

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

Interim       Final

Date of Report: June 30, 2019

### Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: March 4-7, 2019

### Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33431	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 561-893-0101		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> GEO's mission is to develop innovative public private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, 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.			
<b>Agency Website with PREA Information:</b> <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>			

### Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

### Agency-Wide PREA Coordinator

**Name:** Rob Walling **Title:** Senior PREA Manager, Acting PREA Coordinator

**Email:** rwalling@geogroup.com **Telephone:** 765-778-5724

**PREA Coordinator Reports to:** Daniel Ragsdale, Executive Vice President, Contract Compliance  
**Number of Compliance Managers who report to the PREA Coordinator** 56 (US Corrections 40 (Reentry Services) 8 (Youth Services) 3 (Lockups) = 107

### Facility Information

**Name of Facility:** New Castle Correctional Facility

**Physical Address:** 1000 Van Nuys Road, New Castle, IN 47362

**Mailing Address (if different than above):** SAA

**Telephone Number:** (765) 593-0111

**The Facility Is:**  Military  Private for profit  Private not for profit

Municipal  County  State  Federal

**Facility Type:**  Jail  Prison

**Facility Mission:** "It is the mission of the New Castle Correctional Facility to provide integrated and holistic delivery of individual re-entry treatment programming to a diverse inmate population utilizing a full range of correctional services including dental, medical and psychological services; sex offender programming; education; vocational training, and work programs. NCCF provides substance abuse education, general counseling, life skills, and transition planning designed to assist offenders upon re-entry into the community and to reduce recidivism."

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

### Warden/Superintendent

**Name:** Keith Butts **Title:** Warden

**Email:** kbutts@geogroup.com **Telephone:** (765) 593-0111, ext. 2009

### Facility PREA Compliance Manager

**Name:** Bryan VanDervort **Title:** PREA Compliance Manager

**Email:** bvandervort@geogroup.com **Telephone:** (765) 593-0111, ext. 4013

### Facility Health Service Administrator

**Name:** Laura Basham **Title:** Health Services Administrator

**Email:** Laura.basham@wexfordindiana.com **Telephone:** (765) 593-0111, ext. 4406

<b>Facility Characteristics</b>			
Designated Facility Capacity: 3196		Current Population of Facility: 3058	
Number of inmates admitted to facility during the past 12 months			1653
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1548
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1630
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			111
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-90	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			20 months
Facility security level/inmate custody levels:			Minimum, Medium, Maximum (1-4)
Number of staff currently employed by the facility who may have contact with inmates:			425
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			425
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			175
<b>Physical Plant</b>			
Number of Buildings: 21		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		2	
Number of Open Bay/Dorm Housing Units:		12	
Number of Segregation Cells (Administrative and Disciplinary):		84	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility has 492 cameras with one server that retains data from 14-68 days.			
<b>Medical</b>			
Type of Medical Facility:		24/7 Onsite Outpatient/Infirmary	
Forensic sexual assault medical exams are conducted at:		St. Vincent Anderson Regional Hospital, Anderson, IN	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			146 volunteers 175 contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			111

# Audit Findings

## Audit Narrative

The New Castle Correctional Facility is a private prison owned and operated by the GEO Group, Inc. GEO contracts with Indiana Department of Corrections (IDOC) to house their adult male offenders.

### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails*, and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policy 17.001, *Sexual Abuse*. Procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Bryan VanDervort, the facility's PREA Compliance Manager, answered questions and provided additional information and documentation as requested. The facility was provided with facility notices in English and Spanish six weeks prior to the onsite audit visit informing offenders of the scheduled audit date, which included my name and mailing address if they wished to send me correspondence. Offenders were informed correspondence would remain confidential. Correspondence was received from two New Castle Correctional Facility offenders.

The Indiana Department of Corrections has a Professional Services Contract with the Indiana Coalition Against Domestic Violence (ICADV) entered into in 2015, with emotional support services provided to offenders of the New Castle Correctional Facility. The Technical Assistant Coordinator of the agency was contacted to confirm and discuss the terms of the agreement. The Technical Assistant Coordinator is the agency's only advocate. If there are victim advocacy services requested and she cannot not respond within a reasonable length of time, she may contact contracted advocates located in outlying areas to assist her. The Technical Assistant Coordinator's duties include answering the 24-hour hotline calls and providing victim advocacy and legal advocacy services. The agency has a contracted therapist who is available to provide 3-6 individual therapy sessions to offender victims of sexual abuse, or more if required, on-site at the New Castle Correctional Facility. All services provided are confidential and at no cost to the offender victim.

The PREA Compliance Manager provided lists of security staff, non-security staff, contractors and volunteers scheduled to be onsite during the audit. From this information, staff, contractors and volunteers were selected to be interviewed.

### **Onsite Audit Phase**

The PREA audit of the New Castle Correctional Facility (NCCF) was conducted March 4-7, 2019 by me with the assistance of Rodney Bivens, DOJ Certified PREA Auditor. On the first day of the audit, an entrance meeting was held with the following persons attending:

Keith Butts, Warden  
Bryan VanDervort, PREA Compliance Manager  
Scott Fitch, Assistant Warden of Security  
Roy Davis, Chief of Security  
Jennifer French, Assistant Warden of Programs  
Lisa Halstead, Compliance Administrator  
Myra Strobel, Executive Assistant  
Greg Pearson, PREA Investigator  
Blake Huber, Unit Team Manager  
Eric Lowe, Unit Team Manager  
Angie Price, Unit Team Manager  
Amie Williams, Unit Team Manager  
Rob Walling, Senior Manager, Contract Compliance, PREA

Following the entrance meeting, a site review of the majority of the facility was conducted. Throughout the week other areas not visited on the first day of the audit were visited. The following people accompanied the auditors on site reviews:

Keith Butts, Warden  
Bryan VanDervort, PREA Compliance Manager  
Scott Fitch, Assistant Warden of Security  
Jennifer French, Assistant Warden of Programs  
Greg Pearson, PREA Investigator  
Lisa Halstead, Compliance Administrator  
Rob Walling, Senior Manager, Contract Compliance, PREA

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility with the date posted noted as 1/23/19.

PREA reporting information in both English and Spanish was posted in all housing units and in numerous locations throughout the facility. Signs on the windows of housing units remind female staff to make opposite gender announcements and to log these announcements in the Housing Log Books. In review of Housing Log Books, opposite gender announcements are being documented.

It was noted that there were very few cameras in the kitchen. It was recommended the facility consider cameras in the kitchen due to three substantiated staff-on-inmate sexual abuse investigations. In discussion with the Warden and in a recommendation made in the incident review of one of those cases, the facility has identified cameras are needed in the kitchen and have requisitioned 10-15 cameras.

The speed dial reporting options available to offenders were dialed from an offender telephone. The Indiana Department of Corrections TIPS Line (#80) provides access to the Indiana Ombudsman Bureau and (\*66) reaches the Indiana Coalition Against Domestic Violence. Neither number could be accessed because an offender pin number was needed to complete the calls.

A request was made to the PREA Compliance Manager to contact GTL, the facility's telephone vendor, to request an anonymous pin number be set up to allow these calls to be made without the use of an offender pin number to allow anonymous reporting. In conversation with the IDOC PREA Coordinator, he said he would contact GTL to inquire about the possibility of an anonymous pin. Offenders are given the mailing address to the Indiana Ombudsman Bureau as an anonymous external reporting option. Posted information in housing units in English and Spanish inform offenders they can write to the Indiana Ombudsman Bureau to report sexual abuse and their reports once received will be forwarded to the facility's PREA Compliance Manager. Offenders are also informed if they wish to remain anonymous they can state that in their letter and the Indiana Ombudsman will remove the offender's name from the report before sending it to the facility's PREA Compliance Manager.

