of the facility. The facility includes five main housing units, (A, B, C, D, E) with one Restrictive Housing Unit (RHU). Unit A has 240 GP (General Population) designated beds, while Unit B has 132 GP designated beds and 100 Special Housing Unit (SHU) beds. Unit C has 280 GP designated beds. Units D & E are identical with 640 GP designated beds, respectively. Each housing area has ample telephones, showers and tables for the inmates to use. Toilets are inside the cells. All showers are single person designated. Each Unit has an officer station where logbooks are maintained. Every action that occurs in the housing units is logged in the books. There is minimal idle time in the housing areas as officers are required to conduct 30-minute checks, feeding, medication rounds and other activities are continuously occurring in the units. A case manager and ward supervisor are available to inmates on a regular basis as they employ a "management by walking around" leadership style. Additionally, it was evident that the Assistant Facility Managers and other executive staff circulate through the housing units regularly and the inmates felt comfortable approaching them with questions. The housing units had visible PREA postings, on bulletin boards, and above the phones. Each hallway leading to the housing units had storage closets, when checked were locked, and case managers and watch commander offices. It was rare to see anyone in those offices as the majority of the staff were walking around the housing units. Inmate count takes place six times per day; 0000, 0300, 0500, 1000, 1600, and 2100 hours.

The inmates are able to recreate on a large, outdoor field. Additionally, there is a legal regulation gymnasium adjacent to the C-Unit. The hub of the complex is the support building where administrative offices, vocational training shops, the facility's kitchen (deemed the "cleanest kitchen") maintenance, laundry, main control, visiting, and the mailroom. The facility has 378 cameras installed and a recent check of the cameras showed they were all in good working condition. In 2017, 109 cameras were added after a disturbance occurred on a recreation yard that is no longer utilized by the facility. In addition to the additional cameras, a sally port with internal fencing and a double layer of Constantine wire was built as to keep inmates from co-mingling as they move from their housing units to the outdoor recreation yards.

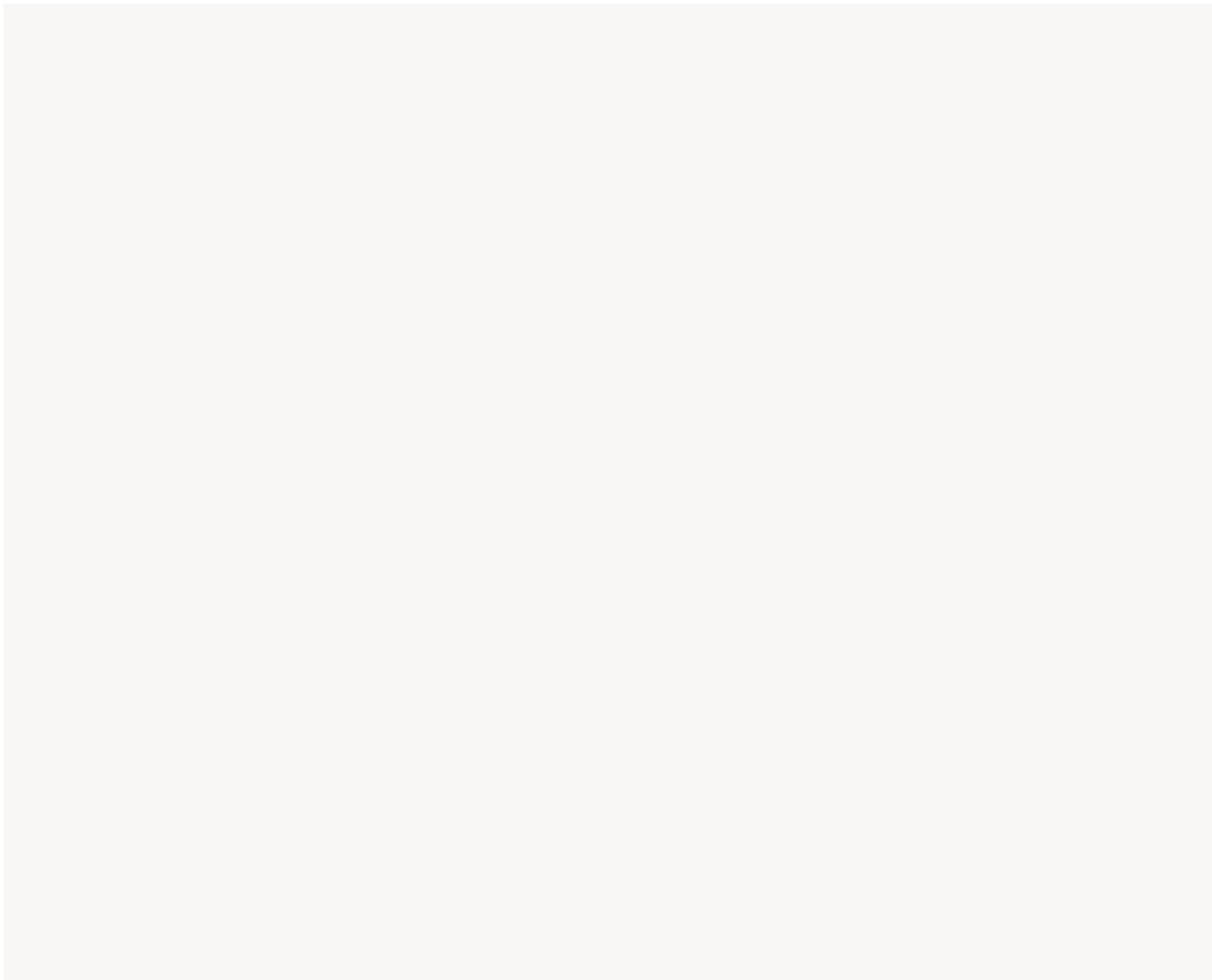
The GPCF offers a variety of education, vocation, and religious services to its inmates. Classes offered include GED, English as a Second Language (ESL), Technical/Vocational Trades, Life Skills, and Adult Basic Education. Inmates at the GPCF value their opportunities for education and recreation, both being curtailed due to COVID19. Inmates acknowledged during interviews they missed their classes and desired to continue their learning.

The intake and classification area is adjacent to a sally port where inmates are off loaded from the transportation buses. The inmates are strip searched in one of three single search cells, dressed out, fingerprinted and then provided a medical classification by medical staff and an intake classification by case management staff. It is during this time that the inmates are provided with information about PREA and the facility's zero-tolerance policy on sexual abuse and sexual harassment. The information from the medical and intake classification process is used to determine appropriate housing for the inmates. The inmates undergo the classification processes immediately upon arrival at the GPCF.

The kitchen manager and a group of eight inmate workers prepare all the food and it is delivered to the housing units by GPCF staff. The kitchen was extremely clean and there were no blind spots in the kitchen. The food preparation area is open, and no obstruction was observed in the food preparation areas. There was a steam kettle area, flat top grill area, baking area, and two large office areas. The offices were staged with large windows so visibility into the offices and from the offices was plentiful. The freezer, cold storage and dry storage areas, as well as the Kosher preparation area were observed. Again, no obstruction was found. The dishwashing area was clean and had high visibility. The laundry is adjacent to the food service area and has three main workstations; the washers, dryers, and sewing. Two inmate workers are assigned to the laundry. When inmate property is laundered, the property is placed in a mesh bag that has a tag with the inmate's name, booking number and housing location written on it. The mesh bags with the laundry inside are laundered, dried and returned to the respective inmate. The laundry room is visible from the hallway and has cameras and mirrors installed to minimize blind spots. The auditor looked at the camera placement for both the kitchen and the laundry via main control and confirmed good visibility in both areas.

The medical area has beds for individuals needing medical and mental health care. The medical staff are available every day and mental health staff accessible as needed. The facility has been practicing teletherapy in response to COVID19. All health services staff work closely to assure the inmates have access to health care services. Health services actively participate in the incident review process. Staff are also positioned in the intake area to conduct the medical intake. The information collected is maintained in a medical record for each inmate. The medical records system allows health service staff to identify individual inmates based on a diagnosis or medical condition. For instance, when the auditor asked for information on individuals who have physical, cognitive, or other limitations and disabilities, the health service records produced aggregate output.

The GPCF employs 272 individuals who work three shifts. Corrections officers and medical work 12-hour shifts and program and administrative staff work 8-hour shifts. All employees work 80-hours per pay period. Staff take pride in working at the GPCF.



## 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:** 4

**List of Standards Exceeded:** 115.13, 115.17, 115.42, 115.67

### Standards Met

**Number of Standards Met:** 39

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*



*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documents Reviewed:

GEO Website for Mission Statement

The GEO Group Corporate Policy 5.1.2.A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

GPCF Policy 12.005 – Sexual Abuse Prevention

GEO Corporate PREA Organizational Chart

GPCF Organizational Chart

Interviews:

Facility Administrator (Warden)

PREA Coordinator

PREA Compliance Manager

Random Staff Interviews

Random Inmate Interviews

Findings:

- (a) Page 5, Section III, A, 1 of the GEO Group Corporate Policy 5.1.2.A states that each facility is required to have a current policy mandating zero tolerance towards all forms of Sexual Abuse and Sexual Harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. The GPCF Policy 12.005, Page 4, Section V.A. says the Great Plains Correctional Facility follows the Prison Rape Elimination Act of 2003 and has "**Zero tolerance of sexual abuse/assault and sexual harassment/assault**", regardless of the inmate's gender status.
- (b) Policy 5.1.2.A, Page 6, Section B.1 – PREA Coordinator states GEO Shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement and oversee the Company's efforts to comply with the PREA standards in all of its required facilities. GPCF Policy 12.005, Page 6, D states The Geo Group/Great Plains Correctional Facility designated a full-time corporate level, agency wide, and a regional level PREA Coordinator to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The GEO Corporate Organization Chart shows the PREA Director and the Great Plains Correctional Facility PREA Compliance Manager within the chain of command.
- (c) On Page 6, Section B.2, Policy 5.1.2.A notes that each Facility Administrator shall appoint a local PREA Compliance Manager for each U.S. Corrections and Detention Facility with Sufficient time and authority to coordinate the Facility's efforts to comply with the PREA standards. GPCF Policy 12.005, Page 6, D states the Great Plains Correctional Facility warden has designated the Quality Assurance/Compliance Administrator as the facility PREA Compliance Manager having the overall responsibility of ensuring that all elements of the PREA standards are met in a coordinated, interdisciplinary fashion. The Great Plains Correctional Facility Organization Chart shows the facility PCM within the chain of command.

