

# PREA Facility Audit Report: Final

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

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/22/2025

## Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Patrick Firman

**Date of Signature:** 07/22/2025

## AUDITOR INFORMATION

**Auditor name:** Firman, Patrick

**Email:** patrickfirman@gmail.com

**Start Date of On-Site Audit:** 06/03/2025

**End Date of On-Site Audit:** 06/06/2025

## FACILITY INFORMATION

**Facility name:** New Castle Correctional Facility

**Facility physical address:** 1000 Van Nuys Road, New Castle, Indiana - 47362

**Facility mailing address:**

## Primary Contact

|                          |                      |
|--------------------------|----------------------|
| <b>Name:</b>             | Shane Nelson         |
| <b>Email Address:</b>    | Snelson@geogroup.com |
| <b>Telephone Number:</b> | 765-593-0111 x 3350  |

#### Warden/Jail Administrator/Sheriff/Director

|                          |                      |
|--------------------------|----------------------|
| <b>Name:</b>             | Mark Sevier          |
| <b>Email Address:</b>    | Msevier@geogroup.com |
| <b>Telephone Number:</b> | 765-593-0111         |

#### Facility PREA Compliance Manager

|                          |                             |
|--------------------------|-----------------------------|
| <b>Name:</b>             | Shane Nelson                |
| <b>Email Address:</b>    | snelson@geogroup.com        |
| <b>Telephone Number:</b> | 765-593-0111                |
| <b>Name:</b>             | Matthew Laurie              |
| <b>Email Address:</b>    | matthew.laurie@geogroup.com |
| <b>Telephone Number:</b> | (765) 593-0111              |

#### Facility Health Service Administrator On-site

|                          |                     |
|--------------------------|---------------------|
| <b>Name:</b>             | Marrissa Runyan     |
| <b>Email Address:</b>    | mrunyan@idoc.in.gov |
| <b>Telephone Number:</b> | 765-593-0111        |

#### Facility Characteristics

|   |      |
|---|------|
| <b>Designed facility capacity:</b>                      | 3196 |
| <b>Current population of facility:</b>                  | 3039 |
| <b>Average daily population for the past 12 months:</b> | 3034 |

|   |                          |
|---|--------------------------|
| <b>Has the facility been over capacity at any point in the past 12 months?</b>  | No                       |
| <b>What is the facility's population designation?</b>   | Men/boys                 |
| <b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b> |                          |
| <b>Age range of population:</b>   | 18-90                    |
| <b>Facility security levels/inmate custody levels:</b>  | Minimum, Medium, Maximum |
| <b>Does the facility hold youthful inmates?</b>   | No                       |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>  | 534                      |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>  | 187                      |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>  | 150                      |

| <b>AGENCY INFORMATION</b>                                    |  |
|--|--|
| <b>Name of agency:</b>                                       | The GEO Group, Inc.                              |
| <b>Governing authority or parent agency (if applicable):</b> |  |
| <b>Physical Address:</b>                                     | 4955 Technology Way, Boca Raton, Florida - 33431 |
| <b>Mailing Address:</b>                                      |  |

|                          |  |
|--------------------------|--|
| <b>Telephone number:</b> |  |
|--------------------------|--|

| <b>Agency Chief Executive Officer Information:</b> |                       |
|--|-----------------------|
| <b>Name:</b>                                       | J David Donahue       |
| <b>Email Address:</b>                              | ddonahue@geogroup.com |
| <b>Telephone Number:</b>                           | 5618930101            |

| <b>Agency-Wide PREA Coordinator Information</b> |               |                       |                             |
|---|---------------|-----------------------|-----------------------------|
| <b>Name:</b>                                    | Manny Alvarez | <b>Email Address:</b> | Manuel.Alvarez@geogroup.com |

| <b>Facility AUDIT FINDINGS</b>   |  |
|--|--|
| <b>Summary of Audit Findings</b>   |  |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> |  |
| <b>Number of standards exceeded:</b>   |  |
| 3  | <ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.13 - Supervision and monitoring</li> <li>• 115.21 - Evidence protocol and forensic medical examinations</li> </ul> |
| <b>Number of standards met:</b>  |  |
| 42   |  |
| <b>Number of standards not met:</b>  |  |



## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2025-06-03 |
| 2. End date of the onsite portion of the audit:   | 2025-06-06 |

#### Outreach

|   |   |
|---|---|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No            |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | Indiana Coalition Against Domestic Violence<br>Just Detention International |

### AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 3196   |
| 15. Average daily population for the past 12 months:                             | 3034   |
| 16. Number of inmate/resident/detainee housing units:                            | 17   |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

|  |      |
|--|------|
| <b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 3013 |
| <b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 85   |
| <b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 112  |
| <b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 8    |
| <b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 9    |
| <b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 33   |
| <b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 144  |

|  |                   |
|--|-------------------|
| <b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>   | 25                |
| <b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>   | 22                |
| <b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>  | 181               |
| <b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>                                     | 0                 |
| <b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b> | No text provided. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>   |                   |
| <b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>   | 534               |
| <b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>   | 150               |



|   |   |
|---|---|
| 32. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:                 | 187   |
| 33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided.   |
| <b>INTERVIEWS</b>   |   |
| <b>Inmate/Resident/Detainee Interviews</b>  |   |
| <b>Random Inmate/Resident/Detainee Interviews</b>   |   |
| 34. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:   | 34  |
| 35. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)  | <input type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| 36. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?   | I received a roster of inmates currently housed at the facility on the first day of the onsite.   |
| 37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |

|   |                   |
|---|-------------------|
| <b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | No text provided. |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |                   |
| <b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 29                |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |                   |
| <b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 1                 |
| <b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | 3                 |
| <b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 1                 |

|  |   |
|--|---|
| <b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 1 |
| <b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | 3 |
| <b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>                  | 4 |
| <b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>                    | 5 |
| <b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>  | 4 |
| <b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b> | 8 |

|  |   |
|--|---|
| <b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b> | 0   |
| <b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>  | <div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| <b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>   | The PREA manager confirmed that there were no inmates currently in custody who had been placed in segregated housing for risk of sexual victimization during the onsite, or during the previous 12 months.  |
| <b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>  | No text provided.   |
| <b>Staff, Volunteer, and Contractor Interviews</b>   |   |
| <b>Random Staff Interviews</b>   |   |
| <b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>  | 13  |

|   |  |
|---|--|
| <b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>   | <input checked="" type="checkbox"/> Length of tenure in the facility<br><input checked="" type="checkbox"/> Shift assignment<br><input checked="" type="checkbox"/> Work assignment<br><input checked="" type="checkbox"/> Rank (or equivalent)<br><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)<br><input type="checkbox"/> None |
| <b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | No text provided.  |
| <b>Specialized Staff, Volunteers, and Contractor Interviews</b>   |  |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. |  |
| <b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>   | 17   |
| <b>56. Were you able to interview the Agency Head?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |

|  |  |
|--|--|
| <b>58. Were you able to interview the PREA Coordinator?</b>        | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No   |
| <b>59. Were you able to interview the PREA Compliance Manager?</b> | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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

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

|  |   |
|--|---|
|  | <input type="checkbox"/> Other  |
| <b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                            | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>  | 1   |
| <b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>  | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input checked="" type="checkbox"/> Religious<br><input type="checkbox"/> Other   |
| <b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>62. Enter the total number of CONTRACTORS who were interviewed:</b>   | 2   |
| <b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input type="checkbox"/> Education/programming<br><input checked="" type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |
| <b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>  | No text provided.   |



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**64. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☒ Yes

☐ No

**67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

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

The auditor conducted a comprehensive on-site audit of the New Castle Correctional Facility in New Castle, Indiana. The visit included a full facility tour, document review, staff and resident interviews, signage evaluation, and observation of operational practices. Facility leadership and staff were cooperative throughout the process, and inmates appeared comfortable engaging with the audit.

New Castle Correctional Facility is a minimum-, medium-, and maximum-custody facility operated by GEO Group Inc. under contract with the Indiana Department of Correction. The facility primarily houses medium-security sex offenders, along with geriatric, mental health (maximum security), protective custody, and transitional populations. It does not house females or youthful offenders. The facility is accredited by the American Correctional Association.

The compound consists of 21 buildings—four outside the secure perimeter (administration, warehouse, maintenance, and L Unit) and 17 within, including 13 housing units, a recreation building, and program/support areas. The L Unit houses minimum-security inmates assigned to work outside the perimeter.

Housing units follow dorm-style or celled layouts and are designated for general population, mental health, protective custody, intake, release, veterans, and specialized programming such as Purposeful Living and Suicide Watch. Each unit includes officer stations, dayrooms, and intercom systems. Restroom areas are equipped with privacy walls and shower curtains to prevent cross-gender viewing. Cameras are strategically placed to avoid monitoring private areas and are actively observed at both the unit and main control centers.

PREA information is clearly posted throughout

the facility and accessible via tablets, kiosks, and printed materials in English and Spanish. Materials include the zero-tolerance policy, reporting procedures, and contact information.

Additional facility areas include the receiving/discharge unit, infirmary, educational and vocational training spaces, recreation areas, and chapel. All spaces were designed to support appropriate supervision. The kitchen was under renovation at the time of the audit.

All incoming inmates receive a PREA orientation during intake, which includes educational materials provided in the form of a handbook and informational brochures. Inmates complete a written acknowledgment of PREA education during weekly orientation sessions, scheduled by housing assignment. Interviews confirmed that inmates understood the material and could identify multiple reporting options, including reporting to staff, using the hotline, submitting written reports, or contacting external agencies. Posters and brochures outlining PREA protections were visibly posted in English and Spanish throughout the facility.

Risk screenings are conducted one-on-one in private intake rooms by trained staff. Screenings include questions to assess the inmate's risk of sexual victimization or abusiveness. Documentation confirmed that screenings are completed within 72 hours of arrival and securely stored.

Inmates have access to several reporting mechanisms, including a toll-free hotline, grievance forms, case managers, and confidential mail to external organizations. Envelopes and stamps are provided to indigent inmates upon request. Mail procedures allow for anonymous and confidential reporting to the Ombudsman's Office.

The facility follows agency policy prohibiting cross-gender strip and pat searches, except in emergencies. Strip searches are conducted privately and only by staff of the same gender. No such searches were observed or reported during the audit.

PREA-related records are securely stored in locked filing cabinets in the PREA Manager's office. Only authorized staff have access. Electronic records are password-protected and access-controlled. Staff demonstrated clear understanding of confidentiality requirements and limit the sharing of sensitive information to those with a legitimate need to know.

Language interpretation services are available through trained staff and a contracted phone-based interpretation provider. During the audit, hotline numbers posted in housing units were tested and found to be operational.

### Documentation Sampling

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

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

☒ Yes

☐ No

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

In addition to initial documentation provided by the facility in the PAQ, a total of 35 inmate records were randomly selected and reviewed to assess compliance with PREA screening requirements. All inmates were screened within 24 hours of arrival, with follow-up screenings conducted within 30 days when applicable. Inmates identified as being at risk for sexual victimization or as potential abusers were referred for further evaluation. Each inmate signed a form either accepting or declining the offered services. All records reviewed included proper acknowledgment of receipt of PREA educational materials.

Eighteen staff files were also randomly selected and reviewed. Each file contained documentation of annual PREA training, including training on search procedures. All records included initial background clearances. Annual self-disclosure statements were present and signed as part of the performance evaluation process. Staff members promoted within the past 12 months had updated background checks completed prior to promotion. Annual background clearance renewals were documented for all staff.

Ten volunteer records were reviewed and were found to include the required background checks, PREA training documentation, and signed acknowledgments.

Sixteen investigative files were randomly selected for review, covering both staff-on-inmate and inmate-on-inmate allegations of sexual abuse and sexual assault. Thirteen investigations were completed, while three remained open and in progress at the time of the review.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

|                                      | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 18                            | 0                            | 18                                 | 0   |
| <b>Staff-on-inmate sexual abuse</b>  | 4                             | 1                            | 4                                  | 1   |
| <b>Total</b>                         | 22                            | 1                            | 22                                 | 1   |

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

|   | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 22                                 | 0                            | 22                                 | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 3                                  | 0                            | 3                                  | 0   |
| <b>Total</b>                              | 25                                 | 0                            | 25                                 | 0   |

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

|                                      | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 1                        | 1                          | 0                      | 0         |
| <b>Total</b>                         | 0       | 1                        | 1                          | 0                      | 0         |

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 5       | 3         | 10              | 1             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 3             |
| <b>Total</b>                         | 5       | 3         | 10              | 4             |

**Sexual Harassment Investigation Outcomes**

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



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

|   | Ongoing | Referred for Prosecution | Indicted/<br>Court Case Filed | Convicted/<br>Adjudicated | Acquitted |
|---|---------|--------------------------|-------------------------------|---------------------------|-----------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0                        | 0                             | 0                         | 0         |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0                        | 0                             | 0                         | 0         |
| <b>Total</b>                              | 0       | 0                        | 0                             | 0                         | 0         |

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 9       | 1         | 10              | 2             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 1         | 2               | 0             |
| <b>Total</b>                              | 9       | 2         | 12              | 2             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:**

12

|  |  |
|--|--|
| <b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)                  |
| <b>Inmate-on-inmate sexual abuse investigation files</b>   |  |
| <b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>   | 9  |
| <b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>Staff-on-inmate sexual abuse investigation files</b>  |  |
| <b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>  | 4  |
| <b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)  |

|   |   |
|---|---|
| <b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>  |   |
| <b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>  | 4   |
| <b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>   |   |
| <b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>   | 2   |
| <b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

2

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

No text provided.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

## Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**97. Who paid you to conduct this audit?**

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

| <b>Standards</b>   |  |
|--|--|
| <b>Auditor Overall Determination Definitions</b>   |  |
| <ul style="list-style-type: none"> <li>Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |  |
| <b>Auditor Discussion Instructions</b>   |  |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |  |

| <b>115.11</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|---------------|--|
|               | <b>Auditor Overall Determination:</b> Exceeds Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.11</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li><b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li><b>GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program for Lockup Facilities (effective 1/4/2024)</b></li> <li><b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li><b>New Castle Correctional Facility Organizational Chart</b></li> <li><b>Interview responses from the PREA Coordinator</b></li> <li><b>Interview with the facility PREA Manager</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> |

**115.11(a)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a written policy mandating zero tolerance.
  2. Reported that the agency has a written policy outlining the agency's approach to preventing, detecting, and responding to such conduct.
  3. Reported that the policy includes definitions of prohibited behaviors.
  4. Reported that the policy includes sanctions for those found to have participated in prohibited behaviors.
  5. Reported that the policy includes a description of the agency's strategies and responses to reduce and prevent SA and SH of inmates.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program for Lockup Facilities:
  1. Outlines the agency's policy mandating zero tolerance towards all forms of SA and SH and outlining GEO's approach to preventing, detecting, and responding to such conduct.
  2. Includes definitions of prohibited behaviors.
  3. Includes sanctions for those found to have participated in prohibited behavior.
  4. Outlines strategies and responses to reduce and prevent SA and SH.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 1):
  1. Outlines the department's zero tolerance towards SA and SH.
  2. Outlines the department's approach to preventing, detecting, and responding to such behaviors.
  3. Outlines that disciplinary action, including possible criminal prosecution, may be taken.
  4. Describes the department's strategies and responses to reduce and prevent SA and SH.