During the site review, the auditors spoke informally to offenders questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. On the first day of the audit, there were 3058 offenders assigned to the facility. Fifty-five offenders were interviewed, which included two offenders who correspondence was received and offenders with the following special designations:

<b>Number</b>	<b>Special Designation(s)</b>
1	Limited English Proficient
2	Potential Victim
2	Alleged Sexual Abuse
1	Transgender/Alleged Sexual Abuse
1	Potential Predator
2	Physical Disabilities
1	Cognitive Deficits
3	Transgender
4	Gay
2	Bisexual
1	Bisexual/Hard of Hearing
1	Deaf
1	Blind

The limited English proficient offender was Spanish speaking and was interviewed with translation provided by a staff member. One offender interviewed reported sexual victimization as a child that he never reported. He stated he would like to see Mental Health and a referral to mental health for follow up was made.

Twenty-six specialized staff and 28 random staff were interviewed. Random staff interviewed were from both security shifts and included a Captain, Lieutenant, a Sergeant and eleven line staff from each shift. The agency's PREA Coordinator and the Vice President and Chief Corrections Officer (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation period.

Staff who had multiple roles were asked questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training as part of their in-service training and annually in in-service. All staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first

responder duties. Those interviewed were knowledgeable of those responsibilities if they were first to respond to an allegation of sexual abuse.

The human resource files of 21 random employees, seven random contractors and seven random volunteers were reviewed to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are performed for pre-employment and annually, in addition for employees who were promoted within the past 12 months. Files reviewed were found to be complete with documentation of background clearances and required disclosures.

The same number of employees, contractors and volunteers training files were reviewed to determine compliance with PREA training requirements. All files reviewed had documentation showing PREA training in pre-service and annually in in-service for employees and contractors. Volunteer files reviewed had documentation of annual volunteer training, which includes PREA.

Thirty-one random offender files were reviewed to determine compliance with PREA education requirements for offenders and screening procedures. Records reviewed showed documentation that offenders are receiving written PREA information upon intake and comprehensive education within seven days of arrival to the facility.

Screenings are completed upon arrival to the facility, within 30 days of arrival and annually at the time of Classification review using the IDOC Sexual Violence Assessment Tool (SVAT). In review of screening information, 19 of the 31 files reviewed showed inconsistencies between initial screenings and subsequent 30-day follow-ups and annual screenings. In many cases the offender answered questioned on the screening form differently from one review to the next. In other cases, the file review portion of the screening form was found not consistent with the initial screening information. The inconsistencies of the information caused the identification of offenders as a victims, predators or both to be changed for seven of the 19 offenders.

There were also inconsistencies discovered in the SVAT forms being used to complete screenings. In the 31 offender files reviewed, there were three different versions of the SVAT found to be used. Upon discussions with Case Managers responsible for completing screenings, they confirmed they are not reviewing previous information when completing follow-up and annual screenings.

In discussion with the IDOC PREA Coordinator, he provided the most current SVAT form that should be used. The IDOC PREA Coordinator agreed to provide training on the process of completion of the SVAT. On the second day of the onsite visit, Case Managers and Unit Managers were trained and the PREA Compliance Manager provided a copy of the Training Attendance Record of that training. The PREA Compliance Manager has plans to meet with each unit team for further review of the completion of the SVAT forms. Based on the findings, standard 115.41 was found non-compliant and the facility entered into a 60-day corrective action period.

In the 12 months preceding the audit, there were 55 PREA allegations received. A breakdown of those investigations are as follows:

<b>Number</b>	<b>Type</b>	<b>Disposition</b>
22	Inmate-on-Inmate Sexual Abuse	2 – Unfounded 12 – Unsubstantiated 1 – Substantiated 7 - Ongoing
10	Inmate-on-Inmate Sexual Harassment	6 – Unfounded 4 - Ongoing
14	Staff-on-Inmate Sexual Abuse	4 – Unfounded 3 – Unsubstantiated 1 – Substantiated 6 - Ongoing
9	Staff-on-Inmate Sexual Harassment	2 – Unfounded 3 – Unsubstantiated 2 – Substantiated 2 - Ongoing

The investigative files of 20 random allegations received in the past 12 months were reviewed with the PREA Compliance Manager with the Senior Manager, Contract Compliance, PREA present. Files were found to contain retaliation monitoring forms showing monitoring began within the first week of the report of the allegation and weekly thereafter. Incident reviews and notice of outcomes to alleged victims were found to be timely and filed in the corresponding investigative files.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Keith Butts, Warden
- Bryan VanDervort, PREA Compliance Manager
- Scott Fitch, Assistant Warden of Security
- Jennifer French, Assistant Warden of Programs
- Roy Davis, Chief of Security
- Paul Williams, Security Operations Manager
- Lisa Halstead, Compliance Administrator
- Myra Strobel, Executive Assistant
- Greg Pearson, PREA Investigator
- Andrew Bechum, Program Director
- Todd Tebow, Fire & Safety Manager
- David Lindsey, Eastern Region Manager, Training
- Rob Walling, Senior Manager, Contract Compliance, PREA
- Phebia Moreland, Director, Contract Compliance PREA Coordinator (via telephone)

Recommended corrective actions to bring standard 115.41 into compliance were discussed. The PREA Coordinator will work with the team to complete a corrective action plan. The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and were informed of the process that would follow the onsite audit visit.



## Post-Onsite Audit Phase

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and interviews during the Onsite Audit Phase were reviewed during this Post-On-Site Audit Phase.

Following the conclusion of the 60-day corrective action period, documentation to prove the steps the facility took to achieve compliance to standard 115.41 were reviewed. See page 12, *Corrective Action Taken*, for details of documentation provided, reviewed and approved. Revisions to facility policy 17.001 included changes to the process of conducting screenings. The PREA Compliance Manager provided training to staff on completing SVAT's. Completed intake SVAT forms and 30-day reviews were found to be completed timely. Minutes of PREA/CATF meetings held showed review of offenders recommended for changes of their flags in OIS and tracking of offenders in OIS who screened to be potential victims or predators. After review, the facility was found to comply with all provisions of standard 115.41.

## Facility Characteristics

The New Castle Correctional Facility is located at 1000 Van Nuys Road, New Castle, Indiana. The facility has a rated capacity of 3,196. In January 2006, the GEO Group, Inc. was awarded the contract to house minimum, medium and maximum, levels I – IV, adult male offenders for the Indiana Department of Corrections. The New Castle Correctional Facility is the only facility in the state of Indiana that houses maximum security, acute mentally ill offenders in its 128-bed mental health unit.

Central Control is located near the front entrance of the administration building. All staff and visitors entering into the facility present identification, have their property checked, walk through a metal detector and sit in a BOSS chair for further screening. Correctional Officers posted in Central Control view camera monitors, control doors and check identification. The facility has 492 cameras with one server that retains data for 14-68 days.

The visitation area is opposite of the Central Control. Visitation has a large area for contact visits, a non-contact area, attorney rooms and area for video visitation. There is a separate visitation in the minimum custody unit. Also, in the administration building there is a shift briefing room, administrative offices, a Receiving and Reception Unit, an education wing, vocational classrooms, medical clinic with infirmary, culinary classrooms, security offices, a chapel, commissary, laundry, kitchen and dining halls, a mental health unit with 128 beds, a Restrictive Housing Unit (RHU) with 52-beds, substance abuse classrooms and the sex offender monitoring and management offices and classrooms.

There are 12 other buildings within the fence which include 11 housing units and a recreation building. A number of the housing units serve specific populations as follows:

- C-Unit: Facility food service workers
- D-Unit: Scholars' Dorm – offenders pursuing literacy or high school equivalency education
- E-Unit: Facility long-term workers in skilled trades
- G-Unit: PLUS (Purposeful Living Units Serve) – faith and character-based programming
- H-Unit: Housing unit for military veterans
- I-Unit: SHARE (Sober Housing Addiction Recovery Environment)
- J-Unit: HOPE (Holistic Opportunity Progressive Environment)
- K-Unit: Intake Unit – first 10-14 days of arrival and pre-release for last 60 days

The STAND Unit (Striving Towards a New Direction) is a maximum security dual-occupancy cell unit housing with the capacity to house 480 medium to maximum security offenders and includes a 32-bed single occupancy RHU. There are 256 beds dedicated to protective custody offenders and 192 beds dedicated to offenders who have had long-term restrictive housing status and goals to transition back into general population.