Conclusions:

Review of the documentation provided, and interviews conducted with the PREA Coordinator and PREA Compliance Manager sufficient time and authority are provided to ensure a sexually safe environment. The PCM works closely with the Warden and the GEO Corporate offices to align policy and practice for sexual safety. The facility's zero tolerance policy is provided to staff, contractors, volunteers, inmates, and the public. Interviews with staff and inmates indicated there is an institutional knowledge that the facility has zero tolerance for sexual abuse and sexual harassment. Provisions

(a)(b)(c) were documented in policy, document review, and through interviews. Based on the analysis of all available evidence, the GPCF is found in compliance with standard 115.11.

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

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

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

The GEO Group Corporate Policy 5.1.2.A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
RFP-PCC-022 – Federal Bureau of Prisons

#### Interviews:

Findings:

Page 6, Section 5 of Policy 5.1.2.A states that GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards. It further says contractors providing services who have direct contact with individuals in GEO facility or program shall be obligated to comply with the applicable PREA standards and shall be monitored to ensure compliance with these PREA standards. The Performance Work Statement (Section C, page 39 of the BOP RFP-PCC-022 states the contractor shall comply with the Prison Rape Elimination Act of 2003 and the national standards to prevent, detect and respond to prison rape as contained in 28 CFR Part 15. Additional language states the contractor shall comply with the policies and procedures for establishment of a sexual abuse/assault program as contained in PS 5324.06, Sexually Abusive Behavior, Prevention and Intervention Program, dated 4/27/05.

- (a) The Great Plains Correctional Facility has recently extended their contract for the confinement of inmates with the Federal Bureau of Prisons, however no new contract has been entered in to.
- (b) The facility conducts several internal audits throughout the year to ensure contract compliance is adhered to.

Conclusions:

The facility compliance manager discussed a continuous operational internal auditing system that takes place at the GPCF. This includes auditing for the ACA and JCAHO, as well as internal compliance with the PREA standards. Interviews with representatives from BOP showed the partnership between GPCF and BOP is a positive one. Based on the information reviewed and interviews, the GPCF is in compliance with standard 115.12.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external

oversight bodies?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

The GEO Group Corporate Policy 5.1.2.A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
 GPCF Policy 12.005 – Sexual Abuse Prevention  
 Great Plains Correctional Facility Staffing Plan  
 GPCF Annual PREA Facility Assessment – Adult Prisons and Jails  
 Review of the deployment of monitoring technology  
 Housing Unit Logbooks showing unannounced rounds  
 Institutional Duty Officer Report forms (Unannounced PREA Rounds)

#### Interviews:

Facility Administrator (Warden)  
 PREA Compliance Manager  
 PREA Coordinator  
 Assistant Facility Administrator (Director of Security)  
 Intermediate or Higher-Level Facility Staff  
 Random staff

#### Findings:

- (a) In discussions with the Warden and with the PCM, the process of the development of their facility staffing plan was clearly explained. GPCF is provided a staffing model from the GEO Group and they are provided to autonomy to manage those positions as needed. A review of the staffing plan revealed that the 11 elements required for the development of the staffing plan

were contained and included the following: (1) generally accepted detention and correctional practices, (2) any judicial findings of inadequacy of which there were none, (3) any findings of inadequacy from Federal investigative agencies (none), (4) any findings of inadequacy from internal or external oversight bodies (none), (5) all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated, (6) the composition of the inmate population, (7) the number and placement of supervisory staff, (8) Institution programs occurring on all shifts, (9) any applicable State or local laws, regulations, or standards, (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and (11) any other relevant factors. The PREA Coordinator indicated the Annual Facility Assessments are forwarded to him by the facility. Any recommendations for equipment, cameras, or additional staffing are reviewed and discussed with appropriate divisional leadership.

- (b) In 2019 the Annual PREA Facility Assessment – Adult Prisons & Jails revealed that in 9 of the 12 months of the calendar year the facility did not maintain the minimum 90% staffing in correctional services. The facility denotes they have continued to actively recruit qualified staff through a variety of means such as newspaper and billboard advertisements, radio announcements, job websites, and numerous job fair attendances. During random staff interviews it was evident that the GPCF is in competition with the local oil fields. Many corrections officers mentioned having previously worked in the oil fields and when the oil industry is not thriving, they seek employment at the GPCF. The auditor found several website postings for employment with the GEO Group.
- (c) Both the Assistant Facility Administrator (Director of Security) and the PCM discussed the addition of 109 cameras in 2017, and the improvement in oversight the cameras made. They discussed the development of the staffing plan being predicated on the number of inmates the facility is rated for.
- (d) The GPCF Policy 12.005 page 10, 7 b, c, d state institution duty officers conduct unannounced weekly rounds through each area of the institution and document the rounds have been conducted on the institutional Duty Officer Report form. Additionally, Executive Staff, Lieutenants and supervisors will conduct unannounced rounds as described by existing policy.

#### Conclusions:

The GPCF takes the issue of unannounced rounds very seriously and understands the intention of unannounced rounds and its importance in maintaining a safe environment. Any and all supervisors at the GPCF conduct unannounced rounds. The Director of Security indicated he conducts unannounced rounds daily and sets a personal goal of covering the facility on a daily basis, staggering his rounds every day. The PCM provided copies of the "Unannounced PREA Rounds" forms for several dates throughout 2020. These forms include information on how to conduct and document the unannounced round. It reminds the supervisor review 1) opposite gender announcement, 2) PREA signage, 3) cross gender viewing areas, and 4) staff/inmate communications. The supervisor is required to document the location of the round, the shift, and general comments/concerns, staff comments/concerns and inmate comments/concerns. The supervisor signs and dates the forms and the forms are provided to the facility PCM. After reviewing the immense amount of practice and documentation that goes into unannounced rounds, the thorough documentation of the staffing plan and deviations that occur, and the facility's understanding of the need for solid staffing and supervision, the GPCF exceeds standard 115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:  
Statement of Non-Applicability

Interviews:  
PREA Compliance Manager  
Assistant Facility Administrator (Director of Security)

Findings:  
(a)(b)(c) The Great Plains Correctional Facility does not house youthful offenders.

Conclusions:  
It was confirmed with the PREA Compliance Manager the GPCF does not house youthful offenders. A statement of non-applicability was provided indicating per contractual agreement with the Federal Bureau of Prisons, Great Plains Correctional Facility does not house youthful offenders. The document was dated 1/9/20. Based upon this information, the GPCF is found in compliance with standard 115.14.

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

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No



- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in 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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

The GEO Group Corporate Policy 5.1.2.A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
GEO Pre-Service Prison Rape Elimination Act DOJ 2017 Course Code GEO287  
PREA training slide  
Cross Gender pat search document  
Two memorandum dated 6/12/19 documenting potential cross gender strip search  
Strip search logs  
Statement of Fact

Interviews:

Non-Medical staff who conduct searches  
Random staff  
Random inmates

Findings:

- (a) Page 17, Section I of The GEO Corporate Policy & Procedure Manual outlines searches and observation. There are nine elements outlined, and they include the following: 1. Cross gender strip searches are prohibited except in exigent circumstances, 2. Cross gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners, 3. Facilities shall not permit cross gender pat down searches of female individuals in a GEO facility or program, absent exigent circumstances, 4. Facilities shall not restrict female individuals in a GEO facility of program access to regularly available programming or other outside opportunities in order to comply with this provision, 5. Facilities shall document and justify all cross gender pat down searches of female individuals in a GEO facility or program, 6. Facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility or program, 7. Each facility shall implement policies and procedures which allow individuals in a GEO facility or program to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks, 8. Facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where individuals in a GEO facility or program are likely to be showering, performing bodily functions, or changing clothes, and 9. In U.S. Corrections and Detention Facilities, individuals who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by a security staff member of the same gender. GPCF Policy 12.005, Page 23, Section O states cross gender viewing, strip searches, or visual body cavity searches (meaning a search of the anal or genital opening) of inmates are not conducted except in exigent circumstances or when performed by medical practitioners. Only the Warden may authorize a cross-gender strip search and/or cross gender visual body cavity search. In the event a cross gender strip search or cross gender visual body cavity is authorized by the Warden, the incident will be documented in full, along with specific justification. The justification and full documentation will be provided to the Regional PREA Coordinator, Corporate PREA Coordinator, and Bureau of Prisons SSIM immediately.
- (b) This provision is not applicable as the GPCF as their rated capacity is greater than 50.
- (c) This provision is not applicable as the GPCF does not house female inmates.
- (d) GPCF Policy 12.005, Page 23/24 outlines that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. GPCF housing areas all provide a specific area with a barrier or curtain which is available and designated for inmate

privacy during clothing changes or body function needs. The policy further states female staff must announce their presence when entering inmate housing units.