**115.11(b/c)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency employs an upper-level, agency-wide PREA Coordinator.
  2. Reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program for Lockup Facilities (pp. 2-3):
  1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator.

|  |   |
|--|---|
|  | <ol style="list-style-type: none"> <li>2. Outlines the designation and responsibilities of a facility-level PREA Manager.</li> <li>3. GEO Corporate Organizational Chart: <ol style="list-style-type: none"> <li>1. Outlines the PREA Coordinator and PREA Manager positions within the organization.</li> </ol> </li> <li>4. New Castle Correctional Facility Organizational Chart: <ol style="list-style-type: none"> <li>1. Outlines the position of PREA Compliance Manager reporting directly to the Facility Director.</li> </ol> </li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview responses from the PREA Coordinator: <ol style="list-style-type: none"> <li>1. PREA Coordinator reported that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all community confinement facilities.</li> </ol> </li> <li>2. Interview with the PREA Manager: <ol style="list-style-type: none"> <li>1. PREA Manager stated that he had sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</li> <li>2. PREA Manager stated that he reports to the Facility Director for all PREA related matters.</li> </ol> </li> </ol> <p><b>Based on this analysis, and the agency's commitment to establishing a zero-tolerance for sexual abuse and sexual harassment, the facility substantially exceeds the requirements of this standard, and corrective action is not required.</b></p> |
|--|---|

| <b>115.12</b> | <b>Contracting with other entities for the confinement of inmates</b>   |
|---------------|---|
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.12</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>• Interview with the PREA Manager confirmed that the agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit.</li> </ul> <p><b>Based on this analysis, the facility substantially complies with this standard, and corrective action is not required.</b></p> |



| 115.13 | Supervision and monitoring   |
|--------|--|
|        | <b>Auditor Overall Determination:</b> Exceeds Standard   |
|        | <b>Auditor Discussion</b>  |
|        | <p><b>115.13</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li>• <b>New Castle Correctional Facility Staffing Plans</b></li> <li>• <b>Annual PREA Facility Assessment report</b></li> <li>• <b>Interview with Facility Director</b></li> <li>• <b>Interview with PREA Manager</b></li> <li>• <b>Documentation from shift logs outlining unannounced rounds</b></li> <li>• <b>Site review observations</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.13(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the facility develops and documents a staffing plan that provides for adequate levels of staffing.</li> <li>2. Reported that the average daily number of inmates since the last PREA audit was 3034.</li> <li>3. Reported that since the last PREA audit, the staffing plan was developed based on 3034 inmates.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (p. 3): <ol style="list-style-type: none"> <li>1. Outlines that each facility must develop and document a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring to protect individuals against SA.</li> </ol> </li> <li>3. Annual review of facility staffing plan was reviewed: <ol style="list-style-type: none"> <li>1. Takes into consideration all provisions outlined in this standard.</li> </ol> </li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview with PREA Manager: <ol style="list-style-type: none"> <li>1. PREA Manager reported that a staffing plan has been developed for</li> </ol> </li> </ol> |

the facility that provides adequate staffing levels and video monitoring. The plan is reviewed each year.

2. Interview with Facility Director:

1. Confirmed that a staffing plan is in place that is reviewed each year. The staffing plan takes into account the number of inmates, as well as the availability of cameras and mirrors throughout the facility.

**What was observed as part of a systematic review of evidence:**

1. Site review:

1. Observation of adequate staffing over several shifts.
  1. There did not appear to be a shortage of staff or any overcrowding in the housing areas.
2. Observation of camera and mirror placement to cover all blind spots and entrance/exits to areas where inmates were not allowed.
  1. Video observation posts were examined to determine the extent of video monitoring and that camera angles did not show inmates in states of undress where staff of the opposite gender would be able to view.
3. Informal conversations with staff regarding staffing levels.
  1. Staff confirmed that overtime is used to fill any vacant positions.
4. Informal conversations with inmates regarding staffing and program participation:
  1. Inmates did not complain about not being able to participate in programming or recreational opportunities due to a lack of staffing.

**115.13(b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.
  2. Reported that the most common reason for deviating from the staff plan was staff vacancies.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (p. 3):
  1. Requires the Facility Director document and justify any deviations from the staffing plan.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 11):
  1. Requires the Facility Director document and justify any deviations from the staffing plan.
4. Annual PREA Facility Assessments documentation was reviewed and found to

contain the proper documentation for instances where staffing plans were deviated from.

**What was heard as part of a systematic review of evidence:**

1. Interview with Facility Director:
  1. Reported that he is required to document and report any deviations from the staffing plan.

**115.13(c)**

**What was read, as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (p. 3):
  1. Requires that each facility assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, deployment of video technology or other resources.
2. Review of annual staffing plan: Revealed that consideration was given to adequate level of staffing:
  1. Revealed that consideration was given to any need for additional cameras or mirrors.
  2. Revealed that consideration was given to previous reports of sexual abuse/sexual harassment.

**What was heard, as a part of a systematic review of evidence:**

1. Interview with Facility Director:
  1. Reported that he reviews the staffing plan yearly in conjunction with corporate leadership to determine if any adjustments need to be made with staffing levels, additional monitoring technology or allocation of facility resources are needed to ensure compliance with the staffing plan.

**115.13(d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility requires that all intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (p. 4):
  1. Outlines that facilities shall implement a policy and practice requiring higher-level supervisor (facility management staff) and intermediate-

|  |  |
|--|--|
|  | <p>level supervisors (shift supervisors or assistant shift supervisors) to conduct and document unannounced PREA rounds in all areas and on all shifts to identify and deter employee sexual abuse and sexual harassment. Such policy and practice shall be implemented no less than once per week for U.S Secure Services on all shifts.</p> <p>2. Outlines that employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such an announcement is related to the facility's legitimate operational functions.</p> <p>3. A review of random documentation revealed unannounced rounds being made by upper level supervisors.</p> <p><b>What was heard as part of a systematic review of evidence:</b></p> <p>1. Interview with the PREA Manager:</p> <p>1. PREA Manager stated that he is required to make regular announced rounds throughout the entire facility.</p> <p><b>Based on this analysis and the detail put into the annual staffing plan reviews, the facility substantially exceeds the requirements of this standard, and corrective action is not required.</b></p> |
|--|--|

| <b>115.14 Youthful inmates</b> |  |
|--------------------------------|--|
|                                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                                | <b>Auditor Discussion</b>  |
|                                | <p><b>115.14</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility PAQ</b></li> <li>• <b>Interview with PREA Manager</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <p>1. The facility PAQ:</p> <p>1. Reported that the facility does not house youthful inmates.</p> <p><b>What was heard as part of a systematic review of evidence:</b></p> |

|  |   |
|--|---|
|  | <p>1. Interview with PREA Manager:</p> <p>1. PREA Manager confirmed that the facility does not house youthful inmates.</p> <p><b>Based on this analysis, the facility is substantially compliant with this standard, and corrective action is not required.</b></p> |
|--|---|

|               |   |
|---------------|---|
| <b>115.15</b> | <b>Limits to cross-gender viewing and searches</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.15</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</li> <li>• New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</li> <li>• Interview responses from random staff</li> <li>• Site review observations</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.15(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates.</li> <li>2. Reported that there has been zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past twelve months.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (p. 12): <ol style="list-style-type: none"> <li>1. Outlines that cross-gender strip searches are prohibited except in exigent circumstances.</li> <li>2. Outlines that cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite Medical Practitioners.</li> </ol> </li> <li>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual</li> </ol> |

Abuse Prevention (p. 25):

1. Outlines that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency circumstances or when performed by medical personnel. All cross-gender strip searches conducted during emergency circumstances shall be thoroughly documented and provide justification for the search.

**What was observed, as part of a systematic review of evidence:**

1. Site review observations:
  1. Informal conversations with staff and inmates confirmed that cross-gender strip search and body cavity searches are not performed at the facility.

**115.15(b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility does not house female inmates.

**115.15(c)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility requires that all cross-gender strip and visual body cavity searches are documented.
  2. Reported that the facility does not house female inmates.

**115.15(d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility has implemented policy and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks.
  2. Reported that policy and procedures require staff of the opposite gender to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions or changing clothes.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive

Behavior and Intervention Procedure (p. 12):

1. Outlines that each facility shall implement policies and procedures which allow individuals in a GEO facility to shower, change clothes, and perform bodily functions without employees of the opposite gender view them, absent exigent circumstances, or in stances when the view s incidental to routine cell checks.
2. Policy and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where individuals are likely to be showering, performing bodily functions, or hanging clothes.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 25):
  1. Requires that all offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks.
  2. Requires that all staff of the opposite gender (female staff in a male facility) shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit which they are assigned, at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present.

**What was heard as part of a systematic review of evidence:**

1. Interviews with random inmates:
  1. Inmates interviewed stated that staff of the opposite gender consistently announce their presence when entering an area where they may be showering, using the toilet, or changing their clothes.
  2. Inmates interviewed stated that there has not been an instance where staff of the opposite gender has seen an inmate in an unclothed state.
2. Interviews with random staff:
  1. Female staff interviewed stated that they always announce themselves when entering an area where inmates of the opposite gender are living.
  2. Staff interviewed stated that inmates are able to dress, shower and toilet without being viewed by staff of the opposite gender.

**What was observed as part of a systematic review of evidence:**

1. Site review:
  1. Bathroom areas provide showers with side walls to provide privacy from staff walking past the bathroom.
  2. Toilet areas are provided with half walls to provide privacy while using

the toilet.

3. Mirrors and camera placement do not provide views into areas where inmates shower, toilet or change clothes that would be viewed by staff of the opposite gender.
4. Informal conversations with inmates and staff indicated that staff consistently announce their presence to include loud verbal announcements. Female staff reported that they do not enter the bathroom areas while inmates are in there.

**115.15(e)**

**What was read as part of a systematic review of evidence:**

1. Facility PAQ:
  1. Reported that there is a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status.
  2. Reported that zero searches as described above have occurred in the past 12-months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A PREA Sexually Abusive Behavior and Intervention Procedure (pp. 12-13):
  1. Outlines that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, by consulting the referring agency, and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 25):
  1. Outlines that staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender by reviewing, with proper access and authorization, medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified medical practitioner.

**What was heard as part of a systematic review of evidence:**

1. Interviews with random staff:
  1. Staff interviewed reported that they were aware of policy prohibiting the searching or physically examining of transgender or intersex inmates for the sole purpose of determining genital status.
2. Interviews with transgender and intersex inmates:



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|  | <p>1. Reported that they do not believe they were strip-searched for the sole purpose of determining their genital status.</p> <p><b>115.15(f)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <p>1. Facility PAQ:</p> <p>1. Reported that all staff (100%) received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner.</p> <p>2. Staff training files:</p> <p>1. A review of random training files revealed that all staff had received and acknowledged training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner.</p> <p><b>What was heard as a part of a systematic review of evidence:</b></p> <p>1. Interviews with random staff:</p> <p>1. All staff interviewed stated that they had received training in conducting cross-gender pat-down searches as well as searching transgender and intersex inmates in a professional and respectful manner.</p> <p>2. Staff interviewed stated that they do not perform any cross-gender pat-down searches.</p> <p><b>Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.</b></p> |
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| <b>115.16</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.16</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> </ul> |

- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **PREA Inmate Education Brochure (English/Spanish)**
- **New Castle Correctional Facility inmate reporting options posters (English/Spanish)**
- **Interview responses from Agency Head**
- **Interviews with random staff**
- **Interviews with inmates with disabilities or who are Limited English Proficient**
- **Site review observations**

**Reasoning and analysis (by provision):**

**115.16(a/b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has established procedure to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
  2. Reported that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 8):
  1. Requires that facilities ensure that individuals 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.
  2. Requires that facilities provide written materials to every inmate in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 15):
  1. Outline that offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the facility's sexual abuse prevention policy and procedures for reporting abusive sexual behavior. Accommodations may be made using a braille version of the offender PREA brochure, an American sign language interpreter through a state QPA, showing the PREA video with closed captioning, reading the offender PREA

brochure, etc. Mental health or education staff may assist with communications with offenders with developmental disabilities. Written materials that communicate the sexual abuse prevention program will be provided in Spanish. Interpretive services, in-person and telephonic; are available to offenders with limited English proficiency through a state QPA.

**What was heard as a part of a systematic review of evidence:**

1. Interview responses from Agency Head:
  1. Stated that all of GEO's facilities have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us.
2. Interviews with inmates who were limited English proficient (LEP):
  1. A designated facility interpreter was used to provide interpretation services for interviews.
  2. One inmate stated that he did not receive any orientation materials.
    1. The facility immediately provided the material to the inmate.
  3. Other inmates stated that they received orientation materials in Spanish.
3. Interview with inmates who were visually and hearing impaired:
  1. Stated that they had no concerns with the material that was provided to them when arriving at the facility as it relates to reporting sexual harassment or sexual abuse.

**What was observed as a part of a systematic review of evidence:**

1. Site review observations:
  1. Language line instructions were available in multiple areas for staff to use for translation services in the privacy of staff offices.
  2. The facility designates staff members as official interpreters.
  3. Signage throughout the facility was observed to be posted in both English and Spanish.
  4. Orientation material was observed in the intake area in both English and Spanish.
  5. Testing of the telephone system revealed an option when the receiver was picked up to use English or Spanish.
  6. Telephones had volume controls.

7. A tablet designed to assist those who are visually impaired was observed being.

**115.16(c)**

**What was read as a part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency prohibits the use of inmate interpreters except in limited circumstances where an extended delay could compromise the inmate's safety, the performance of first responder duties or the investigation of the inmate's allegations.
  2. Reported that in the past 12 months there were zero instances where inmates were used to interpret.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A - Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)
  1. Outlines that offenders may not be relied on as readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-responder's duties in an emergency, or the investigation of the individual's allegations.
  2. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 15):
  1. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations.

**What was heard as a part of a systematic review of evidence:**

1. Interview with random staff:
  1. Staff interviewed stated that it was against policy to other inmates to interpret.
  2. Some staff interviewed were aware that there was a language line available when interpretation services were needed and staff members who were bilingual were not present.
  3. Many staff members were not aware of the language line.

**Corrective Action:**

The PREA Manager conducted additional training with staff to ensure knowledge and understanding of the language line to be used with designated staff interpreters were not available.