The general population buildings have a control center in the center of the building where staff posted in the control center control movement in and out of each unit and the building. There is one single-level 92-bed dormitory that is referred to as the Assisted Living Unit (A Building) that houses elderly and offenders with mobility or health issues.

All restrooms afforded offenders privacy when toileting and shower curtains provide added privacy when showering.

Outside of the fence the maintenance department, the warehouse and a 204-bed level one, minimum security, general population open dormitory unit (L Building).

Food services are provided through a contract with Aramark Correctional services with 27 Aramark employees assigned to the facility. Healthcare services are provided through a contract with Wexford with 87 contracted healthcare employees.

There are two security shifts. Day shift is 6:00 a.m. to 6:00 p.m. and night shift is 6:00 p.m. to 6:00 a.m. Correctional Officers conduct three head counts on each security shift and wellness checks are completed every hour in general population housing units and every 30 minutes in RHU, in the Mental Health Unit and the infirmary. Wellness checks and head counts are documented in the *Housing Log Books*. The RHU utilizes a pipe system for documenting cell checks. Lieutenants and Captains perform unannounced PREA rounds, two rounds in each housing unit each shift, and document these rounds on the *Duty Officer's Report*.

## Summary of Audit Findings

**Number of Standards Exceeded:** 4

The facility was found to exceed in the requirements of the following standards: 115.11; 115.17; 115.33; 115.88.

**Number of Standards Met:** 41

The facility was found to meet compliance to the following standards: 115.12; 115.13; 115.14; 115.15; 115.16; 115.18; 115.21; 115.22; 115.31; 115.32; 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.89; 115.401; and 115.403.

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

#### Recommended Corrective Action:

The agency's PREA Coordinator worked with the PREA Compliance Manager in the development of a corrective action plan to achieve compliance to standard 115.41. The PREA Coordinator forwarded the plan to me for approval. The plan was approved as follows:

1. The Indiana Sexual Violence Assessment Tool (SVAT), updated 2016 by IDOC will exclusively be used as of 3/15/19.
2. The PREA Compliance Manager will provide Training with all Case Managers and Unit Managers and other essential staff members responsible for completion of SVAT's.
3. Case Managers will complete their respective SVAT's in accordance with GEO's policy 5.1.2-A. Intake SVAT's are to be completed within 24 hours of arrival to the facility and follow-up reassessments are to be completed no less than 21 days from the intake assessment and no more than 30 days from the intake assessment. Upon completion all SVAT's will be submitted to the PREA Compliance Manager for tracking and verification of accurate completion.
4. Any SVAT that has an offender PREA flag for Victim or Aggressor changing from that flag to no flag will be researched by the Case Manager/Unit Manager in order to confirm and approve or deny the change. This information will be submitted to the PREA Compliance Manager, along with the SVAT, for tracking and verification of correct completion. If the information is inaccurate, the PREA Compliance Manager will return the SVAT to the appropriate Case Manager/Unit Manager for additional information. Once sufficient information is provided, it will again be forwarded to the PREA Compliance Manager for tracking and verification of accurate completion. Steps 1-4 will be added to local policy 17.001 under standard 115.41.
5. The PREA Compliance Manager will forward a random sample chosen by this auditor of completed intake, follow-up and annual SVAT's to GEO's PREA Coordinator for review.

6. The PREA Compliance Manager will provide documentation of training on the process for completion of SVAT's, an updated Victim/Predator report after all PREA flags have been reviewed and any changes made and PREA Committee meeting minutes where adjusted flags were discussed and the policy revision. The GEO PREA Coordinator will forward to this auditor all corrective action documents for review and approval.

**Corrective Action Taken:**

At the conclusion of the 60-day corrective action period, the facility provided the following information to prove compliance to standard 115.41:

1. Facility policy 17.001, *Sexual Abuse Prevention*, with revision made to section 4.9, *Screening for Risk of Victimization or Abusiveness*. Revisions included items 1-4 in the above *Recommended Corrective Action* section. The revised policy was approved and signed on 5/16/19 by the Acting Warden.
2. On 3/6/19 and 3/14/19 the PREA Compliance Manager provided training to program staff, unit team members, reentry and case management staff. A total of 57 employees attended training as verified by their signature on *Training Attendance Records*. The training provided instructed staff of the process of completing the *Sexual Violence Assessment Tool (SVAT)*.
3. Completed SVAT and completed 30-Day Reviews for a period of 60 days were forwarded for review.
4. PREA/CATF Meeting Minutes of 3/28/19 and 4/29/19 and completed SVAT forms of offender flag changes discussed at each of these meetings were provided.
5. The OIS *Current Offenders Likely PREA Victims/Predators* report as of 5/6/19 showed approved changes to offender flags being tracked in OIS.

## 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*)

**115.11 (a):** GEO policy 5.1.2-A and the New Castle Correctional Facility policy 17.001 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Both policies were found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

**115.11 (b):** The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 outlines the responsibilities of the agency's PREA Coordinator. The PREA Coordinator is extremely knowledgeable of the PREA standards and has assisted in developing and enhancing the PREA program in each of the agency's facilities, exceeding in the requirements of this provision of the standard.

**115.11 (c):** GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A and pages 8 & 9, section 4.1 of facility policy 17.001 outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Warden and the agency's PREA Coordinator.

In interview with the agency's PREA Coordinator at an earlier date and the PREA Compliance Manager during the onsite audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required.

## **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 OR the response to 115.12(a)-1 is "NO".)  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*)

GEO is a private provider and does not contract for the confinement of their inmates; therefore, this standard is not applicable to this facility.

## 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the

composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  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*)

**115.13 (a):** Based on GEO policy 5.1.2-A, pages 7, section C-1 and facility policy 17.001, pages 10-12, section 4.3, the agency/facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. The staffing plan was developed for a 3164-bed facility. Since the last PREA audit, the average daily population of the facility was 3092 offenders. In interview with the Warden and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The staffing plan was provided for review.

**115.13 (b):** According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager, in the past 12 months there were no deviations to the staffing plan. Documentation provided showed when vacancies occur, staff are pulled from “pull posts” or mandated for overtime shifts and placed on mandatory posts. In interview with the Warden, he reported together with Assistant Warden of Security they review shift rosters twice daily and share staffing information with the IDOC Client Monitor.

**115.13 (c):** Whenever necessary and no less that annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Adult Prisons & Jails* (Attachment A of policy 5.1.2-A). This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. Based on the *Annual PREA Facility Assessment –Adult Prisons & Jails* completed each year since the last PREA audit, it was noted there were no deviations to the staffing plan and no recommendations for changes to the established staffing plan. In interview with the agency PREA Coordinator, she reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the *Annual PREA Facility Assessments* she reviews and approves for each of the agency facilities annually.

**115.13 (d):** According to facility policy 17.001, page 12, section 4.3.8, the New Castle Correctional Facility has a policy and practice requiring department heads, facility management staff and shift supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. These rounds are documented on the *Duty Officer's Report* and in the *Housing Daily Logs*. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with management staff and shift supervisors and in review of *Duty Officer Reports* for the month February 2019, and entries in *Housing Daily Logs* the practices of rounds is in place and being followed.

## 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*)

The New Castle Correctional Facility does not house youthful offenders; therefore, this standard is not applicable to this facility.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017)  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 here for facilities with less than 50 inmates before August 20, 2017.)  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?  
 Yes    No

#### 115.15 (d)

- Does the facility implement a policy and practice 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*)

**115.15 (a):** Based on review of GEO policy 5.1.2-A, pages 16 & 17, section I and facility policy 17.001, pages 25 & 26, section 4.13, the agency and facility have policies in place regarding offender searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.

**115.15 (b):** The New Castle Correctional Center Facility not house female offenders; therefore, this provision of this standard is not applicable to this facility.