- (e) (f) At the bottom of Page 24, under Section O, 1, GPCF Policy 12.005 states staff shall not search or physically exam a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Page 25 of the same policy under Section O, 2 indicates security staff will receive documented training in how to conduct cross gender pat down searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

#### Conclusions:

Interviews with random staff indicated they had been properly trained in cross gender pat down searches and searches of transgender and intersex inmates, in a professional and respectful manner. Training documents substantiate the training is provided to all staff. Two slides from the training curriculum are specific to the pat search process, emphasizing the press and release method. A video demonstrating the proper way to conduct a pat search is shown during the training. Staff indicated if there was a question regarding the gender of an inmate, they would notify their supervisor. In reviewing documentation provided by GPCF, two memos dated 6/12/19 were provided where in an intake officer was conducting a strip search and the male inmate requested to retain her bra. Prior to the search, the inmate did not identify as a transgender woman. The officer searched the bra and returned it to the inmate. During the intake process the individual had two opportunities to identify as a transgender individual but did not. The inmate had been released from custody and was unable to be interviewed. Random inmate interviews indicated staff are respectful when strip searching them, and they are not strip searched by female officers. Further, inmates stated that generally the female officers announce their presence when entering housing areas and as a backup the control booth officers announce as well. Each housing area has a painted statement reminding officers to announce their presence. The auditor noted cross gender announcements in abundance during the facility tour. Inmates acknowledged their ability to shower and use the restroom without being viewed by staff of the opposite gender. All showers had a privacy curtain, and toilets were located in each cell. There were no transgender or intersex inmates at the facility during the onsite portion of the visit which was confirmed via a statement of fact dated 5/8/20, and via a medical records search. All inmates are strip searched during the intake process. No cross-gender strip searches have occurred as documented in the statement of fact dated 5/8/20. GPCF documents all strip searches that occur outside of intake. Based on the interviews, review of the training curriculum, review of the

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No

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

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

The GEO Group Corporate Policy 5.1.2.A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
 GPCF Policy 12.005 – Sexual Abuse Prevention  
 PREA inmate educational materials in Spanish and English; pamphlet, poster, handbook  
 PREA staff training slide  
 Language Line guide  
 Statement of Fact

#### Interviews:

Agency Head  
 Disabled Inmates  
 Random staff  
 LEP inmates

#### Findings:

- (a) The GEO Corporate Policy, 5.1.2.A, Page 12, Section E 1, states that a) facilities shall ensure that individuals in a GEO facility or program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. The GPCF Policy 12.005 under Section G spells out the steps to ensure that inmates with disabilities have an equal opportunity to

participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- (b) Section E 1(b) of the GEO Corporate Policy states GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with individual with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Under Section G (a) of the GPCF Policy 12.005, information about the 24-hour per day Video Remote Interpreter Service to aid staff to communicate important information to each deaf or hard of hearing offender upon intake screening and through the entire period of incarceration. Staff are trained to assist low vision and offenders with intellectual disabilities by reading policies to them to assist their comprehension of the policies and procedures.
- (c) The GEO Corporate Policy, Section E 1(c) states individuals in a GEO facility or program shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-response duties in Section M (2) of the policy, or the investigation of the individual's allegations. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. Page 11, Section c of the GPCF Policy 12.005 notes that the GPCF does not rely on inmate interpreters, inmate readers or other types of inmate assistants involving any communication or reporting of PREA related incidents or training. The GPCF has sufficient bilingual English and Spanish staff to provide instructions and assistance in both Spanish and English based upon preferred language of the inmate. Inmates requiring assistance with other languages will be provided services through telephone translation services at a fee per call basis charged to the facility.

#### Conclusions:

The corporate and facility policies outlining efforts to prevent, detect, and respond to sexual abuse and sexual harassment for individuals with disabilities and inmates who are Limited English proficient (LEP) are written sufficiently, and supported by documentation and institutional practice. Inmate education on PREA and how to make a report, which are provided to the inmate at intake but also readily visible in inmate housing units, are available in Spanish and English. The staff training materials on providing resources for the disabled includes a training video utilizing a disabled inmate and showing the proper way to communicate. The auditor was provided information on the GPCF Language Line Solutions program and used the language line when conducting inmate interviews. Inmates who were LEP acknowledged receiving the PREA information (pamphlet, handbook, and PREA initial education) in Spanish during intake, admissions and orientation, and acknowledged the information is available to them in Spanish. Inmates also acknowledged their enjoyment in participating in ESL classes offered by the GPCF and were anxiously awaiting the return of their educational programs which were curtailed due to COVID 19. The GPCF confirmed they have a TTY telephone on site for individuals who are deaf or hard of hearing, however the language lines services could also be configured to provide communication in ASL (American Sign Language). Based on the information provided through documentation and interviews, GPCF is compliant with standard 115.16.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:  
GPCF PAQ



GPCF Policy 12.005 – Sexual Abuse Prevention  
GEO Employment Application  
Statement of Fact  
Background checks of nine random staff members  
Promotional files for three staff members

Interviews:

PREA Compliance Manager  
Human Resources Manager  
Contract Compliance Manager

Findings:

- (a) GPCF Policy 12.005, Page 11, Section VI, A prohibits the hiring promotion or contract services with anyone who may have had inappropriate sexual contact or engaged in sexual abuse of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- (b) The GPCF considers incidents of sexual harassment when determining hiring or promoting individuals, or when enlisting the services of any contractors or volunteers. The electronic GEO employment application requires the applicant to answer the following three questions. The application will not submit if the questions are not answered. 1) have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility or other institution; 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; 3) Have you ever been accused in a civil or administrative hearing of engaging or attempting to engage in a 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.
- (c) The employment process with the GPCF includes a full criminal background check of all applicants. The applicant completes the employment application and if they pass the first phase are provided a contingency offer pending the criminal background check. There were 106 new hires in the past 12-months and 100% had a criminal background check.
- (d) All contractors and volunteers who may have contact with inmates undergo a criminal backgrounds records check. As verified through the statement of fact, no new contractors or volunteers have been cleared for entry into the GPCF in 2020.
- (e) The GPCF conducts a criminal background check annually for any employee, contractor or volunteer who may have contact with the inmates. The agency contract administrator provided information with the alignment of annual performance evaluations and requests for annual criminal background checks.
- (f) Applicants who complete a GEO employment application are asked directly about previous misconduct as noted in provision (b) above.
- (g) The GEO employment application signed and dated by each applicant states “I certify that all of the answers and statements made on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith”.
- (h) The PREA Compliance Manager and staff from human resources stated they would provide information to an employer of another confinement facility on any staff who was previously employed with them. This would be done through GEO corporate where any request would be sent. There had not been any requests in the past 12-months for this type of information.

Conclusions:

The GPCF conducts a thorough criminal background investigation on all perspective employees, contractors, and volunteers prior to hiring them. The PAQ indicated 106 new employees were hired by the GPCF in the past 12 months. A random selection of nine employees, five contractors and volunteers and

three individuals who received promotions in the past 12-months were reviewed. The review showed that all employees had initial criminal background checks and annual criminal background checks thereafter. The five contractor and volunteer files showed a request for criminal background checks consistent with the language in the GPCF Policy 12.005. Provisions (a)(b)(c)(d)(e)(f)(g)(h) were documented in personnel, contractor and volunteer files. Interviews with the PCM and HR staff confirmed the processes noted above. Based upon the review of the evidence provided, GPCF is found in compliance with standard 115.17.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

Documents Reviewed:

The GEO Group Corporate Policy 5.1.2.A – Sexually Abusive Behavior prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
GPCF PAQ  
Statement of Fact

Interviews:  
Agency Head

Findings:

- (a) & (b) The Great Plains Correctional Facility has not acquired nor updated their video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in May 2017 and confirmed by the Statement of Fact provided. The GEO Group corporate policy 5.1.2.A, page 8, Section 3 indicates facilities shall consider the effect a new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect individuals in the GEO facility or program from sexual abuse.

Conclusions:

Although no facility upgrades have been made since the last PREA audit, The Agency Head for GEO acknowledged GEO as the world leader in providing sound and effective security measures in the facilities it manages and operates. The Agency Head further states that GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. An example of this is the "piping" system used in the Restricted Housing Unit (RHU) that requires a five-second observation into each cell via a device that is linked to a database. This software-based solution provides documentation of critical cell checks, such as when inmates are on suicide prevention watch, or on discipline status.

Provisions (a) and (b) are not applicable as of this writing, however The GEO Group has taken a proactive approach to seeking and implementing more efficient and effective ways to bolster security and safety in its facilities.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention  
 E-mail exchange between GPCF and Caddo County Sheriff's Office  
 MOU between Great Plains Correctional Facility and the Intervention & Crisis Advocacy Network  
 Training certificates for GPCF specialized investigators

#### Interviews:

Random staff  
 SAFE/SANE staff  
 PREA Compliance Manager  
 Inmates who reported sexual abuse

#### Findings:

- (a) The GPCF plays a preliminary role in investigating allegations and using uniform evidence protocol when collecting evidence. Page 18, Section G of the GPCF Policy 12.005 clarifies and outlines the requirements of this standard. Specifically, the policy states that although GPCF

staff will provide the immediate response and preservation of evidence for a reported sexual assault they will not conduct the investigation. The law enforcement agencies having appropriate jurisdiction (Hinton Police Department and/or Federal Bureau of Investigation) may conduct the investigation. The GPCF provided documentation of communication with the Caddo County Sheriff's Office requesting the department investigate PREA allegations that were criminal in nature. The Caddo County Sheriff's Office respectfully declined. The GPCF Policy 12.005 (Page 18, Section G) does request that the investigating agency follow the requirements of this standard and require a qualified agency staff member or community based staff member who has been screened for appropriateness to serve in this role and has received the necessary education concerning sexual assault and forensic examination in general.

- (b) This provision is not applicable since the GPCF does not house youthful inmates.
- (c) The GPCF Policy 12.005 on responses to sexual abuse require all forensic medical examinations are conducted through a local hospital. Interviews with medical service staff and random staff were aware of the institution physician, warden or designee will make the determination for transport for a sexual assault exam. The Carnegie Tri-County Municipal Hospital in Caddo County is utilized for forensic exams, although no transports have occurred in the past year.
- (d) The GPCF has a signed MOU with the Intervention & Crisis Advocacy Network. The MOU, item 14 states "upon request from inmate, a victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Two inmates who made allegations of sexual abuse confirmed they were offered the opportunity for emotional support services when the allegations were made.
- (e) As confirmed through interviews with random staff, the PCM, and medical staff, a representative from the Intervention & Crisis Advocacy Network will provide applicable accompaniment for a requesting inmate.
- (f) Policy 12.005 ensures, and was confirmed through the PCM, Specialized training has been provided to four GPCF who are responsible for the administrative investigations in conjunction with the Federal Bureau of Prisons' Office of Internal Affairs. The GEO Group corporate offices are immediately made aware of all allegations and investigations of sexual assault from the GPCF.

**Conclusions:**

Provisions (a)(c)(d)(e)(f) were documented in policy. Interviews with staff, inmates and a review of documentation corroborate the policy. Provision (b) is not applicable since the GPCF does not house youthful inmates. Based upon the review of and analysis of the documentation the GPCF is found in compliance with standard 115.21.