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|  | <b>Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.</b> |
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| <b>115.17</b> | <b>Hiring and promotion decisions</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.17</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> <ul style="list-style-type: none"><li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li><li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A - Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li><li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li><li>• <b>Review of staff personnel files</b></li><li>• <b>Interview with administrative staff</b></li></ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.17(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"><li>1. The facility PAQ:<ol style="list-style-type: none"><li>1. Reported that the agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:<ol style="list-style-type: none"><li>1. Has engages in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.</li><li>2. 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.</li><li>3. Has been civilly or administratively adjudicated to have engaged in the activity described above.</li></ol></li></ol></li><li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Sexually Abusive Behavior and Intervention Procedure (p. 8):<ol style="list-style-type: none"><li>1. Outlines that GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with inmates who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.</li></ol></li></ol> |

**What was observed as part of a systematic review of evidence:**

1. Review of random employee files:
  1. Revealed that staff hired or promoted in the past 12 months had criminal record background checks conducted.
  2. Applications require applicant to self disclose any type of prohibited activity.

**115.17(b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Sexually Abusive Behavior and Intervention Procedure (p. 4):
  1. Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO facility or program.

**What was heard as part of a systematic review of evidence:**

1. Interview with administrative staff:
  1. Confirmed that incidents of sexual harassment are considered for everyone in determining whether to hire, promote or enlist the services of anyone who may have contact with inmates.
  2. Questions regarding incidents of sexual harassment are included in the application questionnaire.

**115.17(c)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency policy requires that before it hires any new employee who may have contact with inmates, it conducts a criminal background record check, and makes its best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
  2. Reported that in the past 12 months there were 39 persons hired who may have contact with inmates who have hand criminal background record checks.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Sexually Abusive Behavior and Intervention Procedure (p. 4):
  1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 12):
  1. The facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every year.

**What was heard as part of a systematic review of evidence:**

1. Interview with administrative staff:
  1. Confirmed that all new employees undergo a background check, both through GEO and through the Indiana Department of Corrections (Client).
  2. Confirmed that when an employee indicates that they have worked at another institution, part of the background that is completed includes requesting information from that facility regarding any substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

**What was observed as part of a systematic review of evidence:**

1. Review of random employee files:
  1. Revealed that applicants are asked about employment at other institutions.
  2. Revealed that information is requested from other institutions as part of the background investigation.

**115.17(d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency policy requires that a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates.
  2. Reported that the number of contracts for services in the past 12 months where criminal backgrounds checks were completed was 0.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Sexually Abusive Behavior and Intervention Procedure (pp. 11-12):
  1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.

**What was heard as part of a systematic review of evidence:**

1. Interview with administrative staff:
  1. Confirmed that background checks are completed every year for all employees, volunteers and contractors.

**115.17(e)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency policy requires that a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Sexually Abusive Behavior and Intervention Plan (pp. 4, 12):
  1. Background checks shall be repeated for all Employees at least every five years.
  2. Background checks shall be repeated for all Contractors at least every five years.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 12):
  1. Requires that background checks shall be repeated for all employees at least every year.

**What was heard as part of a systematic review of evidence:**

1. Interview with administrative staff:
  1. Confirmed that background checks are completed through a contracted agency.
  2. Confirmed that background checks are completed at least every year, or when an employee is promoted.

**What was observed as part of a systematic review of evidence:**



1. Review of random employee files:

1. Revealed that background checks are completed every year.  
Revealed that staff who are up for promotion have a background completed regardless of the time since the previous check.

**115.17(f/g)**

**What was read as part of a systematic review of evidence:**

1. Facility PAQ:

1. Reported that agency policy states that material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Sexually Abusive Behavior and Intervention Procedure (p. 4):

1. Outlines that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual misconduct as part of a hiring and promotional processes and during annual performance reviews for current employees.
2. Outlines that employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator.
3. Outlines that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

**What was heard as part of a systematic review of evidence:**

1. Interview with administrative staff:

1. Confirmed that staff are required to sign a disclosure form prior to hire and again as part of their yearly performance appraisal.
2. Confirmed that staff are required to affirmatively disclose any misconduct.

**115.17(h)**

**What was heard as part of a systematic review of evidence:**

1. Interview with administrative staff:

1. Stated that corporate will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving request.

**Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.**

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| <b>115.18</b> | <b>Upgrades to facilities and technologies</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.18(a/b)</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>Interview with Facility Director</b></li> </ul> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, including installing or updating a video monitoring system since the last PREA audit.</li> <li>2. Reported that the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the previous PREA audit.</li> </ol> </li> </ol> <p><b>What was heard as a part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director: <ol style="list-style-type: none"> <li>1. Confirmed that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities.</li> <li>2. Reported that new cameras have been installed throughout the facility based on prior allegations of sexual abuse and sexual harassment in order to provide better supervision and curtail unauthorized activity.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard, and corrective action is not required.</b></p> |

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| <b>115.21</b> | <b>Evidence protocol and forensic medical examinations</b>                                      |
|               | <b>Auditor Overall Determination:</b> Exceeds Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.21</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> |

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E - Sexually Abusive Behavior and Intervention Procedure (effective 12/17/2020)**
- **Documentation of contract between Indiana Department of Corrections and Indiana Coalition Against Domestic Violence**
- **MOU with Prosecuting Attorney's Office**
- **Review of investigative files**
- **Interview responses from PREA Coordinator**
- **Interviews with facility investigators**
- **Interviews with random staff**

**Reasoning and analysis (by provision):**

**115.21(a)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency/facility is responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse or staff sexual misconduct.
  2. Reported that the facility is not responsible for conducting criminal sexual abuse investigations.
  3. Reported that the Indiana Department of Corrections Police is responsible for all criminal sexual abuse investigations.
  4. Reported that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (p. 5):
  1. Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

**What was heard as part of a systematic review of evidence:**

1. Interviews with random sample of staff:
  1. Staff interviewed understood the agency's protocols for preserving and maintaining physical evidence if an inmate alleges sexual abuse and gave examples of the steps they would take.

**115.21(b)****What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E - Sexually Abusive Behavior and Intervention Procedure (effective 2/14/2019) (p. 5)
  1. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

**115.21(c)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility offers all inmates who experience sexual abuse access to forensic medical examinations.
  2. Reported that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility.
  3. Reported that forensic examinations are offered without financial cost to the victim.
  4. Reported that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
  5. Reported that when SANEs or SAFEs are not available, exams are performed at a local hospital.
  6. Reported the facility documents efforts to provide SANEs or SAFE's.
  7. Reported that there were five forensic medical exams conducted during the past 12 months.
  8. Reported that there were five exams performed by SANEs/SAFEs during the past 12 months.
  9. Reported that the number of exams performed by a qualified medical practitioner during the past 12 months was five.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E - Sexually Abusive Behavior and Intervention Procedure (effective 2/14/2019) (p. 6):
  1. Outlines that facilities shall offer all individuals in a GEO facility who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
  2. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual

Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available.

3. Review of investigative files:

1. Revealed that when appropriate, victims were provided with forensic examinations by a SAFE/SANE.

**115.21(d/e)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:

1. Reported that the facility attempts to make available to the victim a victim advocate from a rape crisis center either in person or by other means.
2. Reported that these efforts are documented.
3. Reported that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.
4. Reported that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

2. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 16):

1. Outlines that the Facility Administrator shall establish a Sexual Assault Response Team (SART) and a written facility plan to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. The SART shall provide a coordinated, efficient, and supportive response to victims of sexual assault. The member of the SART shall provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault. Persons assigned to the facility's SART shall receive specialize training in providing comprehensive services to victims of sexual assault.

3. Curriculum provided to SART members was reviewed.

4. Executed contract with the Indiana Coalition Against Domestic Violence was reviewed and found to contain provisions to provide advocacy services for inmate victims.

**What was heard as a part of a systematic review of evidence:**

1. Interview responses from PREA Coordinator:
  1. Stated that GEO policy requires each facility to pursue a Memorandum of Understanding (MOU) with a community-based provider capable of providing victim advocacy services. In the event a MOU cannot be obtained, the facility is required document the attempt to enter into a MOU and/or maintain documentation that no other alternatives are available in the community. If no alternatives are available, an agency staff member is screened for appropriateness to serve as an advocate and trained on the provision of victim advocacy services. Agency staff training is documented and maintained as part of the staff member's official training record.
  2. Stated that each facility ensures the rape crisis center provides the following: 24-hour hotline services; accompaniment and advocacy through medical, criminal just and support systems; crisis intervention services to include individual and group support services; information and referrals to assist the victim; community-based services; and the development/distribution of materials related to available services.
2. Interviews with inmates who reported sexual abuse in the facility:
  1. Reported that they were allowed to contact support services after making a report.

#### **115.21(f)**

##### **What was read as part of a systematic review of evidence:**

1. Facility PAQ:
  1. Reported that the agency has requested that the agency responsible for investigating criminal allegations of sexual abuse follow the requirements of paragraphs 115.21 (a) through (e).
2. MOU with County Prosecuting Attorney's Office was reviewed and found to contain all the required information listed in this provision.

##### **What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:
  1. Stated that all criminal investigations of sexual abuse are conducted by the Indiana Department of Corrections Police and that decisions regarding pursuing criminal charges lie with the County Prosecutor's Office.

#### **115.21(h)**

##### **What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E - Sexually Abusive Behavior and Intervention Procedure (p. 6):

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|  | <p>1. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available.</p> <p><b>Based on this analysis and the facility's efforts to establish and train a Sexual Assault Response Team (SART) to assist in responding to and working with inmates alleging sexual abuse, the facility substantially exceeds the requirements of this standard and corrective action is not required.</b></p> |
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| <b>115.22</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.22</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</li> <li>• New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</li> <li>• State of Indiana Department of Corrections Policy and Administrative Procedure 01-01-115: Sexual Abuse Prevention (effective 8/15/2024)</li> <li>• GEO Website (Investigations)</li> <li>• Review of investigative documentation</li> <li>• Interview responses from Agency Head</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.22(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> <li>1. Reported that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</li> <li>2. Reported that in the past 12 months the number of allegations of</li> </ol> |

- sexual abuse and sexual harassment that were received was 48.
3. Reported that in the past 12 months the number of allegations resulting in an administrative investigation were 48.
  4. Reported that in the past 12 months the number of allegations referred for criminal investigation was one.
  5. Reported that in the past 12 months, there are 16 cases that are still pending and outcome.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 2):
    1. Outlines that an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual assault at GEO facilities.
  3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 1):
    1. Outlines that the facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
  4. State of Indiana Department of Corrections Policy and Administrative Procedure 01-01-115: Sexual Abuse Prevention (p. 17):
    1. Outlines that the department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
  5. A review of investigative documentation for allegations received during this reporting period revealed that all allegations are investigated.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from Agency Head:
  1. Reported that administrative or criminal investigations are required by corporate and local facility policies. An investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only).
  2. Reported that GEO has designated staff at each facility that have received PREA Specialized Investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements.
  3. Reported that regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

**115.22 (b/c)**

**What was read as part of a systematic review of evidence:**



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|  | <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.</li> <li>2. Reported that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</li> <li>3. Reported that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention (p. 1): <ol style="list-style-type: none"> <li>1. Outlines that each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.</li> <li>2. Outlines that GEO shall publish its corporate investigations policy on its website.</li> </ol> </li> <li>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (p. 1): <ol style="list-style-type: none"> <li>1. Requires that investigations where evidence indicates a possible criminal violation has occurred shall be referred to the facilities assigned IDOC Correctional Police Officer for review.</li> </ol> </li> <li>4. The agency publishes their policy regarding investigations to their website: <ol style="list-style-type: none"> <li>1. <a href="https://www.geogroup.com/PREA">https://www.geogroup.com/PREA</a></li> </ol> </li> <li>5. A review of investigative files revealed that where appropriate, cases are referred for criminal prosecution.</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.31</b> | <b>Employee training</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.31</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001:</b></li> </ul> |

**Sexual Abuse Prevention (effective 5/5/2025)**

- **PREA Staff Training Curriculum - DOJ 2017 Pre-Service**
- **PREA Staff Training Acknowledgement forms**
- **Interviews with random staff**

**Reasoning and analysis (by provision):**

**115.31(a/b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:

1. Reported that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
2. Reported that the agency trains 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.
3. Reported that the agency trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment.
4. Reported that the agency trains 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.
5. Reported that the agency trains all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement.
6. Reported that the agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims.
7. Reported that the agency trains all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse.
8. Reported that the agency trains all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates.
9. Reported that the agency trains 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.
10. Reported that the agency trains 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.
11. Reported that the training is tailored to the gender of the inmates at the facility.
12. Reported that employees who are reassigned from facilities housing

the opposite gender are given additional training.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 9):

1. Outlines that each facility shall train all employees who may have contact with individuals in a GEO Facility or Program on:
  1. It's zero-tolerance policy for sexual abuse and sexual harassment.
  2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention detection, reporting and response policies and procedures.
  3. An individual in a GEO facility or program right to be free from sexual abuse and sexual harassment.
  4. The right of individuals in a GEO facility or program and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
  5. The dynamics of sexual abuse and sexual harassment in confinement.
  6. The common reactions of sexual abuse and sexual harassment victims.
  7. How to detect and respond to signs of threatened and actual sexual abuse.
  8. How to avoid inappropriate relationships with Individuals in a GEO facility or program.
  9. How to communicate effectively and professionally with individuals in a GEO facility or program, including LGBTI or Gender Non-conforming individuals.
  10. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.
2. Outlines that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring between facilities that house individuals of different genders.

3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 12):

1. Outlines that as part of the new employee orientation (NEO), pre-service academy, and annual in-service training, all staff shall receive training in the following:
  1. The agency's zero-tolerance policy for sexual abuse and sexual harassment.
  2. How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
  3. Offenders right to be free from sexual abuse and sexual harassment.
  4. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment.

5. The dynamics of sexual abuse and sexual harassment in confinement.
  6. The common reactions of sexual abuse and sexual harassment victims.
  7. How to detect and respond to signs of threatened and actual sexual abuse.
  8. How to avoid inappropriate relationships with offenders.
  9. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders.
  10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and,
  11. Relevant laws regarding the applicable age of consent.
4. PREA staff training curriculum was reviewed and found to contain all the required topics outlined in this provision.
  5. Random staff training files were reviewed and found to contain acknowledgments that training was provided and understood.

**What was heard as part of a systematic review of evidence:**

1. Interviews with random staff:
  1. Staff interviewed acknowledged initial and annual training on all required aspects of this standard.
  2. Staff interviewed were able to provide details regarding various aspects of the training to demonstrate their understanding.

**What was observed as part of a systematic review of evidence:**

1. New Castle Correctional Facility houses only male inmates.

**115.31(c)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that all staff receive PREA refresher training annually.

**What was observed as part of a systematic review of evidence:**

1. A review of staff training records revealed that all current employees who may have contact with inmates received training on PREA requirements.
  1. This training is conducted annually.