**115.15 (c):** The facility documents all cross-gender strip searches and cross-gender body cavity searches. All strip searches are documented in the *Housing Daily Logs*. Copies of *Housing Daily Logs* showing entries of strip searches were provided for review prior to the onsite audit and observed in use during the onsite audit visit.

**115.15 (d):** The agency and facility have policies and practices that allow inmates to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering housing units or restroom areas. These announcements are documented in the *Housing Daily Log*. Copies these entries were provided for review prior to the onsite audit and documented entries were reviewed during the onsite audit. Signs on windows of the windows of each housing unit remind female staff to announce their presence when entering dorms and document the announcement in the *Housing Daily Log*.

**115.15 (e):** GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 17.001, pages 24 & 25, section 4.11, address searches of transgender and intersex offenders. Facilities shall not search or physically examine a transgender or intersex offender solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner.

**115.15 (f):** All security staff of the New Castle Correctional Facility receive training on how to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner. The pre-service and in-service curriculums, *PREA DOJ-2017 Pre-Service* and *PREA-DOJ 2017 In-Service* curriculums were provided for review and found to contain training on pat searches, including searches of transgender and intersex inmates. Security staff also complete *IDOC Pat, Frisk, and Modified Frisk Search* training. The lesson plan of this training was provided for review. Staff sign a *Training Attendance Record* upon completion of all training and sign a *PREA Basic Acknowledgement* and an *Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention"*. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually at in-service training.

## **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*)

**115.16 (a):** Based on GEO policy 5.1.2-A, pages 11 & 12, section E and facility policy 17.001, page 15, section 4.7.6, the agency and the facility ensure that offenders with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interview with the Vice-President, Risk Management (agency head designee), he reported that PREA education is offered in various formats. Poster, pamphlets and videos are in English and Spanish. He also stated that facilities have contracts with Language Line Services and have TDD's for the deaf. At the time of the onsite audit there was one offender interviewed who was deaf and one hard of hearing, both reported they read the PREA information and responded appropriately to questions asked. One offender interviewed was blind and he reported the PREA information was read to him and he also responded appropriately to questions asked.

**115.16 (b):** The facility takes steps to ensure that offenders who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. Offenders receive an *Indiana Department of Corrections Sexual Assault Prevention & Reporting Offender Information Brochure*, available in English and Spanish and in large print for offenders with low vision. The facility also has a TTY for use of offenders who are deaf or hard of hearing. PREA comprehensive education for offenders is presented in English and Spanish. The facility has three bilingual staff designated as Spanish interpreters. A contract with the Language Training Center, Inc. provides translation of any other language. Progress note entries are made in offender OMS records documenting use of Language Training Center interpreters. There was one limited English proficient offender interviewed. He reported receiving written PREA information in Spanish and viewing the Spanish PREA video.

**115.16 (c):** Agency and facility policies prohibit offenders to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The use of offenders under these circumstances must be justified and documented in a written investigative report. In information provided on the Pre-Audit Questionnaire, in the past 12 months offenders have not been used for this purpose. Staff interviewed knew offenders were not to be used for this purpose.

### 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, or 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*)

**115.17 (a):** GEO policy 5.1.2-A, page 8 section C-2 and facility policy page 12, section 4.4, interview with the Human Resource Manager, and review of random employee, contractor and volunteer files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who have engaged in, been convicted of, or been

civily or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.

**115.17 (b):** GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Interview with the Human Resource Manager confirmed this practice.

**115.17 (c):** The agency requires that all applicants and employees who may have contact with offenders have a criminal background checks. Criminal background checks for all potential employees are completed through the Indiana Department of Corrections and through a contract with Career Builders. For those considered for promotions or who transfer from another facility, an internal background check through GEO (Career Builders) and a background check through the Indiana Department of Corrections are completed. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested on the *PREA Questionnaire for Prior Institutional Employers* form. From information provided on the Pre-Audit Questionnaire, in the past 12 months, 125 criminal background checks were completed.

**115.17 (d):** The facility performs criminal background checks through the Indiana Department of Corrections before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no criminal background checks conducted for contractors.

**115.17 (e):** Criminal background checks are conducted every four years exceeding in this provision of this standard requiring background checks be completed every five years.

**115.17 (f):** The agency asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees, contractors and volunteers complete a *Mandatory Pre-Service PREA Questionnaire* during annual in-service training. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check is completed by IDOC, as well as a GEO internal PREA verification.

**115.17 (g):** GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

**115.17 (h):** Unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

Random human resource files of 21 employees, seven contractors and seven volunteers were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements. Files were found to be in excellent order. The facility was found to exceed in the requirements of this standard.

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

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

### **115.18 (a)**

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

**115.18 (a) & (b):** GEO policy 5.1.2-A, page 8, section C-3 and facility policy 17.001, page 12, section 4.3.7, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Warden, since the last PREA audit the facility has not acquired any new facility, expanded or modified the existing physical plant. The Warden reported since the last PREA audit, close to 100 cameras have been installed with plans for additional cameras as the budget allows.

In interview with the Vice President, Risk Management (agency head designee) at an earlier date he stated that the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the project development team to ensure the safety of inmates.

## 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 onsite 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?  Yes    No

- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  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*)

**115.21 (a):** GEO policy 5.1.2-E, pages 6-10, sections D-J and facility policy 17.001, page 33, section 4.17.7, outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. The agency/facility is responsible for conducting administrative investigations of sexual abuse and follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

**115.21 (b):** The agency and the facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice’s office on Violence Against Women Publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”.

**115.21 (c):** Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. In a memorandum by the Regional Manager of the Wexford of Indiana, LLC, states the St. Vincent Anderson Hospital in Anderson, Indiana is utilized for forensic exams as they regularly staff a SANE nurse. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were five SANE exams performed.

**115.21 (d):** The Indiana Department of Corrections has a Professional Services Contract with the Indiana Coalition Against Domestic Violence (ICADV) entered into in 2015, to provide for emotional support services for offender victims of sexual abuse.

**115.21 (e):** The terms of the written contract provide advocates to accompany and support the victim through the forensic medical exam process and the investigatory process and provide emotional support services.

**115.21 (f):** Criminal investigations are conducted by the Indiana State Police.

Inmates are made aware of the confidential emotional support services available to them and how to access them in the *Inmate Handbook* and on PREA posters displayed throughout the facility in both English and Spanish. They are informed they can contact the Indiana Coalition Against Domestic Violence by speed dialing \*66, toll-free from any offender telephone. When interviewed, offenders did not know the name of the agency, but knew how to access the information if they needed to.

## 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 such publication 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*)

**115.22 (a):** GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 17.001, pages 29-32, section 4.16, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there were 55 allegations of sexual abuse/sexual harassment received. Administrative investigations were conducted on all allegations received. There were no allegations referred for criminal investigation.

In interview with the Vice President, Risk Management (agency head designee), he reported that referral of allegations of sexual abuse and sexual harassment is required by policy and client contracts.

**115.22 (b):** GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Allegations that appear to be criminal are referred to the Indiana State Police.

The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the *PREA Annual Incident Tracking Log*. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for



criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

**115.22 (c):** Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

According to information provided on the Pre-Audit Questionnaire, in review of *Annual PREA Incident Tracking Logs* and in interview with the PREA Compliance Manager and facility investigators, in the past 12 months there were no criminal investigations conducted by the Indiana State Police.

In interview with the Vice President, Risk Management (Agency Head Designee), he stated that all allegations are investigated administratively or criminal investigations are conducted by local, state or federal authorities as required by policies and client contracts.

## 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*)

**115.31 (a):** GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on page 13, section F-1 of policy 5.1.2-A and pages 12 & 13, section 4.5 of facility policy 17.001. The *PREA DOJ 2017 Pre-Service* and the *PREA 2017 In-Service* training curriculums were reviewed and found to address all elements of this provision of this standard as required. Staff receive

classroom training facilitated by the Training Administrator during pre-service and annually during in-service training.

**115.31 (b):** The New Castle Correctional Facility houses adult male offenders. The training provided to all staff is tailored to meet the needs of the gender of this population. An employee will receive additional training if reassigned from a facility that houses only female offenders.