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

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

#### **115.22 (a)**

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

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

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Investigative Files

Interviews:  
Agency Head  
Investigative staff

Findings:

- (a) The GPCF acknowledges in Policy 12.005 that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head indicated the referral for investigation is required by corporate. An investigation is conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only).
- (b) Page 4 of Policy 12.005 states the Great Plains Correctional Facility has both inmate discipline and staff code of conduct policies and is contractually obligated to ensure referrals of allegations for investigations to the Federal Bureau of Prisons and appropriate law enforcement agency having jurisdiction.
- (c) Pages 19-21 of the GPCF Policy 12.005 outlines in detail the responsibilities of both the investigating agency and the GPCF for a referral for investigation.

Conclusions:

Provisions (a)(b)(c) were documented in policy, through staff interviews and by reviewing investigative files. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No



- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Training records of staff  
Observation of in-service training

### Interviews:

Random Staff  
Training Administrator

### Findings:

- (a) The GEO policy 5.1.2-A, Page 14, Section 1(a) acknowledges that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
- (b) GPCF Policy 12.005, Pages 12-13 outline all requirements of this standard. The policy states the training segment on sexual abuse/assault prevention and intervention in a correctional environment for employee pre-service training must be a minimum of two (2) hours in length and include (1) its zero-tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) inmates' right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment victims; (how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- (c) The policy further states that such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is re-assigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.
- (d) The GPCF provides an annual in-service training on the prevention, detection, response and investigation of inmate-on-inmate sexual abuse in a correctional environment. The training includes the management of transgender inmates.
- (e) The GPCF documents through employee signature or electronic verification that employees have received and understand the training they have received.

### Conclusions:

The training and training records maintained at the GPCF are very organized. The observation of the in-service training, coupled with staff interviews, a review of employee, contractor, and volunteer training records confirm the GPCF is in compliance with standard 115.31.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Roster of Religious volunteers  
Training acknowledgements of three Religious volunteers  
Training curriculum for contractors and volunteers

#### Interviews:

Volunteers  
Contractors

Findings:

- (a) The GEO policy 5.1.2-A, Page 14, Section 1(a) acknowledges that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
- (b) Volunteers and Contractors received the same in-service training as employees. GPCF Policy 12.005, Pages 12-13 outline all requirements of this standard. The policy states the training segment on sexual abuse/assault prevention and intervention in a correctional environment for employee pre-service training must be a minimum of two (2) hours in length and include (1) its zero-tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) inmates' right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment victims; (6) how to detect and respond to signs of threatened and actual sexual abuse; (7) how to avoid inappropriate relationships with inmates; (8) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (9) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Policy 12.005 specifically addresses volunteer training on pages 14 & 15, outlining the requirement for training, annual refresher training, and documentation of their understanding of the training. Interviews with contractors indicated they were knowledgeable on the facility procedures on how to report any allegation of sexual abuse or sexual harassment they may receive.
- (c) Three PREA Basic Training Acknowledgement for volunteers were reviewed. They were signed and dated.

Conclusions:

A review of curriculum, training acknowledgements, policy and through interviews, shows compliance with provisions (a)(b)(c). Therefore, GPCF is found to be in compliance with Standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Logs or documentation of verification inmates received comprehensive education  
Inmate Education Materials  
Verification of inmate participation in inmate education  
PREA Posters  
Inmate handbook  
GPCF Admission and Orientation Program Checklist  
GPCF Admission and Orientation comprehensive education  
GPCF PREA Video presentation in English and Spanish  
GPCF PREA Zero Tolerance Acknowledgement

#### Interviews:

Intake staff  
Case Manager staff  
Random inmates  
Health Services staff

#### Findings:

- (a) GEO Corporate policy, Page 12, Section 2(c) outlines the requirements for education for individuals in a GEO facility or program. For individual who arrive at U.S. Corrections and Detention Facilities, within 24 of arrival shall provide each individual in a GEO facility or program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. GPCF Policy 12.005, Page 7(c) mirrors the GEO Corporate policy. Case management staff conduct the intake interviews with inmates and provide information on the GPCF zero-tolerance policy for sexual abuse and sexual harassment. The GPCF PREA Zero Tolerance Acknowledgement form is signed and dated by the inmate and staff member presenting the information and maintained in the inmate file. Inmates acknowledged receiving the information at intake. Further, LEP individuals acknowledged receiving the information in Spanish.
- (b) The GEO Corporate policy, Section 2(d) further states that within 30 days of intake the facility shall provide a comprehensive education to all individuals in a GEO facility or program, either in person or through video. Section 2(f) outlines the comprehensive education to include information on individual's right to be free from sexual abuse and sexual harassment and to be

free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. The GPCF Policy 12.005, Page 7(d) mirrors the GEO Corporate policy. Facility staff, including the PCM, Unit Managers, and Case Managers provide an Admission and Orientation Program for all inmates within 30 days of intake. A PREA video is shown in both English and Spanish, and the inmate is required to sign the Admission and Orientation Program Checklist. The checklist is maintained in the inmate file. Interview with case managers indicated if they were alerted an inmate missed the Admission & Orientation program, they would immediately provide the information in a one on one setting. Inmates acknowledged they attended the Admission and Orientation Program, they received PREA information via video, and that the video was shown in English and Spanish.

- (c) GPCF policy 12.005, Page 12, Section 2(e) mandates that inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. The GPCF confirmed every inmate has received the 30-day comprehensive inmate education through the Admission and Orientation Program.
- (d) A sample of the GPCF PREA Zero Tolerance Acknowledgement form and the Admission and Orientation checklist, signed and dated by the inmate and staff were reviewed.
- (e) The GPCF provides information in formats accessible to all inmates including those who are LEP, deaf, visually impaired, otherwise disabled, as well as those who have limited reading skills. All PREA related information is provided in both English and Spanish. For individuals who speak other languages, the Language Line Solutions is available. Further, a TTY machine and a Video Remote Interpreter Service (for ASL) is available. If inmates have low vision case management staff acknowledged they would work, one on one with them if they did not understand the spoken word. All PREA information is provided in simple language and inmates acknowledge their understanding of the PREA information at intake, Admissions and Orientation, and in their regular meetings with their case managers.
- (f) The GPCF makes key information related to the zero-tolerance for sexual abuse and sexual harassment, how to report, what to expect when you do report, how to access emotional support services readily available in various formats visible to inmates. These include inmate handbooks which are distributed at intake along with a zero-tolerance pamphlet, posters hung on every bulletin board in the housing areas and above all inmate telephones.

#### Conclusions:

Based on the documentation reviewed, interviews with staff and inmates, and a review of inmate files, provisions (a)(b)(c)(d)(e)(f) are confirmed, making the GPCF compliant with standard 115.33.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:



GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Training records for Investigators  
Training outline for specialized investigator training  
Program Statement from the Federal Bureau of Prisons, Number 5324.12

Interviews:  
Investigative staff

Findings:

- (a) GEO Corporate policy 5.1.2-A, Page 14, Section 3(a), mandates investigators shall be trained in conducting investigations of sexual abuse in confinement settings. This training is provided in addition to the training mandated in Section F(1) – Employee training of the policy. The Program Statement from the Federal Bureau of Prisons, Number 5324.12, outlines the Bureau's policy on Specialized training: Investigations. The Bureau states that the Chief of Correctional Services ensures his/her Special Investigative Supervisor/Special Investigative Agents are appropriately trained. The Chief of the Office of Internal Affairs ensures his/her staff are appropriately trained.
- (b) Section 3(a) further states the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. GPCF policy 12.005, Page 13 supports the GEO corporate policy. BOP's Program Statement Number 5324.12 indicates the Bureau trains on the rights and warnings applicable in the Federal sector, and as referenced in the Master Agreement.
- (c) Section 3(c) of the corporate policy states where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations, and the training documentation shall be kept on file at the facility.

Conclusions:

The GPCF currently employs four individuals who have received specialized training in investigations. Training records document that all four have received the PREA basic training through the in-service training, as well as the specialized training in investigations. Interviews with investigators indicate their understanding of Miranda and Garrity warnings and the appropriate use of each. Additionally, the BOP ensures investigative staff are properly trained in investigations. Based on the information reviewed (training records), review of the investigator training curriculum, and interviews with investigative staff, the GPCF is in compliance with provisions (a)(b)(c)(d) of this standard therefore in full compliance with standard 115.34.

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

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

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  
 Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A

GPCF Policy 12.005 – Sexual Abuse Prevention

Training records of medical and mental health staff; General PREA Training

Training records of medical and mental health staff; Specialized Medical and Mental Health PREA Training

#### Interviews:

Medical and mental health staff

Training Administrator

#### Findings:

- (a) GEO Corporate policy 5.1.2-A, Page 14, and GPCF policy 12.005 page 13 outline the specialized training for medical and mental health staff noting the requirements of the training are (1) how to detect and assess signs of sexual abuse and sexual harassment; (2) how to preserve physical evidence of sexual abuse; (3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- (b) Staff at the GPCF did not conduct forensic medical examinations. Inmates who allege sexual abuse are transported to a medical facility that is SANE certified for forensic exams.
- (c) The GPCF Training Administrator indicated the specialized training for medical and mental health practitioners is received during the initial in-service training and is provided via the LMS (Learning Management System). Documentation of specialized training was provided and showed all current medical and mental health practitioners successfully completed the specialized training.
- (d) Additionally, it was verified through records review that all medical and mental health staff have received the general PREA training mandated for employees under standard 115.13.