**115.31(d)**

**What was read as part of a systematic review of evidence:**

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|  | <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.</li> <li>2. Random staff training records were reviewed and found to contain acknowledgement forms indicating that they received and understand the PREA training.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.32</b> | <b>Volunteer and contractor training</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.32</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li>• <b>PREA training curriculum - DOJ 2017 Pre-Service</b></li> <li>• <b>Contractor/Volunteer training acknowledgement</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.32(a/b/c)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</li> <li>2. Reported that there were 187 volunteers and contractors who have been trained.</li> <li>3. Reported that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.</li> </ol> </li> </ol> |

4. Reported that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
  5. Reported that the agency maintains documentation confirming that volunteers and contractors who have contact with inmates understand the training they have received.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 10-11):
  1. Outlines that all contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
  2. Outlines that each facility shall ensure that all contractors and volunteers who have contact with Individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection, and response policies and procedures.
  3. Contractors and volunteers who have contact with Individuals in a GEO facility or program shall receive annual PREA refresher training.
  4. Outlines that unless client mandates require electronic verification, contractors and volunteers shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Annual PREA refresher Training.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 14):
  1. Requires that all volunteers, interns, and contractual staff shall receive training on the facility's sexually abusive behavior prevention and intervention program prior to assignment.
  2. All volunteers, interns, and contractual staff who have contact with offenders shall be trained on their responsibilities under the facility's sexual abuse and harassment prevention, detection, and response policies and procedures.
  3. Volunteers, interns, and contractual staff shall document through signature on both the GEO and IDOC PREA Training Acknowledgment forms that they understand the training they have received. This form shall be used to document both pre-service and annual in-service PREA training.
  4. Volunteers, interns, and contractual staff shall be advised that any form of sexual abuse and sexual harassment with an offender, whether consensual or not, shall be strictly prohibited and that any volunteer, intern, or contractual staff found to have engaged in such conduct shall be removed from the facility, not allowed to return and may be subject to criminal prosecution. Information about substantiated cases of sexual abuse shall be forwarded to the appropriate licensing body for review where applicable.

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|  | <p>4. A Review of random volunteer and contractor training files revealed that annual training had been completed and acknowledged.</p> <p><b>What was heard as part of a systematic review of evidence:</b></p> <p>1. Interviews with volunteers:</p> <ol style="list-style-type: none"> <li>1. Reported that they were required to complete training and orientation prior to having any inmate contact at the facility.</li> <li>2. Reported that they understood their responsibilities as it relates to sexual assault and sexual abuse.</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.33</b> | <b>Inmate education</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.33</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (1/4/2024)</li> <li>• Sexual Abuse Prevention and Reporting: Offender/Student Information brochure</li> <li>• Indiana Department of Corrections Handbook for Incarcerated Adults (5/1/2025)</li> <li>• PREA Inmate Education acknowledgement receipts</li> <li>• PREA inmate reporting options posters (English/Spanish)</li> <li>• Review of random inmate intake records</li> <li>• Admission and Orientation Checklist acknowledgement forms</li> <li>• Interviews with intake staff</li> <li>• Interviews with random inmates</li> <li>• Site review observations</li> </ul> <p><b>Reasoning and analysis (by provision)</b></p> <p><b>115.33(a)</b></p> <p><b>What was read a part of a systematic review of evidence:</b></p> |

1. The facility PAQ:
  1. Reported that inmates receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment.
  2. Reported that 1508 inmates admitted during the past 12 months were given this information.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 9):
  1. Outlines that during the intake process, facilities shall provide each individual in a GEO facility with written information on Geo's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
3. A review of random intake records:
  1. Revealed that inmates signed acknowledgement for receipt of PREA information during the intake process.
  2. Revealed that inmates received orientation when they initially arrived at the facility.
4. A review of inmate PREA education materials:
  1. PREA education materials cover all relevant materials.
  2. PREA education materials are provided in both English and Spanish.

**What was heard as part of a systematic review of evidence:**

1. Interviews with intake staff:
  1. Intake staff reported that inmates are provided with information regarding the facilities zero-tolerance for sexual abuse and sexual harassment at the time of their intake.
  2. Intake staff reported that the initial orientation normally takes place the same day that the inmate arrives to the facility.
2. Interviews with random inmates:
  1. Inmates interviewed reported that they received information regarding the facility's zero-tolerance policy, and how to report incidents of sexual harassment or sexual abuse.
  2. Inmates who had been at the facility for a number of years reported that they didn't remember specifics about the orientation but were aware of the policies and ways to report.
  3. Several inmates reported that they did not receive orientation materials.
    1. A review of their files revealed signed acknowledgments for material.
  4. Inmates interviewed reported that they received this information the same day they arrived at the facility, or the shortly after.

**What was observed as part of a systematic review of evidence:**



1. Site review observations:
  1. An inmate intake was observed for an inmate that had come in that same day.
  2. Orientation included information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
  3. Information was provided in the form of a handout.
2. Informal conversations with staff:
  1. Staff are available who are bi-lingual who can assist with translation when needed.
  2. The facility has access to a language line to use when staff are not available for translation services.

### **115.33(b)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that 1442 inmates admitted to the facility in the past 12 months received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents within 30 days of intake.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 9):
  1. Requires that facilities provide comprehensive PREA education all individuals in person or through video within 30 days of intake.

#### **What was heard as a part of a systematic review of evidence:**

1. Interview with intake staff:
  1. Reported that all inmates receive a more comprehensive orientation sometime during the first week they arrive at the facility based on where they are housed.
2. Interviews with random inmates:
  1. Inmates interviewed stated that they received orientation after they arrived to the facility.

### **115.33(c/d/e)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that all inmates were educated within 30 days of intake.
  2. Reported that agency policy requires that inmates who are transferred

from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment.

3. Reported that inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient.
  4. Reported that inmate PREA education is available in formats accessible to all inmates, including those who are deaf.
  5. Reported that inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired.
  6. Reported that inmate PREA education is available in formats accessible to all inmates, including those who are otherwise disabled.
  7. Reported that inmate PREA education is available in formats accessible to all inmates, including those who are limited in their reading skills.
  8. Reported that the agency maintains documentation of inmate participating in PREA education sessions.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 8-9):
    1. Requires that individuals in a GEO facility receive education each time they are transferred to/from a different facility.
    2. Requires that education be provided in formats accessible to all individuals in a GEO facility, including those with disabilities and limited English proficiency.
  3. Admission and Orientation Checklist receipts were randomly reviewed and found to be complete.

**What was heard as a part of a systematic review of evidence:**

1. Interview with intake staff:
  1. Reported that all incoming inmates receive the same PREA education regardless of if they come from another facility or not.
  2. Reported that orientation and education materials were available in both English and Spanish.
  3. Reported that if a language barrier existed, they would enlist the services of a staff member who was bilingual or utilize the Language Line.
  4. Reported that they would read materials to inmates who were unable to read or had low vision.
2. Interviews with inmates who came from another facility:
  1. Random inmates interviewed who stated that they came from another institution stated that they received the PREA education material and orientation.

**What was observed as part of a systematic review of evidence:**

1. Site review observations:

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|  | <ol style="list-style-type: none"> <li>1. Inmate education materials were observed in both English and Spanish.</li> <li>2. Language line services were verified to be available for staff to use.</li> <li>3. Documentation from the facility identified specific staff that could be used as interpreters.</li> <li>4. Signage was observed to be in a font appropriate for individuals who may have poor eyesight to see.</li> </ol> <p><b>115.33(f)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 9): <ol style="list-style-type: none"> <li>1. Outlines that key information shall be provided to individuals in a GEO facility or program on a continuous basis through readily available, handbooks, brochures, or other written materials.</li> </ol> </li> </ol> <p><b>What was observed as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Site review observations: <ol style="list-style-type: none"> <li>1. Signage was observed posted throughout the facility providing options for reporting sexual abuse and sexual harassment as well as educational materials regarding PREA.</li> <li>2. Handbooks are provided to each inmate that they are able to retain.</li> <li>3. Information regarding PREA is available to inmates through their assigned tablets.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.34</b> | <b>Specialized training: Investigations</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.34</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> |

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings (updated 2024)**
- **Interviews with facility investigators**

**Reasoning and analysis (by provision):**

**115.34(a/b/c/d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
  2. Reported that the agency maintains documentation showing that investigators have completed the required training.
  3. Reported that the number of investigators currently employed who have completed the required training is two.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 14):
  1. Outlines that investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
  2. Investigators shall receive this specialized training in addition to the training mandated for employees in Section F (I).
  3. Facilities shall maintain documentation of this specialized training.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 17):
  1. Requires that all investigators shall receive PREA specialized investigator training in conducting sexual abuse investigations in a confinement setting.
  2. This training shall be documented in the employee's training record.
4. Curriculum for PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings was reviewed:
  1. Outlines training topics that cover all components required by this standard.
5. Certificates of training completion were reviewed:
  1. Specialized PREA Investigations Training course was completed by both facility investigators.

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|  | <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>Interviews with facility investigators: <ol style="list-style-type: none"> <li>Reported that they had completed the course: Specialized PREA Investigations Training.</li> <li>Reported that the training covered topics that included Miranda and Garrity warnings, sexual abuse evidence collection as well as the criteria and evidence required to substantiate a case.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.35</b> | <b>Specialized training: Medical and mental health care</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.35</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>PREA Specialized Training Acknowledgments</b></li> <li>• <b>Interviews with medical and mental health staff</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.35(a/b/c/d)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>The facility PAQ: <ol style="list-style-type: none"> <li>Reported that the agency has policy related to the training of medical and mental health practitioners who work regularly in its facilities.</li> <li>Reported that the number of medical and mental health care practitioners who work regularly at the facility and have received the training required by policy is 95 (100%).</li> <li>Reported that agency medical staff at this facility do not conduct forensic medical exams.</li> <li>Reported that the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</li> </ol> </li> </ol> |

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|  | <p>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 9-10):</p> <ol style="list-style-type: none"> <li>1. Outlines that each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in its facilities on specific topic areas, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment.</li> <li>2. Medical and mental health care practitioners shall receive this specialized training addition to the training mandated for employees in Section F (I) or contractors in section H (I) depending upon their status at the facility.</li> <li>3. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a sexual assault nurse examiner (SANE) or sexual assault forensic examiner (SAFE).</li> <li>4. Facilities shall maintain documentation of this specialized training.</li> </ol> <p>3. Review of training records for medical and mental health staff revealed that the training was completed as mandated by policy.</p> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with medical and mental health workers: <ol style="list-style-type: none"> <li>1. Confirmed that in addition to the PREA training that all staff participate in, additional training is required for medical and mental health workers.</li> <li>2. Confirmed that medical staff at the facility do not conduct forensic examinations.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.41</b> | <b>Screening for risk of victimization and abusiveness</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>114.41</b></p> <p><b>Evidence relied upon in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> </ul> |

- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **PREA Sexual Violence Assessment Tool (SVAT)**
- **Interviews with staff responsible for risk screening**
- **Interviews with random inmates**
- **Site review observations**

**Reasoning and analysis (by provision):**

**115.41(a/b/c)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates.
  2. Reported that policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.
  3. Reported that 1508 inmates entered the facility in the past 12 months and that 1508 (100%) inmates were screened within 72 hours.
  4. Reported that risk assessment is conducted using an objective screening instrument.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 5):
  1. Outlines that all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program or being sexually abusive towards another Individual in a GEO facility or program.
  2. This screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (pp. 19-20):
  1. Within twenty-four (24) hours of an offender's admission into the facility, staff shall assess the offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim. This assessment shall utilize the intake PREA Assessment Questionnaire.

**What was heard as a part of a systematic review of evidence:**

1. Interviews with staff responsible for risk screening:
  1. Reported that they conduct a risk screening on individuals coming into the facility, normally the same day they arrive, but always within 24 hours of their arrival.
2. Interviews with random inmates:
  1. Reported that they were asked questions from the risk screening after they arrived at the facility.

**What was observed as part of a systematic review of evidence:**

1. Site review observations:
  1. An intake was observed for inmates that had just arrived at the facility.
    1. A PREA Assessment Questionnaire form was used to complete the intake in a private office.

**115.41(d/e)**

**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 5):
  1. Outlines that screenings shall consider:
    1. Mental, physical or developmental disability.
    2. Age.
    3. Physical build.
    4. Previous incarceration.
    5. If criminal history is exclusively nonviolent
    6. Prior convictions for sex offenses against an adult or child.
    7. If perceived to be LGBTI or Gender Nonconforming.
    8. If previously experienced sexual victimization.
    9. His/her own perception of vulnerability.
    10. Whether the inmate is detained solely for civil immigration purposes.
  2. Outlines that intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive.
2. The Intake PREA Assessment Questionnaire and associated documentation was reviewed:
  1. Considers all criteria as outlined in the standard and policy.

**What was heard as part of a systemic review of evidence:**

1. Interviews with staff responsible for risk screening:
  1. Staff interviewed reported that the Intake PREA Assessment Questionnaire is used during the intake screening process.



**115.41(f/g)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that policy requires that the facility reassess each inmate's risk of victimization or abusiveness with a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
  2. Reported that 1442 inmates entering the facility in the past 12 months whose length of stay was for 30 days.
  3. Reported that 1442 inmates whose length of stay was for 30 days, or more were reassessed within 30 days of their arrival.
  4. Reported that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 5):
  1. Requires that GEO staff shall conduct an in-person reassessment of individuals within a set period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the initial risk assessment.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (pp. 19-20):
  1. Requires that within thirty (30) days of an offender's admission into the facility, an offender's assigned casework manager shall reassess his/her risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment. This assessment shall utilize the PREA Assessment Questionnaire and be documented in the offender's case management notes utilizing DELTA.
4. A review of random inmate records:
  1. A review of screening and reassessment logs for the previous 12 months revealed that all incoming inmates received both an initial and 30-day reassessment.

**What was heard as part of a systematic review of evidence:**

1. Interviews with staff responsible for risk screening:
  1. Staff interviewed stated that a reassessment of inmates occurs within 30 days of their initial assessment.
  2. Staff interviewed stated that inmates would be reassessed if any additional, relevant information became available.
2. Interviews with random inmates:

1. Most inmates interviewed who had entered the facility within the past 12 months stated that they were asked similar questions a couple of weeks after initially arriving to the facility.
2. Several inmates couldn't remember if they had been asked similar questions or not.
  1. Documentation of reassessments were reviewed and verified.

#### **115.41(h)**

##### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 5):
  1. Outlines that disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited.
3. Review of Sexual Violence Assessment Tool (SVAT):
  1. States that when using the tool, inmates should be informed that their answers will remain confidential and are not required.

##### **What was heard as a part of a systematic review of evidence:**

1. Interviews with staff responsible for risk screening:
  1. Staff stated that inmates would not and have not been disciplined for refusing to answer any of the questions on the risk screening.

#### **115.41(i)**

##### **What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 5):
  1. Outlines that facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Individuals in a GEO facility or program.