**115.31 (c):** In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of the New Castle Correctional Facility receive PREA education as required annually. Since the last PREA audit, there were 390 employees assigned to the facility received PREA training annually. Between trainings, the facility has meetings, shift briefings and receive emails regarding PREA updates and information. Employees also receive an employee handbook which contains PREA information and *Third Party Reporting Posters* are displayed in various locations throughout the facility.

**115.31 (d):** Upon completion of PREA pre-service and annual in-service training, staff sign a *GEO PREA Basic Acknowledgement* form, an *IDOC Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention* form and a *Staff Development and Training Adult Pre-Service Program* form or a *Staff Development and Training Adult In-Service Program* form acknowledging receipt and understanding of the training received. Documentation of annual PREA training for employees is maintained recorded on individual training records maintained by the Training Coordinator.

Review of 21 random employee training records confirmed training is being completed and documentation of this training being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

## 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*)

**115.32 (a):** The New Castle Correctional Facility ensures that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, page 14, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, page 15, H-1 and facility policy 17.001, page 14, section 4.6 outlines the requirements for contractor and volunteer PREA training.

**115.32 (b):** The facility has 146 volunteers and 175 contractors. Contractors receive the same PREA training as employees at pre-service and annually at in-service. The level of training that volunteers and contractors receive is based on the services they provide and the level of contact they have with offenders. According to the Community Engagement Coordinator, volunteers attend a full day of training before being allowed access to the facility, which includes PREA training. Annually volunteers have the option of to attend classroom training or complete training online.

**115.32 (c):** Contractors sign a GEO *PREA Basic Acknowledgement Forms* and IDOC *Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention* form when they complete PREA training acknowledging receiving and understanding the training. The facility's Training Coordinator maintains training records of staff and contractors and the Community Engagement Coordinator maintains volunteer records. In review of seven random contractor and seven random volunteer training records, documentation of general PREA training is being maintained by the facility.

In interview with six contractors and two volunteers, they confirmed receiving PREA training and were knowledgeable of the agency/facility's zero-tolerance policies and of their responsibilities as outlined in the policies. They knew who to report to if an offender alleged sexual abuse or sexual harassment to them.

## 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 such education?  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*)

**115.33 (a):** Based on GEO policy 5.1.2-A, page 12, section E-2 and facility policy 17.001, pages 14-16, section 4.7, all offenders receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, offenders receive IDOC *Offender Handbook*, which includes PREA information on page 23, section IV-N.

**115.33 (b):** Comprehensive PREA education is provided to newly assigned offenders on Monday of each week as part of the orientation process. Offenders view the *PREA: What You Need to Know* video and receive an IDOC *Sexual Assault Prevention and Reporting Offender/Student Information Brochure*.

**115.33 (c):** On information reported on the Pre-Audit Questionnaire, there were 1653 offenders admitted to the New Castle Correctional Facility in the past 12 months and all offenders received PREA education.

**115.33 (d):** All PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The *Offender Handbook* and all verbal information given is provided in both English and Spanish. Staff proficient in Spanish are designated as Spanish translators. A contract with the Language Training Center, Inc. provides translation of any other languages. The facility has a TTY for deaf or hard of hearing inmates as well as tablets in all general population housing units for visual transmittal of PREA information, along with 111 offenders assigned to the facility prior to 8/20/12. In interview with one offender who was blind, he reported given verbal instructions upon arrival and during orientation.

**115.33 (e):** The facility maintains documentation of offenders' participation in PREA education sessions. Offenders interviewed acknowledged receiving an *Offender Handbook* and the IDOC *Sexual Assault Prevention and Reporting Offender/Student Information Brochure* upon arrival to the facility. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment.

**115.33 (f):** Ongoing PREA information is provided on multiple posters, both in English and Spanish, displayed in housing units and in numerous other locations throughout the facility as observed during the

site review of the facility. Each housing unit has a dorm representative meeting where PREA is discussed.

In review of offender records and the level of knowledge of offenders interviewed, the facility was found to exceed in the requirements of this standard.

## 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 have received 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*)

**115.34 (a):** Based on GEO policy 5.1.2-A, page 14, section F-3 and facility policy 17.001, page 17, section 4.8.5.2, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

**115.34 (b):** Agency facility trained investigators complete *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's PREA Coordinator. The training curriculum was provided for review and found to include interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

**115.34 (c):** The facility has a PREA Investigator, an Internal Affairs Investigator and the PREA Compliance Manager who are all trained in administrative investigations of allegations of sexual abuse and sexual harassment. The agency maintains documentation that investigators have received specialized training. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, all investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility.

In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in this training.

### 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?  Yes  No
- 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?  Yes  No

- 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?  Yes  No
- 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?  Yes  No

#### 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.)  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?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  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*)

**115.35 (a):** GEO policy 5.1.2-A, pages 13 & 14, section 2 states that the agency ensures that all full-time and part-time medical and mental health staff will be trained to detect signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**115.35 (b):** This provision of this standard is not applicable to this facility. Medical staff do not perform forensic exams. Forensic exams are performed at the St. Vincent Anderson Medical Center by SANE nurses.



**115.35 (c):** Medical and mental health staff complete Wexford's *PREA What Health Care Providers Need to Know Medical and Mental Health Specialized Training*. The curriculum was provided for review and found to include the training requirements as outlined in provision 115.35 (a) of this standard. The facility maintains documentation of this training electronically in individual training records. The HSA provided documentation showing all healthcare staff have completed this training.

**115.35 (d):** Medical and mental health staff, in addition, receive the general PREA training that all employees receive. In review of the training files of random medical staff and mental health providers, documentation of general training is being maintained by the facility.

## **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, when 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, when 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, when 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 a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

**115.41 (a):** According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 17.001, pages 18-21, section 4.9, all offenders are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 1653 offenders assigned to the New Castle Correctional Facility were assessed for their risk of victimization or abusiveness upon arrival.

**115.41 (b):** Intake screening takes place within 24 hours of offenders' arrival to the facility. The facility exceeds in this provision of the standard exceeding in the standard requirement of intake screening within 72 hours of arrival to the facility.

**115.41 (c):** Intake risk assessment are conducted by Case Managers using IDOC's *Intake Sexual Violence Assessment Tool (SVAT)*, an objective screening tool. The tool is then given to the PREA Compliance Manager for review and add flags in the Offender Information System (OIS).

**115.41 (d):** The *Intake Sexual Violence Assessment Tool* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

**115.41 (e):** The screening should include the screener's thorough review of any available records available to assist with determining the offender's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

**115.41 (f):** Within a set time period, not to exceed 30 days of offenders' arrival to the facility, offenders are reassessed by their Case Manager for their risk for victimization and abusiveness using the IDOC *Follow-up, Annual & Reassessment Sexual Violence Assessment Tool*.

**115.41 (g):** An offender's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually during annual classification review assessments, offenders are reassessed for risk of victimization or abusiveness using the IDOC *Annual & Reassessment Sexual Violence Assessment Tool*.

**115.41 (h):** Offenders are not be disciplined for refusing to answer any questions or for not disclosing complete information.

**115.41 (i):** Only the Warden, Assistant Wardens, Case Managers, the PREA Compliance Manager, the Classification Supervisor, facility Investigators, Unit Managers and Record Clerks have access to screening information.

## 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?  Yes  No
  
- 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?  Yes  No
  
- 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?  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*)

**115.42 (a):** The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating detainees at high risk of being sexually victimized from detainees with those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3-a-c and facility policy 17.001, pages 21-24, section 4.10, explains the use of PREA screening information. On interview with the PREA Compliance Manager and Case Managers responsible for screening detainees, they explained how the facility utilizes screening information for this purpose. The facility's Master Location/Count Office maintains an electronic *Bed Roster* of all offenders. The roster identifies offenders who screened and flagged within the OIS to be likely victims or predators or both by color coding the names of these offenders.