#### Conclusions:

A thorough review of documentation of training records, policy, and interviews with the Training Administrator and medical and mental health staff show that the GPCF is in compliance with Standard 115.35. Provisions (a)(b)(c)(d) were verified and complied with.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

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

#### 115.41 (g)

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

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

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

GPCF Policy 12.005 – Sexual Abuse Prevention

GEO PREA Risk Assessment Tool

PREA Vulnerability Reassessment Questionnaire 30-day

Inmate files; general risk assessment outcomes; those deemed at risk of victimization and those at risk of abusiveness

#### Interviews:

Staff responsible for risk screening

Random inmates

PREA Coordinator

PREA Compliance Manager

Findings:

- (a) Pages 8 & 9 and Page 8, Section D 1(a) of the GEO Corporate policy 5.1.2-A and GPCF policy 12.005 indicate all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program or being sexually abusive towards another individual in a GEO facility or program.
- (b) Corporate policy 5.1.2-A requires the screening to take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. The GEO PREA Risk Assessment Tool is used for the risk screening.
- (c) The GEO PREA Risk Assessment Tool is an objective screening instrument. GPCF policy 12.005, Page 13, Section C requires the information be communicated orally and in writing (in English and Spanish), in a language clearly understood by the inmate. The policy also requires the case manager conducting the risk assessment to review any other documents deemed pertinent in gathering information.
- (d) The GEO Group created the PREA Risk Assessment Tool asks 11 questions pertaining to risk of victimization. These include 1. Have you ever been approached for sex/threatened with sexual assault while incarcerated, 2. Have you ever been the victim of sexual assault 3. Do you have any reason to fear placement in general population; 4. Younger or elderly inmate ( $\leq 21$  or  $\geq 65$ ); 5. Small physical stature (men:  $< 5'6"$  and  $< 120$  lbs; women:  $< 5'0"$  and  $< 118$  lbs); 6. Does the inmate have a developmental/mental/physical disability; 7. Do you wish to identify as Lesbian, Gay, Bisexual, Transgender, Intersex, or Gender nonconforming & is the inmate perceived to be gender nonconforming; 8. First time offender; 9. Criminal history of sex with adult or child victims; 10. Criminal history is exclusively nonviolent; and 11. History of prior sexual victimization while incarcerated. A core of 4 or more on the above items is a determination of "at risk of victimization".
- (e) For risk of abusiveness the assessment asks the following; 12. Convicted sex offender with adult or child victims; 13. History of domestic violence as a perpetrator; 14. Prior crimes of violence (excluding sex offenses, domestic violence); 15. Incident reports for violent offenses while incarcerated (excluding sexual misconduct); 16. Incident reports for sexual misconduct while incarcerated; and 17. History of prior sexual abuse perpetration while incarcerated. A score of 3 or more on items 12-17 is a determination of "at risk of abusiveness". Additionally, if questions 2, 9, 11, 12, or 17 receives a "yes" response, a referral to Mental Health is required. Finally, if question 2 or 11 receive a "yes" response, a referral to Mental Health is required. The form is signed by the case manager, the inmate, and includes a space to affirm if a referral to mental health is necessary.
- (f) All inmates are assigned a case manager during the intake process. The case manager reassesses the risk level within 30 days of initial intake using the PREA Vulnerability Reassessment Questionnaire 30-day. A review of inmate records, in addition to random and targeted inmate interviews indicated inmates are reassessed within 30 days of intake.
- (g) GEO Corporate policy 5.1.2-A, page 9, Section 1(j) specifies that at any point after the initial intake screening, and individual in a GEO facility or program may be reassessed for risk of victimization or abusiveness. Case managers confirmed that an inmate can request a reassessment, a staff member can request a reassessment, and any information provided to them that indicates a change in the inmate's risk status would prompt a reassessment.
- (h) Both the GEO Corporate and GPCF policies acknowledge that disciplining individuals in a Geo facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited.
- (i) Geo Corporate policy 5.1.2-A, page 9, Section 1(i) states that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. The PREA Coordinator indicated only those who need to know to make housing, work assignments and programming/education decisions will have access to the sensitive information.

Conclusions:

A review of policies and forms, interviews and observations, provisions (a)(b)(c)(d)(e)(f)(g)(h)(i) were met. The GPCF is found in compliance with standard 115.41.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No



#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facility  
GPCF Policy 12.005 – Sexual Abuse Prevention  
SENTRY Rosters  
Transgender Care Committee Summary  
Transgender Search Preference  
Statement of Fact

#### Interviews:

PREA Coordinator  
PREA Compliance Manager  
Staff responsible for risk screening (case managers)

#### Findings:

- (a) Page 10, Section 3(a) of policy 5.1.2-A, outlines that screening information from standard 115.41 shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers
- (b) The GPCF acknowledges it makes individualized determinations about how to ensure the safety of each inmate. The GPCF uses SENTRY system to maintain a database (log) that identifies, based on the PREA Risk Assessment those inmates who score as a potential victim and or a potential predator. The system then keeps track of the housing and programming information, ensuring victims and predators are not housed together. The PREA Coordinator stated that no GEO facilities are under a consent decree, legal settlement, or legal judgement and that the practice of creating dedicated facilities, units, or wings solely on the basis of the inmate's sexual orientation, genital status or gender identity is prohibited by policy.
- (c) Policy 5.1.2-A 3(c) states that in making housing and programming assignments for transgender or intersex individual in a GEO facility or program, the facility shall consider on a case-by-case basis whether the placement would present management or security problems.
- (d) Section 5(e) of the corporate policy mandates that in all facilities, housing and programming assignments for each transgender and intersex individuals shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. As confirmed by a medical data search, and through interviews with the PCM, there were no self-identified transgender or intersex individuals at GPCF during the audit.
- (e) The policy further states serious consideration shall be given to the individual's own views with respect to his/her own safety. The GEO PREA Vulnerability Reassessment Questionnaire is used to conduct the six-month reassessment.
- (f) Section 5(g) mandates that transgender and intersex individuals in a GEO facility or program shall be given an opportunity to shower separately from other individuals. The GPCF utilizes a Statement of Search/Shower/Pronoun preference form completed by the intake or classification

(case management) staff in conjunction with the inmate. The form requires the signature of both the inmate and staff, along with a witness.

- (g) Section 5(f) indicates transgender and intersex individuals in a GEO facility or program shall not be placed in housing units solely based on their identification as transgender or intersex individuals.

**Conclusions:**

GPCF indicated it does not ordinarily house transgender or intersex individuals at its facility. The BOP is responsible for assigning inmates to the facility. However, policy 12.005, page 24 outlines language consistent with the corporate policy, which is compliant with the standard on the use of the screening information. In 2019 GPCF identified. The file showed that GPCF followed the policy with solid practice, utilizing the Transgender Care Committee as a process to identify housing, taking into consideration the inmate's own perception and request for housing. Additionally, GPCF policy 12.005 aligns with the GEO corporate policy 5.1.2-A, and goes beyond the requirements of the standard through the implementation of the Transgender Care Committee and the Statement of Search/Shower/Pronoun Preference Form showing GPCF exceeds provisions (c)(d)(e)(f)(g) and compliant with provisions (a)(b), giving an overall rating of exceeds standard for 115.42.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facility  
GPCF Policy 12.005  
Case files of inmates at risk of sexual victimization

**Interviews:**

Warden  
PREA Compliance Manager  
Staff who supervise inmates in segregated housing  
Case Managers

**Findings:**

(a)(b)(c) The GEO Corporate policy 5.1.2-A pages 17 & 18, and the GPCF policy 12.005, pages 25 & 26 indicate that inmates who score at high risk for sexual victimization based on the GEO PREA Risk Assessment are not placed in involuntary segregation or segregated housing. Although policies outline that the only time this could happen is when an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser, the Warden or PCM could not recall a time when segregated housing was used for protective custody. Interviews with staff who supervise inmates in segregated housing as well as case management staff stated their first course of action is to separate the victim from the abuser, and there are several housing options by which to do that. The information regarding the victim and abuser would be entered into the SENTRY system to assure the two remain separated. The Restrictive Housing Unit (RHU) is utilized for inmates who require protective custody, or those who are on discipline. For those requiring protective custody, interviews with staff indicate they still have access to programming and other offerings the facility provides.

(d)(e) There were no cases of inmates at risk of sexual victimization housed in the RHU during the audit nor had there been in the previous 12 months. Interviews with staff indicated any use of protective custody, whether involuntary or not would be documented and reassessed every 30-days.

**Conclusions:**

Based on documented policy, staff interviews, and housing for individuals who were screened for being at risk of sexual victimization, provisions (a)(b)(c)(d)(e) are met. GPCF is in compliance with standard 115.43.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Inmate Handbook  
Great Plains Correctional Facility Prison Rape Elimination Act (PREA) Inmate Education  
GPCF PREA Pamphlet  
GEO website  
Documentation of verbal report of sexual abuse allegation  
PREA Resource Center FAQ – 115.51  
Inmate grievance process

Interviews:

PREA Compliance Manager

Random staff

Random inmates

RCC staff

Findings:

- (a) Geo Corporate policy 5.1.2-A, Page 19, Section I(1)(a) outlines the reporting options in a GEO facility. Specifically the policy mandates that each facility shall provide multiple ways for individuals in a GEO facility of program to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Page 7, Section (g) of the GPCF policy states the facility provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents through internal grievance procedure and community rape crisis center. The inmate telephone system is set up with override numbers that do not require an inmate to enter their PIN to make a report.
- (b) Policy 5.1.2-A, Section I(1)(c) states facilities shall provide individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
- (c) Section I(1)(e) mandates that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. Section g(2) of the GPCF policy acknowledges staff accept reports made verbally, in writing, anonymously, and from third parties promptly document any verbal reports.
- (d) A GEO Corporate phone number is provided to staff to report privately any sexual abuse or sexual harassment of inmates. The GEO website provides the following information: GEO Employees may report Sexual Abuse or Sexual Harassment information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827.

Upon intake, inmates are provided the Great Plains Correctional Facility Prison Rape Elimination Act (PREA) Inmate Education one sheet paper that outlines the facility's zero tolerance policy for sexual abuse and sexual harassment. It further provides information on how to report such incidents. Additionally, the PREA Pamphlet, information on reporting sexual assault/sexual misconduct is provided to the inmates. Like the Inmate Education document, this pamphlet covers examples of sexual

abuse and sexual harassment, prevention, reporting and investigation and what to expect after you report. The GEO Group Inmate Handbook provided to all inmates and available in English and Spanish at each housing area includes information on how to report sexual abuse and sexual harassment. The section in the handbook entitled "GPCF Sexually Abusive Behavior Prevention & Intervention – The Prison Rape Elimination Act (PREA), provides all options for reporting. The handbook instructs inmates to report an incident of sexually abuse behavior to a staff member (this includes reporting if the inmate witnessed sexually abusive behavior), and also states they can tell their case manager, chaplain, psychologist, warden or any staff member they trust. Instructions for writing the allegation is provided, from completing the grievance process (administrative remedy) to writing to the DOJ, OIG, and BOP.

**Conclusions:**

Based on the policy review, a review of several internal documents, and interviews with both staff and inmates, provisions (a)(c)(d) are met. Provision (b) required a 60-day corrective action which was completed and the GPCF is in full compliance with standard 115.51.