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|  | <ol style="list-style-type: none"> <li>2. Outlines that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.</li> </ol> <ol style="list-style-type: none"> <li>2. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (p. 19): <ol style="list-style-type: none"> <li>1. Outlines that the results of this assessment shall be considered confidential and filed in the offender's facility packet accordingly. The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders.</li> </ol> </li> </ol> <p><b>What was heard as a part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview responses from PREA Coordinator: <ol style="list-style-type: none"> <li>1. Reported that access to an inmate's risk assessment is limited to those requiring the information to make housing, work assignment, and programming/education decisions.</li> </ol> </li> <li>2. Interview with staff responsible for risk screening: <ol style="list-style-type: none"> <li>1. Report that the completed risk screenings are all turned over to the PREA Manager who keeps them locked in his office.</li> </ol> </li> <li>3. Interview with PREA Manager: <ol style="list-style-type: none"> <li>1. Reported that when he receives completed risk screenings, they are locked in a cabinet inside his office.</li> </ol> </li> </ol> <p><b>What was observed as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Site observations: <ol style="list-style-type: none"> <li>1. File storage areas were observed to be locked with limited access.</li> <li>2. Computers access is strictly controlled, and staff only have access to files that are related to their specific assignments.</li> <li>3. All computers have lock-screens that require staff to enter a password to activate.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.42</b> | <b>Use of screening information</b>                  |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |
|               | <b>115.42</b>  |

**Evidence relied upon in making the compliance determination:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Monthly PREA Meeting & Transgender Care Committee minutes**
- **Referral for support services examples**
- **PREA Vulnerability Reassessment Questionnaire**
- **Site review observations**
- **Interview responses from PREA Coordinator**
- **Interview with PREA Manager**
- **Interview with staff responsible for risk screening**
- **Interviews with transgender inmates**

**Reasoning and analysis (by provision):**

**115.42(a/b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility uses information from the risk screening guide required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
  2. Reported that the facility makes individualized determinations about how to ensure the safety of each inmate.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 6):
  1. Requires that screening information from standard Section D (I) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA compliance manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations. Following a reported allegation of sexual abuse, the PREA compliance manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from PREA Coordinator:
  1. Reported that inmates who score "at risk," for victimization or abuse are referred for medical and/or mental health assessments as required and tracked on an "at risk log," which contains, at a minimum, their status as a potential victim/perpetrator and housing location. The facility's designated PCM is responsible for reviewing each assessment to ensure proper completion and maintaining the "at risk log," to ensure potential victims and abusers are housed separately.
2. Interview with PREA Manager:
  1. Reported that inmates identified as being "at risk" for victimization or abuse are referred for a medical/mental health assessment. Information obtained is used to ensure that potential victim/perpetrator are housed appropriately.
3. Interviews with staff responsible for risk screening:
  1. Reported that when inmates are identified as being at risk, a referral is made for a mental health assessment which they have the option of declining. The mental health referral is documented as well as the inmate's acceptance or declination. Risk assessments are used to ensure that inmates are housed appropriately to ensure their safety.

#### **115.42(c)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that in making housing and programming assignments, the facility considers on a case-by-case basis whether a placement of a transgender or intersex inmate would present management problems.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 10):
  1. In making housing and programming assignments for Transgender or Intersex Individuals in a GEO Facility or Program, the Facility shall consider on a case-by-case basis whether the placement would present management or security problems.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (pp. 23-24):
  1. Offenders self-identifying as intersex or transgender shall receive an initial placement and programming assessment with subsequent reassessment conducted every six (6) months at the PREA committee meetings. Serious consideration shall be given to such an offender's own views with respect to his/zirs own safety. The TCC shall be the sole mechanism for conducting and documenting these assessments. When conducting the assessment, the TCC shall consider, at a minimum:
    2. All records and prior assessments of the effects of any housing placement on the offender's health and safety that has been

- conducted by a medical or mental health professional.
3. The TCC shall attempt to reach consensus on all decisions.
  4. The TCC shall meet as a subset of the PREA committee, as needed upon identification of any transgender or intersex offenders, but not less than once every six (6) months. TCC minutes shall be documented in the PREA committee meeting minutes; in addition, a Transgender Care Committee. Summary shall be completed for each offender discussed during the TCC meeting. A copy of the Transgender Care Committee Summary shall be retained in the offender's packet and a copy forwarded to the GEO PREA coordinator upon completion.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from PREA Coordinator:
  1. Reported that GEO policy requires each facility to establish a Transgender Care Committee (TCC) consisting of the facility administrator or assistant facility administrator, chief of security, classification or case management supervisor, medical and/or mental health staff, and the PREA compliance manager. I may also be consulted as necessary. The TCC must meet as soon as possible but no later than 72 hours after the inmate's arrival. In the event the TCC cannot meet immediately, transgender inmates may be housed in medical during the 72-hour time frame. The TCC is responsible for making all decisions pertaining to housing and program assignments for transgender inmates.
  2. GEO has developed and implemented a standardized "Transgender Care Committee (TCC) Summary," form used at each facility with the exception of those contractually required to use the client's tool. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC summary to advise housing/program decisions and ensure the inmate's health and safety.
  3. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC Summary to advise housing/program decisions and determine whether placement would present management of security problems.
2. Interview with the PREA Manager:
  1. Reported that all transgender and intersex inmates are interviewed to ensure that they feel safe and comfortable.
3. Interviews with transgender inmates:
  1. Reported that they were asked questions during the intake process regarding their safety.

**115.42(d)**

**What was read as part of a systematic review of evidence:**

1. A review of Monthly PREA Meeting & Transgender Care Committee minutes
  1. Revealed that transgender and intersex inmates are reassessed every six months.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from PREA Coordinator:
  1. Reported that a transgender or intersex inmate's own view are given serious consideration with respect to his or her own safety.
2. Interview with PREA Manager:
  1. Reported that transgender and intersex inmates are reassessed every 6 months to ensure their continued safety.
3. Interview with staff responsible for risk screening:
  1. Reported that during the intake risk screening process, inmates who identify as transgender or intersex are asked if they feel safe or have any concerns regarding their placement.
  2. The opinion of the inmate is given serious consideration as it relates to their assignments.

**115.42(e)**

**What was heard as part of a systematic review of evidence:**

1. Interview with PREA Manager:
  1. Reported that a transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration.
  2. Reported that he interviews each transgender and intersex inmate to ensure they feel safe.
2. Interview with staff responsible for risk screening:
  1. Stated that transgender and intersex inmate's own views are given serious consideration when making housing and program assignments.
3. Interviews with transgender and intersex inmates:
  1. Reported that they had been asked questions regarding their safety.

**115.42(f)**

**What was heard as a part of a systematic review of evidence:**

1. Interview with PREA Manager:
  1. Reported that all inmates at New Castle Correctional Facility are given the opportunity to shower separately.
  2. Reported that part of the intake process involves asking the individuals if they wished to shower separately from the general

population. If they indicate yes, arrangements are made to have separate shower times available, or to be moved to an area with a private shower depending on where they are housed.

2. Interview with staff responsible for risk screening:
  1. Reported that all inmates at NCCF are given the opportunity to shower separately.
3. Interviews with transgender and intersex inmates:
  1. All transgender inmates interviewed stated that they were able to shower privately and given the option to shower at completely different times if they desired.

**What was observed as part of a systematic review of evidence:**

1. Site review observations:
  1. Common bathrooms in each of the housing areas provided individual shower stalls with shower curtains providing privacy for transgender and intersex inmates while showering.
  2. Signage closing off the shower was observed.
  3. Informal conversations with inmates confirmed that showers are closed off when needed and other all the inmates respect the closure.

**115.42(g)**

**What was read as part of a systematic review of evidence:**

1. Monthly PREA Meeting & Transgender Care Committee minutes
  1. Outlines housing assignments of inmates identifying as lesbian, gay, bisexual, transgender, or intersex

**What was heard as part of a systematic review of evidence:**

1. Interview responses from PREA Coordinator:
  1. Reported that there are no GEO facilities that are under any type of consent decree, legal settlement, or legal judgment.
  2. Reported that lesbian, gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units, or wings based solely on the basis of their identification.
2. Interview with PREA Manager:
  1. Reported that the Indiana Department of Corrections (Client) determines which facility all inmates will be housed at.
3. Interviews with transgender and intersex inmates:
  1. All transgender inmates interviewed reported that they did not feel they were placed in a dedicated facility or unit based solely on how they identified.

**Based on this analysis and the facility's commitment keeping individuals safe through regular meetings of the TCC, the facility substantially exceeds**



**the requirements of this standard and corrective action is not required.**

**115.43 Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.43**

**Evidence relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **Interview with the Facility Director**
- **Interview with staff who supervise inmates in segregated housing**

**115.43(a)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the the facility has a policy prohibiting the placement of 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.
  2. Reported that zero inmates at risk of sexual victimization were held in involuntary segregation in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 13):
  1. Outlines that involuntary segregated housing may be used only after assessing of all available housing alternatives has shown there are no other means of protection the individual in a GEO facility.

**What was heard as part of a systematic review of evidence:**

1. Interview with the Facility Director:
  1. Reported that inmates are not placed involuntarily in the RHU because they are at high risk of victimization unless there are no other alternatives.

**115.43(b)**

**What was read as part of a systematic review of evidence:**

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|  | <p>1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 13):</p> <ol style="list-style-type: none"> <li>1. If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify on the form any restrictions imposed. Justification must include the services restricted, reasons for restriction, and duration of restriction.</li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with staff who supervise inmates in Segregated Housing: <ol style="list-style-type: none"> <li>1. Staff members assigned to the RHU stated that there haven't been any inmates placed in the RHU because they are at high risk for sexual victimization.</li> <li>2. Staff reported that there is protocol that would be followed regarding the programs and privileges that would be available to them.</li> </ol> </li> <li>2. There were no inmates in the RHU because of risk of sexual victimization at the time of the onsite to interview.</li> </ol> <p><b>115.43(c/d/e)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that in the past 12 months there were zero inmates placed in involuntary segregation due to risk of sexual victimization.</li> <li>2. Reported that if an involuntary segregated housing assignment is made, the facility it affords each inmate a review every 30 days to determine the continuing need for segregation.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 13-14): <ol style="list-style-type: none"> <li>1. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30-days to determine if ongoing involuntary segregated housing is necessary.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.51</b> | <b>Inmate reporting</b>                              |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

**115.51****Evidence relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Employee Reporting Options Poster**
- **Inmate Reporting Options Poster**
- **Indiana Department of Correction Handbook for Incarcerated Adults (5/1/2025)**
- **GEO Website (Staff Reporting Information)**
- **Interview responses from PREA Coordinator**
- **Interviews with random staff**
- **Interviews with random inmates**
- **Site review observations**

**Reasoning and analysis (by provision):****115.51(a)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by staff or other inmates and staff neglect or violation of responsibility that may have contributed to such incidents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 14):
  1. Outlines that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other Individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.
3. Indiana Department of Correction Handbook for Incarcerated Adults:
  1. Outlines multiple ways for inmates to make a report.
4. PREA reporting posters:
  1. Located throughout the building with information on how to report PREA incidents.

**What was heard as a part of a systematic review of evidence:**

1. Interviews with random staff:

1. Staff interviewed were all familiar with multiple ways for inmates to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents. When asked, staff were able to articulate different ways available to report.

2. Interviews with random inmates:

1. Inmates interviewed provided examples of different ways to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents.

**What was observed as a part of a systematic review of evidence:**

1. Site observations:

1. Signage:

1. Signage regarding reporting was observed prominently displayed throughout the facility.
2. Signage was printed in a font that was easily readable.
3. Signage was provided in both English and Spanish.
4. Signage was consistent throughout the facility.
5. Signage outlined multiple ways for inmates to make reports.

2. Telephones:

1. Telephones in common areas were tested and found to be operable.

3. Tablets:

1. Inmates are issued tablets and were able to demonstrate to the auditor how they would use them to make a report.
2. Hotline numbers were tested and found to be operable.
3. An option on the tablet allows inmates to send a report to the Ombudsman's Office.
  1. Inmates may request to remain anonymous using this option.
  2. Instructions to remain anonymous are outlined on reporting posters.

4. Mail procedures:

1. Addresses are provided for making written reports to the Ombudsman's Office.
2. Indigent inmates are provided with stamped envelopes when they arrive to the facility and again upon request.
3. Outgoing mail is placed in an outgoing mailbox.
4. Mail addressed to the Ombudsman is considered privileged and may be anonymous.
  1. Instructions to remain anonymous are outlined on reporting posters.

**115.51(b)**

**What was read as a part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not a part of the agency.
  2. Reported that the facility does not hold inmates detained solely for immigration purposes.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 14):
  1. Outlines that facilities shall provide Individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
3. Inmate Reporting Options Poster and Indiana Department of Correction Handbook for Incarcerated Adults:
  1. Outlines ways for inmates to privately report incidents to an entity that is not a part of GEO.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from PREA Coordinator:
  1. Stated that GEO policy requires each facility to provide inmates contact information on how to report abuse or harassment to an office that is not part of the agency. At a minimum, facilities provide the contracting agency's reporting line. Many facilities also provide contact information for local and/or national entities capable of receiving reports of abuse or harassment.
2. Interviews with random inmates:
  1. Inmates interviewed stated that they were aware of multiple ways to make a report and were able to articulate different methods.
  2. Inmates interviewed stated that they believed that the hotline numbers that were posted would allow them to remain anonymous.
3. A call to the posted PREA Hotline was made during the onsite. Information was forwarded to the facility PREA Manager regarding the call prior to the end of the tour.

**115.51(c)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing,

- anonymously, and from third parties.
  2. Reported that staff are required to document verbal reports before the end.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 14):
  1. Outlines that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 27):
  1. Staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

**What was heard as part of a systematic review of evidence:**

1. Interviews with random staff:
  1. All staff interviewed stated that they would accept both verbal and written reports from inmates and that they would immediately report the incident to their supervisor or the Facility Director.
  2. Staff reported that if they received a verbal report, they would document it and report to their supervisor.
2. Interviews with random inmates:
  1. Inmates interviewed stated that believed they could make both a verbal and a written report to a staff member if they wanted to.

**115.51(d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates.
  2. Reported that staff are informed of these ways through policy, company website, published hotline numbers and through training.
2. Employee Reporting Options Poster:
  1. Outlines that GEO employees reporting sexual abuse or sexual harassment may report such information to the chief of security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or at the toll-free phone number (866) 568-5425. Employees may also contact the corporate PREA office directly at (561) 999-5827.
3. GEO Website (Staff Reporting Information)
  1. [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup)

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|  | <p>2. Provides staff with various methods to report sexual abuse and sexual harassment of inmates.</p> <p><b>What was heard as part of a systemic review of evidence:</b></p> <p>1. Interviews with random staff:</p> <p>1. Staff interviewed provided a variety of examples that were available to them to privately report sexual abuse and sexual harassment of inmates. Most staff reported that they would go to their supervisor or the Facility Director to make a report.</p> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.52</b> | <b>Exhaustion of administrative remedies</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.52</b></p> <p><b>Evidence Relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>Indiana Department of Correction Policy and Procedure 00-02-301: Offender Grievance Procedures</b></li> <li>• <b>GEO Corporate Website</b></li> <li>• <b>Indiana Department of Correction Handbook for Incarcerated Adults (5/1/2025)</b></li> <li>• <b>Interview with facility PREA Manager</b></li> <li>• <b>Review of PREA related grievances</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.52(a/b/c)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <p>1. The facility PAQ:</p> <p>1. Reported that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.</p> <p>2. Reported that agency policy allows an inmate to submit a grievance</p> |

regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

3. Reported that agency policy does not require an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
  4. Reported that agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
  5. Reported that an inmate grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 14-15):
1. Outlines that there is no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse.
  2. Outlines that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.
  3. Outlines that individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse.
3. Indiana Department of Correction Policy and Procedure 00-02-301 Offender Grievance Procedures (p. 6):
1. Describes the process when receiving an emergency grievance alleging an offender is a victim of an incident of sexual abuse.
  2. Outlines that the inmate may submit the grievance at any time and does not need to submit the grievance to a staff member who is the subject of the complaint.
4. Grievances submitted in the past 12 months alleging sexual abuse were reviewed.
1. Investigations were initiated for allegations determined to be PREA related.