**115.42 (b):** Individualized determinations are made about how to ensure the safety of each offender. Offenders who score at risk of victimization or abusiveness are referred for further evaluation with mental health. Offenders have an option of refusing these services. Those identified to be at risk are tracked on electronically on an Offender Information System (OIS) *Current Offender Likely Victim/Predator* report.

**115.42 (c):** Guidelines for housing and program assignments and for the management of transgender and intersex offenders are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and in facility policy 17.001, pages 22 – 24, section 4.10, 4.10.11 – 4.10.18. In making housing and programming assignments for transgender or intersex detainees, the facility will consider on a case-by-case basis

whether the placement would present management or security problems. Offenders who self-disclose being gay, bisexual, transgender or intersex are tracked on a *Gay Tracking List, Bisexual Tracking List or a Transgender Tracking List* that are maintained by the PREA Compliance Manager based on the results of the SVAT's information.

Transgender and intersex offenders are housed with housing determinations made by a Transgender Care Committee (TCC). The TCC meets with the offender, complete a GEO *Statement of Search/Shower/Pronoun Preference Form* and documents the meeting on the *Transgender Care Committee Summary*.

**115.42 (d):** A transgender or intersex offender's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. The facility has a PREA Committee with the PREA Compliance Manager serving as the chairperson of the committee. The PREA Committee meets on a monthly basis where the *Current Offender Likely Victim/Predator* information is reviewed. The TCC is a subset of the PREA Committee. Transgender and intersex offenders' placement and programming are reviewed as needed, but at least every six months. Copies of PREA Committee Meeting minutes were provided for review which showing TCC documented in the PREA Committee Meeting minutes.

**115.42 (e):** A transgender or intersex detainee's own views of their safety is taken into consideration. When the TCC meets with transgender or intersex offenders meet with the TCC they are given an opportunity to express their views.

**115.42 (f):** Transgender and intersex offenders are offered the opportunity to shower separately from other offenders at designated times.

**115.42 (f):** GEO does not place lesbian, gay, bisexual, transgender or intersex detainees in dedicated units or wings solely based on such identification. In interview with offenders who self-disclosed being gay, bisexual and transgender, none felt they were housed any differently because of their sexual orientation.

## 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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 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*)

**115.43 (a):** GEO policy 5.1.2-A, page 18, section K-1 and facility policy 17.001, page 21, section 4.10.3 were used to determine compliance to this standard. The New Castle Correctional Facility does not place offenders at high risk for 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. The facility uses the *Sexual Assault /Abuse Available Alternatives Assessment* (attachment G of GEO policy 5.1.2-A) to document the assessment.

**115.43 (b):** Offenders placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.

**115.43 (c):** The facility will assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days.

**115.43 (d):** If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason no alternate means of separation can be arranged.

**115.43 (e):** In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.

According to information provided on the Pre-Audit Questionnaire and in interview with the Warden and security staff who supervise offenders in RHU, in the past 12 months there has not been a time that an offender found at high risk of victimization or an offender who alleged sexual abuse was placed in involuntary segregated housing.

## 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?  Yes  No

#### 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*)

**115.51 (a):** As stated in GEO policy 5.1.2-A, pages 18 & 19, section L-1, and facility policy 17.001, page 26, section 4.14.1, the facility provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are informed in the IDOC *Offender Handbook* they can report to their housing unit officer, a supervisor, the PREA Compliance Manager or any other staff they trust.

**115.51 (b):** The facility also provides multiple external ways for offenders to report allegations to a public or private agency that is not part of GEO. Offenders are given information how to contact the Indiana Ombudsman's Bureau and ICADV.

**115.51 (c):** Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement.

**115.51 (d):** Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). *Third Party Reporting* posters and Page 4, section I of the *Employee Handbook* informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of offenders.

Staff and offenders interviewed were aware of the internal and external reporting options that are available.

## 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  NA

#### 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*)

**115.52 (a):** In review of GEO policy 5.1.2-A, pages 19 & 20, section K-2, and facility policy 17.001, pages 28 & 29, section 4.15, there is a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to detainees on page 24, section P of the *Offender Handbook*.

**115.52 (b):** There is no time limit when an offender can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Offenders are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and

information provided on the Pre-Audit Questionnaire, in the past 12 months there no PREA-related grievances filed. Offenders interviewed were aware they could file a grievance regarding sexual abuse.

**115.52 (c):** Based on agency and facility policies, offenders have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.

**115.52 (d):** A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal.

Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.

**115.52 (e):** Third parties such as fellow offenders, family members, attorneys or outside advocates may assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of offenders. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

**115.52 (f):** Offenders may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for detainees to file emergency grievances is found on page 20, section L-2-b of GEO policy 5.1.2-, and on page 28, section 27 of facility policy KCCC 11.1.4. After receiving an emergency grievance of this nature, the Warden or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

**115.52 (g):** An offender can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith.

## **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?  Yes  No
- 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*)

**115.53 (a):** GEO policy 5.1.2-A, page 20, section N-8 and facility policy 17.001, pages 33 & 34, sections 4.18.5 & 4.18.6, addresses the agency/facility's policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse. The New Castle Correctional Facility enables reasonable communication between the detainees and these agencies in a confidential manner.

**115.53 (b):** Offenders are informed on page 23 of the *Offender Handbook* victims will be offered counseling from mental health staff and assistance from victim advocates. They are also informed on posted information they can contact the Indiana Coalition Against Domestic Violence (ICADV) by dialing #66 on an offender telephone or in writing and are given the ICADV mailing address. Offenders are informed calls to the ICADV are not routinely monitored, but will be reviewed if there is suspected misuse of the service.



**115.53 (c):** The facility has a Professional Services Contract with ICADV entered into 4/1/15 to provide confidential emotional support services to offender victims of sexual abuse. Offenders interviewed were aware of emotional support services were available if they became a victim of sexual abuse.

## 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*)

**115.54 (a):** Based on GEO policy 5.1.2-A, page 20, section L-3 and facility policy 17.001, page 26, section 4.14.2, last sentence, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. ...Offenders are informed of third party reporting on PREA posters displayed in both English and Spanish.

The method for third party reporting procedures is made available on the GEO website at <http://www.geogroup.com/prea> ([Social Responsibility-PREA Certification Section](#)) and on the IDOC website. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Family and friends can submit an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or call the IDOC hotline at 1-877-385-5877. This information is posted in areas visible to visitors.

In interview with the PREA Compliance Manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Offenders and staff interviewed were aware of this method of reporting.

## 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*)

**115.61 (a):** The agency's requirement on staff reporting duties can be found on pages 20 & 21, section N-4 of GEO policy 5.1.2-A and page 26, section 4.14.2 and page 27, sections 4.14.4 & 4.14.5 of facility policy 17.001. Reporting duties for volunteers is found on pages 14 & 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on pages 15 & 16, section H-2 of GEO policy 5.1.2-A. All staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against detainees or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, facility executive staff or the IDOC Executive Director of PREA. In interview with random staff, volunteers and contractors, they knew their reporting duties.

**115.61 (b):** Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations to.

**115.61 (c):** Medical and mental health practitioners through their specialized training are informed that they are required to report sexual abuse and to inform offenders of their duty to report and the limitations of confidentiality at the initiation of services. Medical and mental health staff interviewed confirmed this practice.

**115.61 (d):** The New Castle Correctional Facility houses adult male offenders only and does not house offenders under the age of 18. No offender according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In interview with the Warden, he confirmed this information.

**115.61 (e):** In interview with the Warden, the New Castle Correctional Facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to facility investigators and to the IDOC Executive Director of PREA.

## 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*)

**115.62 (a):** When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 17.001, pages 26 & 27, section 4.14.3. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental.

In interview with the Warden, as well as documentation provided on the Pre-Audit Questionnaire, during the past 12 months there were five times it was necessary for the facility to take immediate action in regard to an offender being in substantial risk of sexual abuse.

The Warden stated that if it was suspected an offender was at substantial risk of sexual abuse he would move him and talk to him. Staff interviewed was aware of their responsibilities if they felt an offender was at risk for sexual abuse. In interview with the Vice President, Risk Management, he stated that facilities are required to take immediate action if they feel a detainee is at substantial risk of imminent sexual abuse and make referrals to medical and mental health as needed.