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

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

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA



### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
 GPCF Policy 12.005 – Sexual Abuse Prevention  
 Inmate Handbook  
 Grievance process  
 Request for Administrative Remedy (form)  
 Statement of Fact

#### Interviews:

Inmates who reported sexual abuse  
 Director of Security  
 PREA Compliance Manager

Findings:

(a) (b) (c) (d) (f) – The GPCF is not exempt from this standard. GPCF policy 12.005 defines the grievance process for inmates and includes the process for filing an emergency grievance related to sexual abuse, sexual harassment, or sexual activities on page 9. The timeframe designated by the policy include a response within 48 hours and a final decision within five calendar working days. For emergency grievances, the facility will ensure immediate corrective action is taken to protect the alleged victim. Page 19 of the GEO Corporate policy supports the provisions as well.

Provision (e) is documented in GPCF policy 12.005, page 9, allows an inmate to have a designated representative from the community to aide and or receive responses on behalf of the inmate.

Provision (g) is addressed in both the GEO Corporate policy (page 19) and GPCF policy (page 9) which provides GPCF the ability to discipline an inmate for filing a false or bad faith grievance related to alleged sexual abuse.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f)(g) were documented by policy, staff and inmate interviews. The grievance process was explained in detail and the “Request for Administrative Remedy” form provided. A Statement of Fact was provided indicating there have been no administrative remedies filed related to sexual abuse or sexual harassment in the past 12 months. Based on the review and analysis of all available evidence, GPCF is found in compliance with standard 115.52.

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Corrections Facilities  
 GPCF Policy 12.005 – Sexual Abuse Prevention  
 Inmate Handbook  
 PREA Education Materials  
 Signage in inmate housing  
 MOU with Intervention & Crisis Advocacy Network

#### Interviews:

Random Inmates  
 Random Staff  
 Inmates who reported sexual abuse  
 Case Managers  
 Unit Manager

#### Findings:

- (a) The GEO Corporate policy, Page 25, Section 8(a) & (b), and GPCF policy, Page 7, outline the responsibility of the GEO programs and facilities to provide access to outside victim advocates and provide, post, or otherwise made accessible specific contact information for victim advocacy. Policy also advocates to enabling reasonable communication between individuals in a GEO facility or program and the victim advocacy groups. Interviews with case managers and the unit managers revealed that inmates can call the hotline for emotional support services in a private and confidential manner using the inmate telephones. In addition, if an inmate were to request to use a phone with a case manager present in their office, barring any exigent circumstance, their request would be allowed. Interviews with inmates who reported sexual

abuse indicated they were provided the opportunity to use the phone to access emotional support services upon making their request. They both declined the offer. Additionally, when interviewing individuals who acknowledged experiencing previous sexual abuse during the risk assessment process, they indicated they were referred to mental health, and that either mental health provided support for them or they were reminded about the \*99 number for emotional support services.

- (b) Section 8 (b) of the corporate policy further states that the facilities are to inform inmates prior to giving them access to the victim advocacy the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Language on the inmate PREA education materials, the Inmate Handbook and signage (posters) articulate confidentiality laws applicable to reporting.
- (c) Section 8 (c) & (d) address the requirement to maintain or attempt to obtain an MOU with a victim advocacy group and maintain a copy of the agreement on file. A copy of the MOU with the Intervention & Crisis Advocacy Network was reviewed by the auditor.

#### Conclusions:

Information supporting compliance for provisions (a)(b)(c) was provided via policy, documentation, and interviews with staff and inmates. The GPCF is compliant with standard 115.53.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

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

GPCF Policy 12.005 – Sexual Abuse Prevention

Inmate Handbook

GEO website

Interviews:

Random Staff

Random Inmates

Findings:

- (a) The Inmate Handbook, on page 44 describes how third-party reporting can be done by anyone on an inmate's behalf and provides the website address. GEO Corporate policy specifies on Page 20 that GEO shall post publicly, third party reporting procedures on its public website to show its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. The GEO website does include this information. The policy further requires that third-party reporting posters shall be posted in all public area in English and Spanish to include lobby, visitation and staff break areas within the facilities. During the audit tour, information on third party reporting was seen displayed on bulletin boards. GPCF policy, Page 7, Section g(2) denotes that GPCF staff accept reports made verbally, in writing, anonymously, and from third parties promptly document any verbal reports.

Conclusions:

This standard was documented with staff and inmate interviews and verification of information available on the website. Based on the review and analysis of all available evidence, the GPCF is in compliance with standard 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

##### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Oklahoma mandatory reporting laws  
Statement of Fact

Interviews:

Agency Head  
Warden or Designee  
PREA Coordinator  
Random staff  
Medical and Mental Health staff

Findings:

Provisions (a)(b)(c)(d)(e) – are addressed in GEO Corporate policy, Pages 20 & 21, and GPCF policy, Page 8, mandating any staff member, including volunteers and contractors that receives any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not part of the agency, any retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, to report the information immediately. The Oklahoma Department of Human Services, mandatory reporting laws outlines procedures for reporting suspected abuse, neglect, sexual assault, verbal abuse or exploitation of a vulnerable adult. The information is reported to the GPCF PCM who will then assign the allegation, including third-party and anonymous reports to one of the four facility’s designated investigator. Staff interviews indicated a high level of awareness for reporting immediately any information they receive of sexual abuse, sexual harassment or retaliation for reporting sexual abuse and sexual harassment. Although the facility does not house individuals under the age of 18, the policy, as well as the Oklahoma reporting laws confirm that reports related to vulnerable adults will require appropriate reporting.

Medical and mental health staff, contractors and volunteers acknowledged their duty to report, indicating they would reach out to the GPCF PCM. All interviews with random staff indicated their requirement to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, knowledge of staff neglect that led to an incident of sexual abuse, sexual harassment or retaliation. If a report were made to staff their first responder protocol would begin and the victim and perpetrator would be separated (if the perpetrator is known) to ensure the safety of the victim. Then an immediate notification to a supervisor would follow. A statement of fact was submitted noting that there have been no PREA incidents involving vulnerable persons which required mandatory reporting to the State entity.

Conclusions:

Provisions (a)(b)(c)(d)(e) were documented in policy and confirmed by staff, contractor, volunteer, medical and mental health interviews Based upon the review and analysis of all available evidence, GPCF is found in compliance with standard 115.61.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for adult Prison and Jail and Adult Community Confinement Facilities  
 GPCF Policy 12.005 – Sexual Abuse Prevention  
 Training curriculum on First Responder Duties  
 Statement of Fact

#### Interviews:

Random staff

#### Findings:

This standard is addressed in GEO Corporate policy, Page 21 and GPCF policy, Page 4, Section V(C) indicating the GPCF takes immediate action to protect an inmate who is subject to a substantial risk of imminent sexual abuse. Interviews with staff indicated they were all well aware of their first responder duties and the importance of keeping inmate who are substantial risk of imminent sexual abuse safe. A statement of fact confirmed there have been no incidents in which a victim was subject to a substantial risk of imminent sexual abuse.

#### Conclusions:

A review of the policy coupled with interviews of random staff indicate the GPCF is in compliance with standard 115.62.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior, Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Documentation of reports to other facilities  
Statement of Fact

#### Interviews:

Agency Head  
Warden  
PCM

#### Findings:

- (a) Covered in both the GEO Corporate policy, Pages 24 & 25, Section 5(a) and Page 4, Section C(1) of the GPCF policy, that indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the warden or designee that received the allegation shall notify the head of the facility or appropriate office of the agency where the allegation occurred. Email correspondence was reviewed showing that immediately upon being notified of a sexual abuse allegation from another facility, the GPCF PCM reached out to the facility PCM to make notification of the alleged abuse.
- (b) Section C(2) of the same policy indicates that such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. A written memo was provided showing an allegation made by an inmate arriving from another facility was reviewed and the elements of this standard were followed appropriately.

(c) Section C(3) mandates that the GPCF document that it has provided such notification and request the facility head or agency office that receives such notification to ensure the allegation is investigated in accordance with the PREA standards, which addresses provision (d) as well. The GEO agency head indicates that regardless of how a facility receives a PREA allegation that abuse occurred, the allegation will be referred to designated investigators for investigation. Further, GEO corporate receives, and tracks via a database any and all allegations of abuse.

**Conclusions:**

Provisions (a)(b)(c)(d) were documented by policy as well as written correspondence. Interviews with staff indicate that the evidence provided determines the GPCF to be in compliance with standard 115.63

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention, Attachment A – Sexual Assault Intervention Protocol  
Training on First Responder Duties

Records of staff training

PREA Reference Cards; Inmate Risk Factors, First Responder, PREA Supervisors

#### Interviews:

Security/non security first responders

Random staff

#### Findings:

- (a) Attachment A of the GPCF policy provides information on Intervention and Reporting, noting the first responder duties that mirror the training received during the in-service training. The staff interviews which included both security and non-security first responders, and random staff noted that staff duties and responsibility upon learning of an allegation of sexual abuse or sexual harassment included separating the victim from the perpetrator, securing the crime scene, and not allowing, and requesting the perpetrator and victim, respectively to destroy any evidence.
- (b) The GPCF attachment requires that if the staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

#### Conclusions:

Provisions (a)(b) were documented in policy, training, and through the reminder cards that most staff revealed when asked about first responder duties. Staff training showed that all employees, regardless of being security or program staff, medical, mental health, contractors or volunteers, all received first responder duty training and the reminder cards for reference. Based upon the review and analysis of all available evidence, the GPCF is found to be in compliance with standard 115.64.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Coordinated Response

PREA Incident Checklist for Incidents of Sexual Abuse and Harassment

#### Interviews:

Warden

PREA Compliance Manager

#### Findings:

- (a) The GPCF has a PREA Coordinated Response Plan that provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment and sexual activity within the facility. The plan is written for and was distributed to all staff on 02/05/20. The Major, Shift Lieutenant, SIA, PREA Compliance Manager and the Facility Compliance Manager are responsible for ensuring compliance with the coordinated response plan. The coordinated response plan includes seven sections; I. Actions Required After Report of Sexual Abuse, II. Initial Response, III. Notifications Required When Sexual Abuse is Alleged, IV. Evidence Protocol - Medical Responsibilities, V. Investigator Responsibilities, VI. Responsibilities when Sexual Harassment is Alleged, and VII. Responsibilities when Sexual Activity is Alleged. The GPCF Coordinated Response Plan includes a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment that ensures via date and time stamps that the coordinated response is being followed.