#### **115.52(d)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
  2. Reported that in the past 12 months there were two grievances filed that alleged sexual abuse.
  3. Reported that in the past 12 months, the number of grievances



alleging sexual abuse that reached final decision within 90 days after being filed was two.

4. Reported that in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.
  5. Reported that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 20):
    1. Reports that 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 a GEO facility or program in preparing any administrative appeal.
    2. 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.
    3. Reports that at any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level.
  3. Indiana Department of Correction Policy and Procedure 00-02-301 Offender Grievance Procedures (p. 6):
    1. Requires that the Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Determination of the ninety (90) day time period shall not include time consumed by the offender in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision will be made.
    2. At any level of the administrative process, including the final level, if the inmate does not receive a written response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a written response to be a denial at that level.

#### **115.52(e)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that agency policy permits third parties, including fellow

inmates, staff members, family members, attorneys, and outside advocates to assist inmate in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

2. Reported that policy and requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmates decision to decline.
3. Reported that there were zero grievances alleging sexual abuse filed by inmates in the past 12-months in which the inmate declined third-party assistance.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 15):
  1. Outlines that third parties (e.g. fellow individuals in a GEO facility or program, employees, family members, attorneys and outside advocates) may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility or program.
3. Indiana Department of Correction Policy and Procedure 00-02-301 Offender Grievance Procedures (p. 6):
  1. Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.
  2. If a third party files such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
  3. If the offender declines to have the request processed on their behalf, the Department shall document the offender's decision.

**What was observed as part of a systematic review of evidence:**

1. Site review:
  1. Signage was observed posted in public areas of the facility with information relating to third party reporting.
  2. GEO Corporate website outlines methods for filing reports on behalf of inmates.

**115.52(f):**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:

1. Reported that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.
  2. Reported that the agency has a policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
  3. Reported that there were zero emergency grievances alleging substantial risks of imminent sexual abuse filed in the past 12 months.
  4. Reported that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
  5. Reported that there were zero grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 15):
    1. Outlines that individuals in a GEO facility or program may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse.
    2. Outlines that after receiving an emergency grievance of this nature, the facility administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.
    3. Outlines that an initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days.
  3. Indiana Department of Correction Policy and Procedure 00-02-301 Offender Grievance Procedures (p. 6):
    1. When receiving an emergency grievance alleging an offender is a victim of an incident of sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate corrective action. The Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. The Warden shall also forward the emergency grievance to the Department's Offender Grievance Manager, who shall issue a final Department decision within five (5) calendar days to the offender who filed the grievance.

**What was heard as part of a systematic review of evidence:**

1. Interview with PREA Manager confirmed that there have been no emergency grievances filed in the past 12 months.

**115.52(g)**

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|  | <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.</li> <li>2. Reported that in the past 12-months there have been zero inmate grievances alleging sexual abuse that resulted in disciplinary action.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 11): <ol style="list-style-type: none"> <li>1. Outlines the department may discipline an inmate for filing a grievance related to alleged sexual abuse only where the Department can demonstrate the inmate filed the grievance with bad faith.</li> </ol> </li> <li>3. Indiana Department of Correction Policy and Procedure 00-02-301 Offender Grievance Procedures (p. 6): <ol style="list-style-type: none"> <li>1. Outlines that the facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.53</b> | <b>Inmate access to outside confidential support services</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.53</b></p> <p><b>Evidence Relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Inmate Advocacy Posters.</b></li> <li>• <b>Contract with Indiana Coalition Against Domestic Abuse</b></li> <li>• <b>Interviews with random inmates</b></li> <li>• <b>Site review observations</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.53(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> |

1. The facility PAQ:
  1. Reported that the facility provides inmates access to outside victim advocates for emotional support services related to sexual abuse.
  2. Reported that the facility provides inmates with access to such services by giving inmates mail addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations.
  3. Reported that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 20-21):
  1. Outlines that facilities shall provide individuals in a GEO facility or program who allege sexual abuse (whether it occurred in custody or the community) with access to outside victim advocates for emotional support services and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations.
3. New Castle Correctional Facility "Additional Services for Victims of Sexual Abuse Posters".
  1. Outlines services that are available to inmates needing support.

**What was heard as a part of a systematic review of evidence:**

1. Interviews with random inmates:
  1. Most inmates interviewed stated that they were not aware of any specific outside support services but commented that they were probably listed on the posters that are posted throughout the facility.
  2. Inmates interviewed stated that they believed that these services would be private and confidential.

**What was observed as part of a systemic review of evidence:**

1. Site review observations:
  1. Signage was observed throughout the facility with hotline numbers for advocacy services.
  2. Signage indicated that calls were not routinely monitored.

**115.53(b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored.
  2. Reported that the facility informs inmates, prior to giving them access

to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 21):
  1. Outlines that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. New Castle Correctional Facility “Additional Services for Victims of Sexual Abuse Posters”.
  1. Outlines that calls will not be routinely monitored, however can be reviewed for possible disciplinary action if there is a suspected or misuse of the service.

**What was heard as a part of a systematic review of evidence:**

1. Interviews with random inmates:
  1. Inmates interviewed stated that they believed calls to the hotline were private.

**115.53(c)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility maintains memorandum of understanding with community service providers that are able to provide inmates with emotional support services related to sexual abuse.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 21):
  1. Outlines that facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility or program with confidential emotional support services related to sexual abuse while in custody.
  2. Outlines that facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.
3. The facility participates in a contract between the Indiana Department of Correction and the Indiana Coalition Against Domestic Violence.

**Based on this analysis the facility is substantially compliant with this**

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|  | <b>standard and corrective action is not required.</b> |
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| <b>115.54</b> | <b>Third-party reporting</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.54</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>GEO website <a href="http://www.geogroup.com/PREA">www.geogroup.com/PREA</a></b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.54(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency provides a method to receive third-party reports of inmate sexual abuse or sexual harassment through the agency hotline or website.</li> <li>2. Reported that agency publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates through the agency website at <a href="http://www.geogroup.com/PREA">www.geogroup.com/PREA</a>.</li> </ol> </li> </ol> <p><b>What was observed as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Site review observations: <ol style="list-style-type: none"> <li>1. Signage was observed to be posted in public areas around the facility in the visiting area and front lobby.</li> <li>2. The GEO website was visited and found to contain all required information for making third party reports.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |

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| <b>115.61</b> | <b>Staff and agency reporting duties</b>             |
|               | <b>Auditor Overall Determination:</b> Meets Standard |

## **Auditor Discussion**

### **115.61**

#### **Evidence Relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Sexual Abuse Prevention and Reporting: Staff Information Brochure**
- **Interview with Facility Director**
- **Interview responses from PREA Coordinator**
- **Interviews with Medical/Mental Health Staff**
- **Interviews with random staff**
- **Site review observations**

#### **Reasoning and analysis (by provision):**

### **115.61(a/b)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency.
  2. Reported that the agency requires all staff to report immediately and according to agency policy retaliation against inmates or staff who reported such an incident.
  3. Reported that the agency requires all staff to report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
  4. Reported that apart from reporting to designated supervisors or officials, agency policy prohibits staff from revealing information relating to a sexual abuse report to anyone other than to the extent necessary to make treat, investigation, and other security and management decisions.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 15-16):
  1. Outlines that employees are required to immediately report any of the following:
    1. Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility.



2. Retaliation against individuals in a GEO facility or program or Employees who reported such an incident.
3. Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. Outlines that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a sexual abuse report to anyone.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (pp. 26-27):
  1. Any staff person, volunteer, or contractor that has reason to believe that actual or threatened sexual abuse has occurred, whether or not it occurred in the facility shall have a duty to immediately report this information to the shift supervisor on duty, the PREA compliance manager, facility executive staff, or the IDOC Executive Director of PREA.
  2. Staff shall immediately report retaliation against an offender or staff for reporting an incident of sexual abuse and any staff neglect or violation duty to report that may have contributed to an incident of retaliation.
  3. Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than the PREA compliance manager or staff involved with investigating the alleged incident.

**What was heard as part of a systematic review of evidence:**

1. Interviews with random staff:
  1. Staff interviewed all stated that they were aware of agency policy that required them to immediately report any knowledge or suspicion of sexual abuse, sexual harassment or retaliation of inmates, including any employee neglect or violation of responsibilities that may have contributed to an incident.
  2. Staff interviewed understood policy that required information related to sexual abuse and sexual harassment remain confidential except to the designated supervisors that they report the incident to.

**What was observed as part of a systematic review of evidence:**

1. Site review observations:
  1. Files related to inmates are kept in locked cabinets within locked offices.
  2. Computer stations have automatic screen locks and are controlled by individual passwords.
  3. Staff only have access to files relevant to their position assignment.

**115.61(c)**

**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 16):
  1. Outlines that unless precluded by federal, state, or local law, medical and mental health practitioners' area required to report allegations of sexual abuse and sexual harassment and to inform individuals of the practitioner's duty to report, and the limitation of confidentiality, at the initiation of services.

**What was heard as part of a systematic review of evidence:**

1. Interview with medical and mental health staff:
  1. Both the medical and mental health staff confirmed that inmates are informed of their duty to report and the limitations of confidentiality at the start of their appointment.

**115.61(d)**

**What was heard as part of a systematic review of evidence:**

1. Interview with the Facility Director:
  1. The Facility Director stated that any abuse of vulnerable adults would be reported to the appropriate agencies and that they would receive the same services available to all inmates.
2. Interview responses from PREA Coordinator:
  1. Stated that unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws.

**115.61(e)**

**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 21):
  1. Outlines that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these type incidents.
2. Review of allegations of sexual abuse and sexual allegations revealed that all were reported to the designated investigator (PREA Manager).

**What was heard as part of a systematic review of evidence:**

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|  | <p>1. Interview with Facility Director:</p> <ol style="list-style-type: none"> <li>1. Reported that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported initially to the PREA Manager and then through the GEO reporting system as well as to the Indiana Department of Correction (client).</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.62</b> | <b>Agency protection duties</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.62</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</li> <li>• New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</li> <li>• Interview responses from Agency Head</li> <li>• Interview with Facility Director</li> <li>• Interviews with random staff</li> </ul> <p><b>115.62(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that what the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.</li> <li>2. Reported that in the past 12-months there were zero instances where an inmate was subject to a substantial risk of sexual abuse.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 16): <ol style="list-style-type: none"> <li>1. Outlines that when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of</li> </ol> </li> </ol> |

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|  | <p>sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly.</p> <p>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (p. 27):</p> <ol style="list-style-type: none"> <li>Requires that when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in protective custody, administrative restrictive status housing, or any other appropriate action.</li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>Interview responses from the Agency Head: <ol style="list-style-type: none"> <li>Reported that GEO takes immediate action to protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc).</li> </ol> </li> <li>Interview with Facility Director: <ol style="list-style-type: none"> <li>Reported that the inmate would immediately be separated from other inmates and offered protective custody if warranted.</li> </ol> </li> <li>Interviews with random staff: <ol style="list-style-type: none"> <li>Staff interviewed all stated that if they became aware that an inmate was in imminent danger of sexual abuse that they would immediately separate the inmate and report to their supervisor or the facility director to determine next steps.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.63</b> | <b>Reporting to other confinement facilities</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.63</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li>• <b>Reports of allegations to other facilities</b></li> </ul> |

- **Reports of allegations from other facilities**
- **Interview responses from Agency Head**
- **Interview with Facility Director**

**Reasoning and analysis (by standard):**

**115.63(a/b/c/d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.
  2. Reported that in the past 12 months there was one allegation the facility received that an inmate was abused while confined in another facility.
  3. Reported that the victim was interviewed and a notification letter was written and sent to the facility where the allegation occurred.
  4. Reported that agency policy requires the facility head to provide such notification as soon as possible but no later than 72 hours after receiving the allegation.
  5. Reported that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.
  6. Reported that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.
  7. Reported that in the past 12 months there has been one allegation of sexual abuse the facility received from other facilities.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 19-20):
  1. Outlines that in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
  2. Outlines that the facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA coordinator.
  3. Outlines that any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance

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|  | <p>with PREA standards.</p> <p>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (p. 27):</p> <ol style="list-style-type: none"> <li>1. When the facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the allegation shall notify in writing the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document it has provided such information.</li> <li>2. The facility head that receives such notification shall ensure that the allegation is investigated in accordance with IDOC AP 02-01-115, Sexual Abuse Prevention.</li> </ol> <p><b>What was heard as a part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview responses from the Agency Head: <ol style="list-style-type: none"> <li>1. Reported that if another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of GEO's facilities, the PREA allegations would be reported to the Director of the facility where the allegation is alleged to have occurred.</li> <li>2. Reported that regardless of how the facility receives a PREA allegation that abuse occurred in a GEO facilities, the allegation will be referred to designated investigators (internal or external) for investigation.</li> <li>3. The PREA coordinator is also informed of all allegations of this type via email.</li> </ol> </li> <li>2. Interview with Facility Director: <ol style="list-style-type: none"> <li>1. Confirmed that if information was received that an inmate had been sexually abused at another facility, he would immediately notify the head of the facility where the inmate had come from.</li> <li>2. All allegations of sexual abuse and sexual harassment would be entered into the GEO reporting portal.</li> <li>3. The Director stated that if he received notification from another facility that an inmate had been abused while at his facility, he would ensure that an investigation was conducted according to PREA protocols.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.64</b> | <b>Staff first responder duties</b>                  |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |
|               | <b>115.64</b>  |

**Evidence relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Interviews with random staff**
- **Interviews with random staff who act as first responders**

**Reasoning and analysis (by provision):**

**115.64(a)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a first responder policy for allegations of sexual abuse.
  2. Reported that the policy requires that upon learning that an inmate was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.
  3. Reported that policy requires that upon learning of an allegation that a inmate was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
  4. Reported that policy requires that upon learning of an allegation that a inmate was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, smoking, drinking or eating.
  5. Reported that the policy requires that, upon learning of an allegation that a inmate was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
  6. Reported in the past 12 months, there were twenty-two allegations that an inmate was sexually abused.
  7. Reported that of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was five.