## 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*)

**115.63 (a):** GEO policy 5.1.2-A, page 24, section M-5 and facility policy 17.001, page 27, section 4.14.6, were used to verify compliance to this standard. Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden or the Assistant Warden, in the absence of the Warden, shall notify the head of the facility where the sexual abuse was alleged to have occurred.

**115.63 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

**115.63 (c):** The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

**115.63 (d):** The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In information reported on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months the facility did not receive any allegations that an offender was abused while confined at another facility and one notification was received from another facility of an offender formerly assigned to the New Castle Correctional Facility alleged sexual abuse while assigned to the facility. Documentation provided showed an email and a phone call was made to Internal Affairs from a Lieutenant of an Ohio Sheriff's Office as notification. Documentation showed the facility initiated an investigation upon receiving notification of the allegation.

## 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*)

**115.64 (a):** GEO policy 5.1.2-A, pages 21 & 22, section M-2 and facility policy 17.001, pages 16-18, section 4.8, outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member.

Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone.

**115.64 (b):** If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence, stay with the alleged victim and notify security staff.

All staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were 36 allegations of sexual abuse reported with three allegations with three allegations reported within a period that allowed for the collection of physical

evidence. In all three cases documentation provided showed the victims were transported to the St. Vincent Anderson Regional Hospital where SANE exams were performed.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse. Staff interviewed who were first responders to allegations of sexual abuse confirmed what steps they took in response to the allegation and interviews with detainees who alleged sexual abuse confirmed this information.

## 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*)

**115.65 (a):** GEO policy 5.1.2-A, page 6, section A-4, and review of the New Castle Correctional Facility's *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA Incident Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan are carried out and proper notifications are made. This checklist is filed with the completed investigative packet.

The Shift Captain, the Lead Captain, the Chief of Internal Affairs and the PREA Compliance Manager are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

## 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*)

**115.66 (a):** GEO policy 5.1.2-A, pages 5 & 6, section III-A-3 and facility policy 17.001, pages 29 & 30, sections 4.16.2 thru 4.16-4, were used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. On information provided for review, GEO has a collective bargaining agreement with the International Union, Security, Police and Fire Professionals of America (SPFPA) representing the correctional employees of the New Castle Correctional Facility. Article 14, *Just Cause*, pages 14-20 of that agreement outlines the progressive disciplinary process. Section 14.3, page 18 lists the violation that constitutes just cause for dismissal which includes sexual and other forms of harassment.

**115.66 (b):** In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Any "no contact" order is documented on a *Cease and Desist Order* advising the employee, contractor or volunteer of no contact with an alleged victim pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment. Documentation was provided for review showed since the last PREA audit, there were two incidents where the employee was restricted from contact with offenders who alleged sexual abuse pending the outcome of an investigation.

In interview with the Vice President, Risk Management (agency head designee), he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with inmates pending the outcome of an investigation.

#### 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*)

**115.67 (a):** GEO has as policy to protect offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy 17.001, pages 27-28, sections 4.14.7 & 4.14.8.

**115.67 (b):** The agency has multiple protection measures, such as housing changes or transfers for offenders, victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

**115.67 (c):** Offenders who allege sexual abuse will be monitored by the PREA Compliance Manager or the PREA Investigator who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days.

Retaliation monitoring of offenders is documented on the *Protection from Retaliation Log – Prisons and Jails* (attachment H to GEO policy 5.1.2-A) and for staff on the *Employee Protection from Retaliation Log* (attachment I to GEO policy 5.1.2-A).

**115.67 (d):** Monitoring of offenders also includes periodic status checks.

**115.67 (e):** If any offender or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

**115.67 (f):** Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

In interview with the PREA Compliance Manager or the PREA Investigator and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred. In review of investigative files, retaliation monitoring is being conducted and *Protection from Retaliation Log – Prisons and Jails* are being maintained in investigative files.

In interview with the Vice President, Risk Management (agency head designee) at an earlier dated stated that if an inmate who alleges sexual abuse or sexual harassment or cooperates with an investigation expresses fear of retaliation, management would consider the best options to protect that person and offer emotional support.

## 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*)

**115.68 (a):** According to GEO policy 5.1.2-A, page 24 section M-6 and facility policy 17.001, page 21, section 4.10.3, involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the offender. If an offender who alleged to have suffered sexual abuse is placed in involuntary segregated housing, the requirements of standard 115.43, *Protective Custody*, will be followed.

In information provided for review and in interview with the Warden and staff who supervise offenders in segregated housing, in the past 12 months there were no inmates who alleged sexual abuse placed in

involuntary segregated housing. The Warden stated the offender would only be placed in involuntary segregated housing if necessary for 24 hours to review the offender.

## 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*)

**115.71 (a):** An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the New Castle Correctional Facility, promptly, thoroughly and objectively, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 4-6, section III-B, in facility policy 17.001, pages 29-31, sections 4.16.1 thru 4.16.9.

**115.71 (b):** The facility has three trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators.

**115.71 (c):** It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

**115.71 (d):** When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.

**115.71 (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 offender or staff. An offender who alleges sexual abuse is not required to submit to a polygraph examination.

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

**115.71 (g):** A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the Indiana State Police.

**115.71 (h):** Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire, since the last PREA audit there was one allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the Indiana State Police. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation.

**115.71 (i):** The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**115.71 (j):** The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

**115.71 (k):** Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

**115.71 (l):** When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation.

## 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*)

**115.72 (a):** Based on GEO policy 5.1.2,-E, page 6, section B-2-d the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.

## 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*)

**115.73 (a):** GEO policy 5.1.2-E, pages 10 & 11, section III-K and facility policy 17.001, page 31, sections 4.16.10 thru 4.16.12, were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of an offender, the offender shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the *Notification of Outcome of Allegation* form and presenting it to the alleged victim for his signature. The offender receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

**115.73 (b):** If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the offender.

**115.73 (c):** Following an offender's allegation that an employee has committed sexual abuse against the offender; the facility is required to inform the offender of the outcome of the investigation. The offender is to be informed if the staff member is no longer posted within the offender's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

**115.73 (d):** Following an offender's allegation that he has been sexually abused by another offender, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**115.73 (e):** All *Notification of Outcome of Allegation* or attempted notifications are documented and filed in the corresponding investigative file.

**115.73 (f):** An agency's obligation to report under this standard shall terminate if the offender is released from GEO custody.

In information provided on Pre-Audit Questionnaire and in interview with the Warden, the PREA Compliance Manager and facility investigators, they knew their responsibilities of providing notifications at the conclusion of an investigation. In the past 12 months there were 19 allegations of sexual abuse reported and in all cases offenders were notified in writing of the results of the investigation. In review of investigative files, *Notification of Outcome of Allegation* forms were found filed in corresponding investigative files.

<b>DISCIPLINE</b>
-------------------



## 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*)

**115.76 (a):** Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, pages 11 & 12, section L-1 and facility policy page 31, section 4.16.14.

**115.76 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**115.76 (c):** Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

**115.76 (d):** All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The *GEO Employee Handbook*, provided to all staff, pages 29-30, explains the agency's zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.

In interview with the Warden and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were three staff members who were terminated or resigned in lieu of termination and two staff members who were disciplined for violating the agency sexual abuse or sexual harassment policy.

## 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*)

**115.77 (a):** Based on review of GEO policy 5.1.2-E, page 12, section L-3 and facility policy 17.001, pages 31 & 32, section 4.16.15, any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with offenders and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

**115.77 (b):** The applicable GEO contracting authority will be notified and appropriate remedial measures will be taken and will consider whether to prohibit further contact with offenders.

In interview with the Warden and information provided on the Pre-Audit Questionnaire, in the past 12 months there were three contractors who resigned in lieu of termination after allegations of violation of the zero-tolerance policies. There were no violations of the zero-tolerance policies by volunteers. In interview with the Warden he confirmed this information.