#### Conclusions:

A review of the GPCF Coordinated Response and interviews with staff indicate the GPCF is found in compliance with standard 115.65.

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

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

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:  
Statement of Fact

Interviews:  
PREA Compliance Manager

Findings:  
Based on the statement of fact provided and interview with the GPCF PCM, this standard is not applicable as the facility does not have a collective bargaining unit that limits the agency or facility's ability to remove alleged staff sexual abusers from contact with any inmate, pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Conclusions:  
Based on the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.66.

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No

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

#### 115.67 (d)

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

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior, Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities)  
GPCF Policy 12.005 – Sexual Abuse Prevention  
Retaliation Monitoring logs  
Statement of Fact

#### Interviews:

Agency Head  
Warden  
Staff monitoring retaliation  
Inmates who reported sexual abuse

#### Findings:



- (a) The GEO Corporate policy, Page 26 & 27 requires that facilities implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility, program or employee. GPCF policy, Page 5 states the PCM is designated to monitor any action or report of retaliation by staff or inmates and take such action deemed necessary to protect against such occurrence. Interviews with the Agency Head and GPCF PCM confirm the rigorous and detailed process the facility engages in to monitor retaliation.
- (b) Pages 26 & 27 also lay out multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- (c) GEO Corporate policy has set forth advanced and specific requirements for monitoring retaliation. For instance, subsection (d) requires a mental health staff member of the PCM meet weekly (beginning the week following the incident) with the alleged victim, in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Further, subsection (j) requires that designated staff meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) is an option to be offered for emotional support services for staff who fear retaliation.
- (d) It is also the policy of GEO Corporate, subsection (k) to require any issues discussed, or meeting that occur to be placed on the "Employee Protection from Retaliation Log". Both the employee and inmate monitoring "Protection from Retaliation Log" logs are to be retained in the investigative file of the corresponding PREA incident per subsection (n)
- (e) Subsection (m) indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

**Conclusions:**

The GPCF provided inmate retaliation monitoring logs from 2018 as evidence of their retaliation monitoring practice. Logs show weekly follow up with the individuals alleging retaliation. A statement of fact notes that there have been no allegations of retaliation since 2018. Based upon review and analysis of all available evidence, the GPCF exceeds standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention

### Interviews:

PCM

Staff who supervise inmates in segregated housing

Two inmates housed in RHU who had made allegations of sexual abuse

### Findings:

- (a) The use of segregated housing at the Great Plains Correctional Facility (GPCF) to protect an inmate who is alleged to have suffered sexual abuse is outlined in Policy 2.1.5-A, Page 25, Section 6, and on pages 25 & 26 of policy 12.005. The GPCF policy states that an inmate may be involuntary segregated and that the facility shall clearly document pertinent information, such as the basis for the concern, the reason why no alternative means of separation can be arranged and requires 30-day reviews. Interviews with staff indicated RHU housing is not used for post allegation protective custody and the facility always has available alternative housing for such incidents. A statement of fact was provided indicating there have been zero inmates placed in involuntary segregation for the purpose of protection after reporting a PREA allegation. The two inmates who were housed in RHU who had reported sexual abuse were in RHU disciplinary housing. A review of the disciplinary status revealed the allegations and discipline were separate and distinct from one another.

### Conclusions:

A review and analysis of documentation, interviews with staff and inmates the GPCF is deemed compliant with standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

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

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

### 115.71 (h)

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

### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection  
GPCF Policy 12.005 – Sexual Abuse Prevention, Attachment A – Sexual Assault Intervention Protocol  
PREA Allegation Tracker

Interviews:

Warden or Designee

PREA Coordinator

PREA Compliance Manager

Investigative staff

Completion certificates for specialized training for investigators

Inmates who reported sexual abuse

Findings:

- (a) GEO Corporate policy 5.1.2-E, page 5 & 6, and GPCF policy 12.005, pages 36 & 37 define investigations both administrative and criminal. The policies require that any allegation of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. This includes third-party and anonymous allegations. The PREA Allegation tracker was reviewed to show the investigative process followed the standard provisions.
- (b) The policies further indicate that investigators conducting sexual assault investigation shall have received special training in sexual abuse investigations,
- (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) Both policies outline when the quality of evidence appears to support criminal prosecution, GPCF shall refer the investigation to the appropriate law enforcement agency having jurisdiction.
- (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The GPCF does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.
- (f) During administrative investigations, the GPCF shall include an effort to determine whether staff actions or failures to act contributed to the abuse, shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- (g) Criminal allegations must also be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence, and shall attach copies of all documentary evidence where feasible
- (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- (i) The GPCF retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (j) Policy also certifies that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation
- (k) Any State entity of Department of Justice component that conducts such investigations shall do so pursuant to the standard requirements
- (l) Finally, when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The GEO PREA Coordinator outlined that facilities are instructed to request an update from outside law enforcement entities at least once a month in order to track the status of the investigation.

Conclusions:

Two complete PREA Allegation Investigative reports were reviewed and proved to follow the requirements of the provisions for this standard. Additionally, investigative staff, and the PCM were able to articulate the investigative process. Provisions (a)(c)(d)(e)(f)(g)(h)(i)(j) were confirmed and documented in policy, both corporate and local, interviews and records review. Provision (b) was

documented by interviews and training records. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

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

GPCF Policy 12.005 – Sexual Abuse Prevention – Attachment A – Sexual Assault Intervention Protocol

GPCF PREA Investigative Report

#### Interviews:

Investigative staff

#### Findings:

- (a) Page 6, Section (d) of the GEO Corporate policy and page 37 of GPCF policy states facilities shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.

#### Conclusions:

Provision (a) was documented by policy, document review and staff interviews. Based upon the review and analysis of all available evidence, the GPCF is found compliant with standard 115.72.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

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

GPCF Policy 12.005 – Sexual Abuse Prevention

Notification of Outcome of Allegation Investigations

#### Interviews:

PREA Compliance Manager

Investigative staff

#### Findings:

- (a) GEO Corporate policy 5.1.2-E, page 11, section K(1) states that at the conclusion of an investigation, the facility investigator or staff member shall inform the victim of sexual abuse in writing whether the allegation has been substantiated, unsubstantiated or unfounded. Section K(4) indicates the individual shall receive the original completed "Notification of Outcome of Allegation" form in a timely manner and a copy of the form shall be retained as part of the investigative file. Page 11, section K(8) indicates that at the conclusion of every investigation of sexual abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review.
- (b) This provision is not applicable since the GPCF conducts its own investigations.



- (c) Page 11, section 2 of the Corporate policy outlines that if the alleged abuser is an employee, the victim shall be informed whenever a) the employee is no longer posted within the victim's housing unit/area, b) the employee is no longer employed at the facility, c) the facility learns the employee has been indicted on a charge related to the sexual abuse within the facility, or d) the facility learns the employee has been convicted on a charge related to the sexual abuse within the facility.
- (d) The GPCF policy 12.005 Attachment A, page 38 further specifies the same notifications if the alleged abuser is another inmate.
- (e) The GPCF utilizes a Notification of Outcome of Allegation form to show documentation of the notification. The form requires the signature of the inmate as well as the name and title of the person issuing the notice
- (f) Auditor is not required to audit this provision

**Conclusions:**

Provisions (a)(c)(d)(e) were documented by policy, review of completed Notification of Outcome of Allegation form, and through interviews with staff. Provision (b) is not applicable since GPCF conducts their own investigations. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection  
GEO Employee Handbook  
OPR Referrals

#### Interviews:

PREA Compliance Manager

#### Findings:

- (a) Page 10, section G1(a) of GEO Corporate policy 5.1.2-E outlines that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies. Page 17 of the GEO Group Employee Handbook, states Unwelcome sexual advances, request for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to an including termination.
- (b) Section G1(b) further states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- (c) The corporate policy, section G1(c) states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offences by other staff with similar histories.
- (d) Section G1(d) explains the terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.

#### Conclusions:

A 2019 allegation of sexual abuse was reviewed. The allegation was unfounded, therefore there was no disciplinary sanctions imposed. Provisions (a)(b)(c)(d) are defined in corporate policy 5.1.2-E and confirmed by the PCM. Based upon the review and analysis of available evidence, the GPCF is found in compliance with standard 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection  
GPCF Policy 12.005 – Sexual Abuse Prevention

#### Interviews:

Director over Contractors and Volunteers

#### Findings:

- (a) GPCF policy 12.005, page 11, section A (1) states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law

enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. This language is also found in policy 5.1.2-E on page 13, section 3 (a).

- (b) Section A (2) indicates GPCF shall take appropriate remedial measures, and consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This language is also found in policy 5.1.2-E on page 13, section 3 (b). In the past 12-months there have been no allegations of sexual abuse or sexual harassment involving volunteers or contractors.

**Conclusions:**

Provisions (a)(b) are defined in the policies and confirmed by staff interviews. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.77.

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

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

#### **115.78 (b)**

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

#### **115.78 (c)**

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

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### **115.78 (e)**

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

#### **115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention – Attachment A – Sexual Assault Intervention Protocol  
 Inmate Handbook  
 Investigative reports

#### Interviews:

PCM  
 Case Managers  
 Medical and Mental Health staff

#### Findings:

- Attachment A of GPCF policy 12.005, page 34 outlines the discipline and prosecution related to disciplinary sanctions for inmates. Bullet one states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- The second bullet of the same attachments indicates sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be

imposed is the third bullet under the discipline and prosecution heading on page 34 in the attachment.

- (d) The GPCF offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for abuse, and inmate may be referred for anger management and counseling in addition to other appropriate sanctions as a condition of access to programming or other benefits.
- (e) The GPCF disciplines inmates for sexual contact with staff upon a finding that the staff member did not consent to such contact.
- (f) The attachment goes on to say for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) The GPCF prohibits all sexual activity between inmates and disciplines inmates for such activity. GPCF inmate discipline policy distinguishes the difference between sexual abuse and sexual activity which is not coerced in charges and applied sanctions.