8. Reported that that in the past 12 months the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was five.
  9. Reported that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was five.
  10. Reported that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested the alleged victim to not take any actions that could destroy physical evidence was five.
  11. Reported that of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested the alleged abuser to not take any actions that could destroy physical evidence was five.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp.16-17):
    1. Outlines that upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall:
      1. Separate the alleged victim and abuser.
      2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
      3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
      4. 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.
      5. Do not let the alleged abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
  3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 30):
    1. If the alleged incident occurred within one hundred twenty (120) hours of the report, staff shall ensure that appropriate actions are taken to preserve as much evidence as possible (e.g. if the sexual conduct involves intercourse, the alleged victim shall be instructed not to shower or otherwise clean himself, drink, use the toilet, brush his teeth, remove clothing, etc.) If the alleged perpetrator is known, staff shall require him to follow the same actions as with the alleged victim



in order to preserve any possible evidence of sexual abuse. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating until the forensic examination can be performed. A custody staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed. Mental health staff or staff trained in victim support shall be contacted to meet with the alleged victim.

**What was heard as part of a systematic review of evidence:**

1. Interviews with staff who act as first responders:
  1. Staff interviewed understood their responsibilities as it relates to reporting to the scene of an alleged sexual abuse and were able to articulate the steps they would take.
  2. All staff interviewed stated that they received the same training as it relates to responding to sexual abuse allegations in the facility, regardless of if they are considered security staff or non-security staff.
  3. Non-security staff understood their responsibilities to immediately notify someone from security.

**115.64(b)**

**What was read as part of a systematic review of evidence:**

1. Facility PAQ:
  1. Reported that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.
  2. Reported that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.
  3. Reported that of the allegations that an inmate was sexually abuse made in the past 12 months, the number of times a non-security staff member was the first responder was zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p.17):
  1. If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any action that could destroy physical evidence; remain with the alleged victim and notify security staff.

**What was heard as part of a systematic review of evidence:**

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|  | <p>1. Interviews with random staff:</p> <ol style="list-style-type: none"> <li>1. All staff interviewed stated that they received the same training as it relates to responding to sexual abuse allegations in the facility, regardless of if they are considered security staff or non-security staff.</li> <li>2. Non-security staff understood their responsibilities to immediately notify someone from security.</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.65</b> | <b>Coordinated response</b>   |
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|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.65</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.007: PREA Coordinated Response Plan (effective 5/5/2025)</b></li> <li>• <b>Interview with the Facility Director</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.65(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 2): <ol style="list-style-type: none"> <li>1. Outlines that each facility shall develop written facility plans to coordinate the actions taken in response to incidents of sexual abuse.</li> <li>2. Outlines that the plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership.</li> </ol> </li> </ol> |

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|  | <p>3. Outlines that the local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.</p> <p>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.007: PREA Coordinated Response Plan.</p> <p>1. Outlines the coordinated response to be used in the event of incidents.</p> <p><b>What was heard as part of a systematic review of evidence:</b></p> <p>1. Interview with Facility Director:</p> <p>1. Reported that the facility has a coordinated response plan that is reviewed annually.</p> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.66</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</li> <li>• Review of staff separation orders</li> <li>• Interview responses from Agency Head</li> <li>• Interview with Facility Director</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.66(a/b)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <p>1. The facility PAQ:</p> <p>1. Reported that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> |

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|  | <p>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 6):</p> <ol style="list-style-type: none"> <li>1. States that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with any individual in a GEO facility or program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</li> <li>3. A review of staff separation orders revealed that staff under investigation are ordered to have no contact with the alleged victim.</li> </ol> <p><b>What was heard as a part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview responses from Agency Head: <ol style="list-style-type: none"> <li>1. Reported that none of the agency's collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.</li> </ol> </li> <li>2. Interview with Facility Director: <ol style="list-style-type: none"> <li>1. Reported that staff involved in a PREA investigation can and are reassigned or placed on leave during the investigation.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.67</b> | <b>Agency protection against retaliation</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.67</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</li> <li>• New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</li> <li>• Review of retaliation monitoring logs</li> <li>• Interview responses from Agency Head</li> <li>• Interview with Facility Director</li> <li>• Interview with staff members charged with monitoring retaliation</li> <li>• Interviews with inmates who reported a sexual abuse</li> </ul> |

**Reasoning and analysis (by provision):**

**115.67(a)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a policy to protect all inmate 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.
  2. Reported that the agency designates staff members with monitoring for possible retaliation.
  3. Reported that the PREA Compliance Manager and Facility PREA Investigators are responsible for retaliation monitoring.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 21-22):
  1. Outlines that facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees.
  2. Outlines that the facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of individuals in a GEO facility or program.

**115.67(b/c/d/e)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency monitors the conduct or treatment of inmate or staff who reported sexual abuse and of inmates who reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.
  2. Reported that the agency monitors the conduct or treatment for a period of 90 days.
  3. Reported that the agency acts promptly to remedy any such retaliation.
  4. Reported that the agency continues such monitoring beyond the 90 days if the initial monitoring indicates a continuing need.
  5. Reported that there have been zero incidents of retaliation in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 21-22):
  1. Outlines that facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of

alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

2. Outlines that items to be monitored for individuals in a GEO facility or program include disciplinary reports and housing or program changes.
  3. Outlines that for at least 90 days following a report of staff sexual misconduct by another employee, the facility Human Resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation.
  4. Outlines that monitoring shall terminate if the allegation is determined unfounded. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
  5. Outlines that any issues discussed shall be noted on the "Employee Protection from Retaliation", to include corrective actions taken to address the issue.
  6. Outlines that items to be monitored for employees include negative performance reviews and employee reassignments.
  7. Outlines that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 98):
1. For at least ninety (90) days following an allegation of sexual abuse or sexual harassment, the facility PREA compliance manager, PREA compliance manager assistant, or a designated mental health professional shall monitor and document each week the conduct and treatment of offenders who have reported sexual abuse or sexual harassment to see if there are any changes that may suggest possible retaliation by offenders and staff, and shall act promptly to remedy any such retaliation.
  2. The monitoring shall include any offender reports of conduct, housing changes, or program changes. This monitoring shall occur on a weekly basis and documented utilizing the GEO Protection from Retaliation Log. Such monitoring may exceed ninety (90) days based on the information gathered during the initial monitoring period. In the case of offenders, the monitoring shall also include periodic status checks.
  3. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well. The facility's obligation to monitor shall terminate if the facility determines that the allegation is

unfounded.

4. A review of facility retaliation logs confirmed that retaliation monitoring occurred on a consistent basis and monitored housing, discipline and work/program changes as well as other concerns.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from Agency Head:
  1. Reported that when a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis.
  2. Reported that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days.
2. Interview with the Facility Director:
  1. Reported that protective measures would be taken to include separating the individual.
3. Interview with staff member charged with monitoring retaliation (PREA Manager):
  1. Reported that he meets regularly (weekly) with individuals being monitored for retaliation.
  2. Looks for changes in behavior that may suggest that retaliation may be occurring.
  3. Looks at things like programming or housing changes.
  4. Reported that monitoring will continue for 90 days or longer if needed.
  5. Reported that he would continue the monitoring for as long as it was needed.
4. Interviews with inmates who reported sexual abuse:
  1. Reported that the facility PREA Manager met with them after the report on a regular basis to ensure there was no retaliation.

**Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.**

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| <b>115.68</b> | <b>Post-allegation protective custody</b>            |
|               | <b>Auditor Overall Determination:</b> Meets Standard |

## **Auditor Discussion**

### **115.68**

#### **Evidence relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Interview with the Facility Director**
- **Interview with staff who supervise inmates in segregated housing**

### **115.68(a)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.
  2. Reported that the number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero.
  3. Reported that the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.
  4. Reported that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 13):
  1. Involuntary segregated housing may be used only after assessing of all available housing alternatives has shown there are no other means of protecting the individual in a GEO facility.
  2. If the facility cannot conduct such an assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.
  3. Facilities shall utilize the Sexual Abuse Available Housing Alternatives Assessment form (see Attachment G) to document the assessment. All completed forms shall be reviewed and signed by the facility



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|  | <p>administrator or assistant facility administrator upon completion.</p> <ol style="list-style-type: none"> <li>4. If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify on the form any restrictions imposed. Justification must include the services restricted, reason for restriction, and duration of the restriction.</li> <li>5. Involuntary segregated housing shall not ordinarily exceed 30 days.</li> <li>6. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is necessary.</li> </ol> <p>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (p. 21):</p> <ol style="list-style-type: none"> <li>1. Offenders at a high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, utilizing the GEO Available Alternatives Assessment form, and a determination has been made that there is no available alternative means of separation from likely abusers. Any such determination shall clearly document the bases for the facility's concern for the offender's safety and the reason why no alternative means of separation can be made.</li> <li>2. Such assignment shall not ordinarily exceed a period thirty (30) days. Any assignment exceeding thirty (30) days shall be clearly documented providing justification for such placement. Any offender placed in restrictive status housing for this purpose shall have access to programs, privileges, education, and work assignments to the extent possible.</li> <li>3. Should any such programs be restricted, the facility shall document the opportunities that have been limited, the duration, the limitation, and the reasons for such limitations.</li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director: <ol style="list-style-type: none"> <li>1. Reported that inmates would not be placed in involuntary segregation unless no other options were available.</li> </ol> </li> <li>2. Interview with staff who supervise inmates housed in segregated housing: <ol style="list-style-type: none"> <li>1. Reported that there are regular reviews of everyone placed in RHU.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.71</b> | <b>Criminal and administrative agency investigations</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard     |

## **Auditor Discussion**

### **115.71**

#### **Evidence relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (effective 12/17/2020)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Training curriculum for “PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings” (updated: 2024)**
- **Review of investigative files**
- **Interview with Facility Director**
- **Interview responses from PREA Coordinator**
- **Interview with PREA Manager**
- **Interviews with investigative staff**
- **Site review observations**

#### **Reasoning and analysis (by provision):**

### **115.71(a)**

#### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a policy related to criminal and administrative agency investigations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (p. 2):
  1. An administrative or criminal investigation shall be completed for all allegations of sexual abuse, and sexual harassment at GEO facilities.
  2. The facility administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse and sexual harassment. Client notifications shall be documented and maintained as part of the investigative file.
  3. When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (pp. 1-2):
  1. The facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
  2. Administrative investigations shall be investigated by staff designated

by the Facility Administrator. Investigations where evidence indicates a possible criminal violation has occurred shall be referred to the facilities assigned IDOC correctional police officer for review. The facility requests that the IDOC CPO follow the IDOC AP 02-01-115 Sexual Abuse Prevention and the DOJ PREA standards § 115.21 (a~e) when conducting criminal investigations.

3. In every case where the alleged abuser is an employee, contractor, or volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation.
4. Review of investigative reports:
  1. Revealed that investigations were initiated as soon as an allegation was made.
  2. Investigations are conducted regardless of how allegations are made.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigative staff:
  1. The facility investigators reported that sexual criminal investigations are handled through the Indiana Department of Correction Police Officer assigned to the unit.
  2. Reported that investigations are initiated immediately after allegations are made.

**115.71(b)**

**What was read as part of a systematic review of evidence:**

1. Specialized PREA Investigations training curriculum was reviewed.
2. Training completion certificates for facility investigators was reviewed.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:
  1. Reported that they participated in Specialized PREA Investigations training.

**115.71(c)**

**What was read as part of a systematic review of evidence:**

1. A review of facility investigative files revealed that video evidence was examined where available, and the alleged victim and alleged perpetrator were interviewed as well as witnesses where applicable.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:

1. Reported that in the event of a report of sexual abuse, the scene would be immediately secured and any evidence that was available would be secured.

**115.71(d)**

**What was read as part of a systematic review of evidence:**

1. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (pp. 1-2):

1. Administrative investigations shall be investigated by staff designated by the Facility Administrator. Investigations where evidence indicates a possible criminal violation has occurred shall be referred to the facilities assigned IDOC correctional police officer for review. The facility requests that the IDOC CPO follow the IDOC AP 02-01-115 Sexual Abuse Prevention and the DOJ PREA standards § 115.21 (a~e) when conducting criminal investigations.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:

1. Stated that it would be up to the assigned Correctional Police Officer and the District Attorney's Office to make the determination of which cases would be referred for criminal prosecution.

**115.71(e)**

**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abuse Behavior and Intervention Procedure (p. 4):

1. Outlines that 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 individual in a GEO facility or program or staff.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:

1. Stated that the credibility of an alleged victim, suspect or witness is based on the evidence.

2. Interviews with inmates who reported sexual abuse:

1. Stated that they were not subjected to a lie detector test.

**115.71(f)**

**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E Sexually Abusive Behavior and Intervention Procedure (p. 4):
  1. Outlines that administrative investigations shall:
    1. Include an effort to determine whether staff actions or failures to act contributed to the abuse.
    2. Be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
2. A review of investigative files revealed that staff actions were examined to determine if they may have contributed to the abuse.
  1. This information was documented in the file review paperwork.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:
  1. Reported that when reviewing administrative investigations, video is reviewed to determine if there were any staff actions that may have contributed to the incident such as missed or untimely rounds.
  2. Reported that these observations are documented after action reports.

**115.71(g)**

**What was read as part of a systematic review of evidence:**

1. Random investigation files were reviewed and revealed reports contained a thorough description of physical, testimonial, and documentary evidence.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:
  1. Stated that criminal investigations are documented in a written report that is completed by the assigned Correctional Police Officer responsible for completing the investigations.

**115.71(h)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that substantiated allegations of conduct that appear to be criminal are referred for prosecution.
  2. Reported that the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last

PREA audit was one.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:
  1. Reported that the Correctional Police Officer investigates potential criminal allegations of sexual abuse and would work with the District Attorney to determine if criminal charges would be filed.

**115.71(i)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years.
2. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 25):
  1. Requires that the IDOC Executive Director of PREA shall maintain sexual abuse data for ten (10) years after collection. Sexual incident reports and investigation reports shall be retained for five (5) years beyond the abuser's incarceration or employment.

**115.71(j)**

**What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-E Sexually Abusive Behavior and Intervention Procedure (p. 3):
  1. Outlines that the resignation of a staff member or the departure of an alleged abuser or victim during the course of an investigation shall not provide a basis for terminating an investigation.

**What was heard as part of a systematic review of evidence:**

1. Interviews with facility investigators:
  1. Reported that the investigation will continue even if an alleged victim or abuser is no longer in control of the facility.