## **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)

- 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*)

**115.78 (a):** According to GEO policy 5.1.2-E, page 12, section L-2 and facility policy 17.001, page 1, section 1.1.7, if an offender is found guilty of engaging in sexual abuse involving another offender, either through administrative or criminal investigations, the offender will be subject to formal disciplinary sanctions. The *IDOC Disciplinary Process for Adult Offenders* brochure outlines violations an offender will be disciplined for and the sanctions to be imposed.

**115.78 (b):** Sanctions will commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories.

**115.78 (c):** Based on GEO policy 5.1.2-E, page 12, section 2-c, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

**115.78 (d):** If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The referring agency will determine if the offender will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. In interview of the HSA and the Lead Psychologists, they confirmed the facility offers counseling for offender abusers.

**115.78 (e):** Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

**115.78 (f):** 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.

**115.78 (g):** The agency prohibits all sexual activity between offenders. Facilities may not deem that sexual activity between offenders is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months there was one disciplinary sanctions imposed for an offender who violated the sexual abuse and sexual harassment policies.

## 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*)

**115.81 (a & c):** If during initial PREA screening, the offender reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the offender will be referred to mental health for further evaluation within 14 days, as stated in GEO policy 5.1.2-A, pages 9 & 10, section D-2 and facility policy 17.001, page 19, section 4.9.5.3. In addition, according to facility policy 17.001, page 20, section 4.9.6.4, in review of the 30-day follow-up assessment the offender discloses prior victimization not report during initial screening, the PREA Compliance Manager will refer the offender to mental health for further evaluation. Medical and mental health providers according to their professional judgement determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, 48% of the offenders assigned to the facility in the past 12 months disclosed prior victimization and were offered a follow-up meeting with mental health.

**115.81 (b):** Any offender who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will offered a follow-meeting with medical or mental health within 14 days of the screening. In interview with the Lead Psychologists, the PREA Compliance Manager sends an email to the Lead Psychologists referring offenders for a mental health evaluation. Upon completion of the mental health evaluation, the Lead Psychologists send an email back to the PREA Compliance Manager confirming the offender was seen as referred. Documentation provided for review showed this practice is in place.

**115.81 (d):** 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 federal, state or local law.

**115.81 (e):** Medical and mental health providers obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting. Offenders have a right to refuse these services.

In interview with the Lead Psychologists and in review of referrals to mental health from initial screenings, offenders who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are being obtained.

In review of offender files, seven offenders reviewed reported prior sexual victimization and documentation reviewed showed all but one offender was referred from screening to the Lead Psychologists and received a mental health evaluation.

## 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*)

**115.82 (a):** Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 25, section 7 and facility policy 17.001, page 30, section 4.16.6 and pages 32 & 33, section 4.17. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. Medical staff and the Psychologist interviewed confirmed adherence to this provision of this standard.

**115.82 (b):** The facility employs full-time medical and mental health staff. All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health

practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. A Professional Services Contract with the Indiana Coalition Against Domestic Violence provides for forensic exams by SANE nurses at the St. Vincent Anderson Regional Hospital.

**115.82 (c):** Offender victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.

**115.82 (d):** All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In information reported on the Pre-Audit Questionnaire, in the past 12 months there were three offenders who required emergency medical or mental health services due to sexual abuse.

## **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.)  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.)  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*)

**115.83 (a):** The facility offers ongoing medical and mental health care to all offenders who have been victimized by sexual abuse.

**115.83 (b):** According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 17.001, pages 32 & 33, section 4.17, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release. Medical staff and the Psychologist interviewed confirmed the follow-up services offered to offender victims of sexual abuse.

**115.83 (c):** The facility provides victim with medical and mental health care consistent with the community level of care, which was confirmed by interview of medical staff and the Psychologist.

**115.83 (d):** The facility houses male offenders only; therefore, this provision of this standard does not apply to this facility.

**115.83 (e):** The facility houses male offenders only; therefore, this provision of this standard does not apply to this facility.

**115.83 (f):** Offender victims will be offered tests for sexually transmitted infections as medically appropriate.

**115.83 (g):** All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**115.83 (h):** The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. When interviewed the Lead Psychologists, stated known abusers would be seen just as victims would.

On information provided by the PREA Compliance Manager, the HSA and the Psychologist, in the past 12 months, there were no offenders who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

## 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*)

**115.86 (a):** According to GEO policy 5.1.2-A, page 27, section N-3 and facility policy 17.001, page 10, sections 4.2.6 -4.2.6.7, the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

**115.86 (b):** The review is conducted by the PREA Committee within 30 days of the conclusion of the investigation.

**115.86 (c):** The Warden or his designee, the Chief of Security, PREA Compliance Manager, Unit Management staff, department heads, Internal Affairs and facility investigators attended and the PREA Coordinator may attend via telephone or in person.

**115.86 (d):** The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) with any recommendations for improvement and forwarded to the PREA Coordinator no later than 10 working days after the review. A copy with the minutes of the PREA Committee meeting is forwarded to the IDOC Executive Director of PREA. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

**115.86 (e):** The facility will implement the recommendations for improvement; or documents the reasons for not doing so.

In interview with the PREA Compliance Manager, in documentation reported on the Pre-Audit Questionnaire and in review of 20 investigative files, in the past 12 months, sexual abuse incident reviews have been completed and were timely. When interviewed, the members of the PREA Committee knew their responsibilities as they relate to the review of sexual abuse incidents.

## 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*)

**115.87 (a):** Information on data collection is found on pages 27 & 28, section O-1 of GEO policy 5.1.2-A and facility policy 17.001, page 34 & 35, section 4.19, GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

The incident-based data collected shall include, at 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.

**115.87 (b):** The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.

**115.87 (c):** The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

**115.87 (d):** The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**115.87 (e):** This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its offenders.

**115.87 (f):** Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

## 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*)

**115.88 (a):** Based on GEO policy 5.1.2-A, page 28, section O-2, facility policy 17.001, page 35, section 4.20, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. The PREA Coordinator stated that a database program, monitored by a Data Specialist, is used at the corporate level to maintain the data.

**115.88 (b):** The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

**115.88 (c):** The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, President US Corrections and Detention and International

Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

**115.88 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.

## 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*)

**115.89 (a):** Based on GEO policy 5.1.2-A, page 28, section O-3 and on interview with the PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11). Facility policy 17.001, page 35, section 4.19.6, states the IDOC Executive Director will maintain sexual abuse data for 10 years.

**115.89 (b):** GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

**115.89 (c):** Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

## 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 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, inmates, 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*)

**115.401 (a):** Based on GEO policy 5.1.2-C, page 18, section Q, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of the New Castle Correctional Facility was conducted by a DOJ certified PREA auditor March 7-9, 2016. This audit, conducted three years after the initial PREA audit, was conducted by a DOJ certified PREA auditor.

**115.401 (b):** According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

**115.401 (f):** I received and reviewed all relevant agency-wide policies and procedures during the onsite audit phase and during the onsite audit.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of the New Castle Correctional Facility.

**115.401 (i):** I was permitted to request and received copies of relevant documentation.

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed a random sample of staff and offenders during the onsite audit.

**115.401 (l):** I reviewed camera monitors.

**115.401 (m):** I was permitted to conduct private interviews with offenders and staff in an area that ensured confidentiality to our conversation.

**115.401 (n):** Offenders were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I received correspondence from two offenders of the New Castle Correctional Facility during the Pre-Onsite Audit Phase.

**115.401 (o):** During the Pre-Onsite Audit Phase I contacted the Technical Assistant Coordinator of the Indiana Coalition Against Domestic Violence to confirm and review the Professional Services Contract the facility has with the agency.

## 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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

**115.403 (a):** In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

**115.403 (b):** In thorough review of GEO's policies, as well as facility policies and procedures, were found to comply with relevant PREA standards.

**115.403 (c):** For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 11 for a summary of audit findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

**115.403 (f):** Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public.

## 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.

Barbara Jo Denison  
**Auditor Signature**

June 30, 2019  
**Date**