**Conclusions:**

Pages 34-41 of the Inmate Handbook displays the Prohibited Acts and Severity Scale, Inmate Discipline Program. Most of the offenses are brought before the Discipline Hearing Officers (comprised of facility staff members). In the past 12 months there were two administrative findings of inmate-on-inmate and zero criminal findings of guilt for inmate-on-inmate sexual abuse. Staff confirmed the protocol outlined for provisions (a)(b)(c)(d)(e)(f)(g) and are confirmed in the Inmate Handbook. Interviews confirmed staff and inmate understanding of the disciplinary process. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.78.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes    No    NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A -Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
GPCF Policy 12.005 – Sexual Abuse Prevention  
GPCF Risk screening referrals  
14-day Mental Health screening

#### Interviews:

Inmates who disclose sexual victimization at risk screening  
Staff conducting risk screening

#### Findings:

- (a) Page 9, section 2(a) of the corporate policy requires a referral to mental health for further evaluation if during the intake assessment the individuals tasked with screening determine that an individual in a GEO facility or program is at risk for sexual victimization or abusiveness.

- (b) The inmates at the GPCF who screen for having previously perpetrated sexual abuse, whether it occurred in another institution or in the community is offered a referral to mental health within 14 days of the intake process. This information is documented in the GPCF policy 12.005 on Page 14, section (2).
- (c) The same process is afforded to inmates who experienced sexual victimization in another institution or in the community, and documented in GPCF policy 12.005, page 14, section (3).
- (d) The corporate policy, page 10, section 2(c) acknowledges that information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State, or local law. The GPCF policy further states in Section (4) on page 15 that management decisions will include housing, bed, work, education, and program assignments.
- (e) Both policies indicate medical and mental health practitioners are required to obtain informed consent from individuals in a GEO facility or program before reporting information about the prior sexual victimization that did not occur in an institutional setting.

**Conclusions:**

Provisions (a)(b)(c)(d)(e) are outlined in both the GEO Corporate and GPCF policy and confirmed by staff interviews. PREA Risk Assessments indicating a referral to mental health, and mental health records review show assessments were completed within 14 days of the intake process. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.81.

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

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes    No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes    No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes    No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes    No

#### **115.82 (d)**



- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.  
Inmate Handbook

#### Interviews:

Medical and Mental health staff  
Inmates who reported sexual abuse  
Security and non-security staff first responders

#### Findings:

- (a) GEO Corporate policy 5.1.2-A, page 25, section 7 (a) and the GPCF policy 12.005, page 19 discuss the inmate victim receiving timely, unimpeded access to emergency medical treatment and crisis intervention determined by medical and mental health professionals without financial cost to the inmate. Page 43 of the Inmate Handbook informs the inmates they will be referred immediately for a medical examination and clinical assessment after reporting any sexual assault.
- (b) If no qualified medical or mental health practitioners are on duty at the time of report, the facility staff implement their first responder duties as outlined in standard 115.62.
- (c) Corporate policy 5.1.2-a, page 25, section 7 (c), states the access includes offering timely information about, and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.
- (d) Policy from both GEO corporate and the GPCF denotes there are no financial costs to inmates who have suffered sexual abuse, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The Inmate Handbook on page 43 informs the inmate they do not have to name the inmate or staff assailant in order to receive assistance.

#### Conclusions:

Provisions (a)(b)(c)(d) are defined in the GEO Corporate and GPCF policy and the Inmate Handbook. The process was confirmed through interviews with staff, healthcare, and inmates who reported sexual abuse. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.82.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.83 (c)

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

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.83 (f)

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

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention

#### Interviews:

Medical and Mental Health staff  
Inmates who reported sexual abuse

#### Findings:

- (a) The GPCF policy 12.005, page 20 directs that when trained medical staff is available in the institution, render treatment locally whenever feasible.
- (b) The policy states on page 21 that any alleged victim shall be seen within 24 hours or as soon as possible is housed away from the facility, by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
- (c) Interviews with medical staff and with inmates confirms the level of treatment and care provided through medical and mental health services are consistent with the community level of care.
- (d) Not applicable as GPCF is an all-male, adult facility.
- (e) Not applicable as GPCF is an all-male, adult facility.
- (f) The GPCF policy 12.005, page 19, section 1(l) states that appropriate staff shall coordinate other services to do follow-up (e.g. medical, tests for sexually transmitted diseases, mental health evaluations, housing, suicide assessment)

- (g) Policy from both GEO corporate and the GPCF denotes there are no financial costs to inmates who have suffered sexual abuse, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The Inmate Handbook on page 43 informs the inmate they do not have to name the inmate or staff assailant in order to receive assistance.
- (h) Page 19, section 1(n) indicates the GPCF shall attempt to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.

**Conclusions:**

Provisions (a)(b)(c)(d)(e)(f)(g)(h) were documented by policy, interviews with staff and inmates. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.83.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

**115.86 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

**115.86 (b)**

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

**115.86 (c)**

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

**115.86 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities  
 GPCF Policy 12.005 – Sexual Abuse Prevention – Attachment A – Sexual Assault Intervention Protocol  
 Two PREA Investigation Reports resulting in and Unsubstantiated Finding  
 Two PREA After Action Review Report corresponding with the Unsubstantiated PREA Investigation Reports

#### Interviews:

PREA Compliance Manager  
 Incident Review (After Action) Team Members

#### Findings:

- The GEO Corporate policy 5.1.2-A, page 28, section 3 (a) states facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. The GPCF conducts After Action Reviews which are outlined in Attachment A of the GPCF policy 12.005 on pages 33 and 34.

- (b) The GEO Corporate policy dictates that the review shall occur within 30 days of the conclusion of the investigation. GPCF policy requires an initial meeting to review the incident within 48 hours and again within 30 days after the investigation has concluded.
- (c) Both Corporate and GPCF policies mandate the review team consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of the review. The GPCF includes the warden, associate warden, PREA Coordinator, health services administrator and mental health professional as members of the After Action Review team.
- (d) The GPCF Attachment A, page 34 mandates the review team (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) assess the adequacy of staffing levels in that area during different shifts; (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) prepare a report of its findings including but not necessarily limited to determinations made, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- (e) Item 7 of Attachment A states the GPCF shall implement the recommendations for improvement or shall document its reasons for not doing so. GEO corporate policy mandates that the facilities submit all After Action reports to the Corporate PREA Coordinator no later than 30 working days after the review.

**Conclusions:**

Provisions (a)(b)(c)(d)(e) were documented by policy, and a review of the investigative files of two unsubstantiated cases and their corresponding After Action Review reports. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.83.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

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

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention – Attachment A – Sexual Assault Intervention Protocol.

GEO Corporate Website

PREA Tracking Database

2012 Survey of Sexual Violence

#### Interviews:

PREA Compliance Manager

#### Findings:

(a)(b)(c)(d) The GPCF Policy 12.005, page 18 mandates the GPCF to collect accurate, uniform data for every allegation of sexual abuse using the GEO Significant Incident Reporting Database. The GPCF aggregates the incident based sexual abuse data at least annually. The incident-based data collected includes, 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. The GPCF maintains, reviews and

collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Upon request, GPCF provides all such data from the previous calendar years to the Department of Justice through the GEO Group (Corporate) and the Federal Bureau of Prisons, no later than June 30. The GEO Group publishes a PREA report on their website annually.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f) were documented in policy, review of reports and through an interview with the PREA Compliance Manager. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.87.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention – Attachment A – Sexual Assault Intervention Protocol  
GEO Website

#### Interviews:

Agency Head  
PREA Coordinator  
PREA Compliance Manager

#### Findings:

- (a) Policy 12.005, Attachment A, page 39 calls for the GPCF to review data collected and aggregated at least once yearly and when needed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by 1) identifying problem areas, 2) taking corrective action on an ongoing basis, and 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The GEO Agency Head states that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator for review. The GEO PREA Coordinator indicated GEO has identified and implemented several corrective actions since the PREA program inception in 2012.
- (b) The GPCF policy 12.005, page 39 further states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facilities progress in addressing sexual abuse. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA Compliance managers at each facility and annually the corporate PREA team reviews the data to determine what improvements are needed to enhance the PREA program.
- (c) GPCF policy 12.005, page 39 details that their report is approved by the GEO group and Federal Bureau of Prisons and made readily available to the public through their website. The GEO Agency Head states PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO.
- (d) The GEO Group and GPCF, or the Federal Bureau of Prisons may redact specific materials from the reports when publication would represent a clear and specific threat to the safety and security of a facility but includes the nature of the material redacted. Redacted information includes personal identifiers.

Conclusions:

Provisions (a)(b)(c)(d) were demonstrated by policy, a review of the GEO website and through interviews. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.88.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

GPCF Policy 12.005 – Sexual Abuse Prevention – Attachment A – Sexual Assault Intervention Protocol  
GEO Website

Interviews:

PREA Compliance Manager

Findings:

- (a) The GPCF maintains the data collected pursuant to standard 115.87 are securely retained in a locked office, in locked filing cabinets.
- (b) Aggregated sexual abuse data is maintained at the facility and provided to the GEO Group via a secure document exchange. The GEO Group publishes an annual report on their website.
- (c) Personal identifies are redacted from the data before making the report public.
- (d) Data collected pursuant to the procedure outlined above is securely retained for at least 10 years or longer if required by state statute.

Conclusions:

Provisions (a)(b)(c)(d) are demonstrated by corporate and local procedures an articulated and confirmed by the PREA Compliance Manager. Based upon the review and analysis of all available evidence, the GPCF is found in compliance with standard 115.89

## 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 inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Great Plains Correctional Facility (GPCF) was audited in May 2-4, 2017. This audit was originally scheduled for May 2020 however, due to the COVID19 pandemic, the audit was moved to June 29-July 2, 2020. This is the first year of the current audit cycle. The auditor was given full, unfettered access to the GPCF, which should be commended on the cleanliness of the facility. Access to staff, inmates, documentation, data, and anything else requested was made a priority by the GPCF PCM and staff. The auditor was provided a private office to conduct staff interviews and inmate interviews.

#### 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, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The 2017 PREA Auditor's final report is available at [www.geogroup.com](http://www.geogroup.com). The final report was posted on the website May 15, 2017 and is currently available.

# AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

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

Karen S. Dalton

August 2, 2020

**Auditor Signature**

**Date**

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

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