**115.71(l)**

**What was heard as part of a systematic review of evidence:**

1. Interview with Facility Director:

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|  | <ol style="list-style-type: none"> <li>1. Reported that the Correctional Police Officer provides regular feedback to the facility and that the facility cooperates fully in all investigations.</li> <li>2. Interview responses from PREA Coordinator: <ol style="list-style-type: none"> <li>1. Reported that facilities are instructed to request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes, sexual abuse incident reviews.</li> </ol> </li> <li>3. Interview with PREA Manager: <ol style="list-style-type: none"> <li>1. Reported that emails are regularly exchanged with the Correctional Police Officer and communications between the two agencies is normally pretty good.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.72</b> | <b>Evidentiary standard for administrative investigations</b>   |
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|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.72</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (effective 12/17/2020)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li>• <b>Interviews with investigative staff</b></li> <li>• <b>Review of random investigative files</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.72(a)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive</li> </ol> |

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|  | <p>Behavior and Intervention Procedure (pp. 4-5):</p> <ol style="list-style-type: none"> <li>1. Outlines that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</li> <li>3. New Castle Correctional Facility Policy &amp; Procedure Manual 17.001 Sexual Abuse Prevention (p. 32): <ol style="list-style-type: none"> <li>1. Outlines that there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</li> </ol> </li> <li>4. A review of investigative files revealed that a preponderance of evidence was used in making the findings determination on allegations of sexual abuse and sexual harassment.</li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with facility investigators: <ol style="list-style-type: none"> <li>1. Reported that the standard used in all investigation of sexual abuse and sexual harassment are a preponderance of evidence.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.73</b> | <b>Reporting to inmates</b>  |
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|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.73</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (effective 12/17/2020)</li> <li>• New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</li> <li>• Inmate Notification of Outcome of allegation forms</li> <li>• Interview with Facility Director</li> <li>• Interviews with facility investigators</li> <li>• Interview with PREA Manager</li> <li>• Interviews with inmates who reported sexual abuse</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> |



**115.73(a/b)****What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.
  2. Reported that the number of criminal and/or administrative investigations of alleged inmates sexual abuse that were completed by the agency/facility in the past 12 months was sixteen.
  3. Reported that of the alleged sexual abuse investigation that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing of the results of the investigation were sixteen.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (pp. 11-12):
  1. Outlines that at the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 31):
  1. Following an investigation into an offender's allegation that he suffered sexual abuse or sexual harassment by another offender or staff in the facility, the PREA compliance manager shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
  2. If the facility did not conduct the investigation, the PREA compliance manager shall request the relevant information from the investigative agency or facility in order to inform the offender.
  3. The offender shall also be informed if the perpetrator has been indicted or convicted on a charge related to the sexual abuse incident.

**What was heard as part of a systematic review of evidence:**

1. Interview with the PREA Manager:
  1. Reported that at the conclusion of investigations, inmates are notified of the outcome using the standard GEO notification form.
2. Interview with the Facility Director:
  1. Reported that facility inmates are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.
3. Interviews with facility investigators:

1. Reported that when inmates are still housed at the facility, all are notified of the outcome of an investigation using the standard GEO notification form.

**115.73(c/d/e)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:
    1. The staff member is no longer posted within the inmate's unit.
    2. The staff member is no longer employed at the facility.
    3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
    4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
  2. Reported that there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in the past 12 months.
  3. Reported that in each case the agency subsequently informed the inmate whenever:
    1. The staff member was no longer posted within the inmate's unit.
    2. The staff member was no longer employed at the facility.
    3. The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or
    4. The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility.
  4. Reported that the agency has a policy that all notifications to inmates under this standard are documented.
  5. Reported that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:
    1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
    2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
  6. Reported that the agency has a policy that all notifications to inmates are documented.
  7. Reported that in the past 12 months the number of notifications to inmates that were provided was sixteen.
  8. Reported that the number of notifications that were documented was sixteen.

2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (pp. 11-12):
  1. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.
  2. If the alleged abuser was an employee, the victim shall also be informed whenever:
    1. The Employee is no longer posted within the victim's housing unit/area.
    2. The Employee is no longer employed at the facility.
    3. The facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility.
    4. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.
  3. If the alleged abuser was another individual in a GEO Facility or Program, the victim shall also be informed whenever:
    1. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
    2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
  4. The individual will be provided an updated notification at the conclusion of a criminal proceeding, if the individual is still in custody at the facility.
  5. The facility's obligation to report under this section shall terminate if the individual is released from custody.
  6. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 31):
  1. Requires that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:
    1. The staff member is no longer posted within the offender's unit.
    2. The staff member is no longer employed at the facility.
    3. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
    4. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
  4. Examples of notifications made to inmates were reviewed and found to contain all relevant and required information.

**What was heard as part of a systematic review of evidence:**

1. Interview with the Facility Director:

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|  | <ol style="list-style-type: none"> <li>1. Reported that facility inmates are notified of the outcome of all allegations of sexual abuse and whether they were unsubstantiated or substantiated.</li> <li>2. Interview with PREA Manager: <ol style="list-style-type: none"> <li>1. Reported that when the allegations involve a staff member, inmates are notified of the disposition of the case and when the individual is no longer at the facility.</li> </ol> </li> <li>3. Interviews with inmates who reported sexual abuse: <ol style="list-style-type: none"> <li>1. Reported that they were notified at the close of the investigation regarding the outcome.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.76</b> | <b>Disciplinary sanctions for staff</b>   |
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|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.76</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (effective 12/17/2020)</b></li> <li>• <b>GEO Employee Handbook</b></li> <li>• <b>Review of Gate Closure notifications (staff terminations)</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.76(a/b/c/d)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</li> <li>2. Reported that in the past 12 months the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is three.</li> <li>3. Reported that in the past 12 months the number of those staff from the facility who have been terminated for violating agency sexual</li> </ol> </li> </ol> |

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|  | <p>abuse or sexual harassment policies was three.</p> <ol style="list-style-type: none"> <li>4. Reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</li> <li>5. Reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies is zero.</li> <li>6. Reported that all terminations for violations of agency sexual a use or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies.</li> <li>7. Reported that in the past 12 months the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is three.</li> </ol> <ol style="list-style-type: none"> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (pp. 10-11): <ol style="list-style-type: none"> <li>1. Outlines that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.</li> <li>2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</li> <li>3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</li> <li>4. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.</li> </ol> </li> <li>3. GEO Employee Handbook (p. 11): <ol style="list-style-type: none"> <li>1. Failure to meet these responsibilities may lead to disciplinary action up to and including termination.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.77</b> | <b>Corrective action for contractors and volunteers</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard    |

## **Auditor Discussion**

**115.77**

### **Evidence relied upon in making the compliance determinations:**

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **Review of Affidavit of Probable Cause regarding staff misconduct**
- **Interview with Facility Director**

### **Reasoning and analysis (by provision):**

**115.77(a/b)**

### **What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.
  2. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.
  3. Reported that in the past 12 months contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.
  4. Reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates is one.
  5. Reported that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 12):
  1. Outlines that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.
  2. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program.

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|  | <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director: <ol style="list-style-type: none"> <li>1. Reported that if any allegations of sexual abuse or sexual harassment were to be made toward a volunteer or contractor, they would immediately be placed on administrative leave and an investigation would be started.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.78</b> | <b>Disciplinary sanctions for inmates</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.78</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (effective 12/14/2020)</li> <li>• Indiana Department of Corrections Disciplinary Process for Adult Offenders brochure (updated 5/1/2023)</li> <li>• Inmate Conduct (disciplinary) Reports</li> <li>• Interview with the Facility Director</li> <li>• Interview with Facility PREA Manager</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.78(a/b/c)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.</li> <li>2. Reported that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.</li> <li>3. Reported that in the past 12 months one administrative finding of inmate-on-inmate sexual abuse have occurred at the facility.</li> </ol> </li> </ol> |

4. Reported that in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility is zero.
2. Facility disciplinary reports were reviewed.

**What was heard as part of a systematic review of evidence:**

1. Interview with the Facility Director:
  1. The Facility Director stated that various levels and types of discipline may be used with inmates including charging criminally.

**115.78(d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility offers classes for inmates designed to address and correct the underlying reasons or motivations for abuse.
  2. Reported that the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (p. 10-11):
  1. Outlines that 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 participated.

**What was heard as part of a systematic review of evidence:**

1. Interviews with medical/mental health staff:
  1. Reported that counseling is available for all inmates and that it is all voluntary.

**115.78(e)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (pp. 10-11):
  1. Outlines that disciplining an individual in a GEO facility or program for sexual contact with an employee is prohibited unless it is found that the employee did not consent to contact.



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|  | <p><b>115.78(f)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegations.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (pp. 10-11): <ol style="list-style-type: none"> <li>1. Outlines that a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.</li> </ol> </li> </ol> <p><b>115.78(g)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency prohibits all sexual activity between inmates.</li> <li>2. Reported that sexual activity between inmates is deemed to constitute sexual abuse only if it determines that the activity is coerced.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Sexually Abusive Behavior and Intervention Procedure (pp. 10-11): <ol style="list-style-type: none"> <li>1. Outlines that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced.</li> </ol> </li> <li>3. Indiana Department of Corrections Disciplinary Process for Adult Offenders: <ol style="list-style-type: none"> <li>1. Outlines that all sexual activity between inmates is prohibited, along with the possible sanctions for violation.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.81</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.81</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> |

- **New Castle Correctional Facility (NCCF) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)**
- **Interviews with inmates who reported prior victimization**
- **Interview with staff responsible for risk screening**
- **Review of logs documenting followup treatment**
- **Review of intake records**

**115.81(a/b)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioner.
  2. Reported that the meeting was offered within 14 days of the intake screening.
  3. Reported that in the past 12 months, all inmates who disclosed prior sexual victimization were offered a follow-up meeting with a medical or mental health practitioner.
  4. Reported that medical and mental health staff maintain secondary materials documenting compliance with the above required services.
  5. Reported that all prison inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner.
  6. Reported that the follow-up meeting was offered with 14 days of the intake screening. Reported that in the past 12 months that all inmates previously perpetrated sexual abuse.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 6):
  1. Requires that if during the initial risk assessment, persons tasked with screening determine an individual is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation.
  2. Any individual who is identified (pursuant to§ 115.41) to have previously experienced sexual victimization or has perpetrated sexual abuse in an institutional setting or the community shall be referred, immediately, using the Medical-Mental Health Referral form (see Attachment L), to a medical or mental health practitioner for a follow-up meeting within 14-days of the initial risk assessment.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 20):
  1. If the assessment indicates an offender has experienced prior sexual

victimization or previously perpetrated sexual abuse; whether it occurred in an institutional setting or in the community, the PREA compliance manager shall, within twenty-four (24) hours of receiving the completed assessment, refer the offender to a facility mental health professional for a follow-up meeting within fourteen (14) days of the intake screening.

4. A review of random secondary medical and mental health records revealed compliance with this provision.
5. A review of random risk screening records revealed that inmates who had experienced prior sexual victimization or perpetrated sexual abuse were offered follow up services.

**What was heard as part of a systematic review of evidence:**

1. Interviews with inmates who disclosed prior victimization:
  1. Most reported that they were offered additional services during the intake process.
  2. Documentation of acknowledgments was reviewed for inmates reporting that they were not offered services or didn't remember being offered services.
2. Interview with staff responsible for risk screening:
  1. Reported that inmates are offered followup services.

**115.81(d)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

**What was observed as part of a systematic review of evidence:**

1. Site review observations:
  1. Medical files are stored securely, and access is controlled.

**115.81(e)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that 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.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive

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|  | <p>Behavior and Intervention Procedure (p. 6):</p> <ol style="list-style-type: none"> <li>1. Medical and mental health practitioners must obtain informed consent from individuals in a GEO facility before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of 18).</li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with medical and mental health staff: <ol style="list-style-type: none"> <li>1. Medical and mental health staff all reported that they must obtain informed consent at the start of each session</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.82</b> | <b>Access to emergency medical and mental health services</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.82</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• New Castle Correctional Facility (NCCF) PAQ</li> <li>• GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</li> <li>• Interviews with medical and mental health staff</li> <li>• Interviews with staff who may be first responders</li> <li>• Interviews with inmates who reported sexual abuse</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.82(a/b/c/d)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</li> <li>2. Reported that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.</li> </ol> </li> </ol> |

3. Reported that medical and mental staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided.
  4. Reported that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
  5. Reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 20):
1. Outlines that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners.
  2. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**What was heard as part of a systematic review of evidence:**

1. Interviews with medical and mental health staff:
  1. Reported that inmate victims of sexual abuse have access to emergency medical treatment and crisis intervention services immediately.
  2. Reported that the need for these services is determined by medical staff.
2. Interviews with staff who may be first responders:
  1. Interviews indicated that staff understood their responsibilities protect the victim when responding to an incident and that access to medical treatment would be provided.
3. Interviews with inmates who have reported sexual abuse:
  1. Reported that they received or were offered medical care after reporting.
  2. Reported that they were not charged for services relating to their report.

**Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.**

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| <b>115.83</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.83</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li>• <b>Interviews with medical and mental health staff</b></li> <li>• <b>Interviews with inmates who reported sexual abuse</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.83(a/b/c)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the facility offers 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.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 21): <ol style="list-style-type: none"> <li>1. Outlines that each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison.</li> <li>2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.</li> <li>3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community.</li> </ol> </li> </ol> <p><b>What was heard as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with medical and mental health staff: <ol style="list-style-type: none"> <li>1. Reported that the level of care provided to inmates was consistent with what was available in the community.</li> <li>2. Reported that they receive referrals from the PREA Manager to</li> </ol> </li> </ol> |

conduct evaluations on inmates.

**115.83(d/e/f/g)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the New Castle Correctional Facility is an all-male facility.
  2. Reported that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
  3. Reported that treatment services are provided without costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 21):
  1. Outlines that victims shall also be offered tests for sexually transmitted infections as medically appropriate.
  2. All services shall be provided without financial cost to the victim regardless of whether the victim names their abuser or cooperates with any investigation arising from the incident.

**What was heard as part of a systematic review of evidence:**

1. Interviews with inmates who reported sexual abuse:
  1. Reported that they were not charged for services related to their report.

**115.83(h)**

**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
  1. Reported that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 21):
  1. The facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners.

**Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.**

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| <b>115.86</b> | <b>Sexual abuse incident reviews</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>115.86</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedures (effective 1/4/2024)</b></li> <li>• <b>New Castle Correctional Facility Policy &amp; Procedure Manual 17.001: Sexual Abuse Prevention (effective 5/5/2025)</b></li> <li>• <b>Review of PREA After-Action reports</b></li> <li>• <b>Interview with Facility Director</b></li> <li>• <b>Interview responses from the PREA Coordinator</b></li> <li>• <b>Interview with Facility PREA Manager</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.86(a/b/c/d/e)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</li> <li>2. Reported that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility is thirteen.</li> <li>3. Reported that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</li> <li>4. Reported that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days is thirteen.</li> <li>5. Reported that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</li> <li>6. Reported that the facility prepares a report of its findings from sexual abuse incident review, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such</li> </ol> </li> </ol> |



report to the facility head and PREA Coordinator.

7. Reported that the facility implements the recommendations for improvement or documents its reasons for not doing so.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 28):
  1. Outlines that facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated.
  2. Such review shall occur within 30 days of the conclusion of the investigation.
  3. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of this review.
  4. Unless mandated by client contract, a " PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.
  5. The PREA Compliance Manager shall maintain copies of all completed " PREA After Action Review Reports" and a copy shall also be maintained in the corresponding investigative file.
3. New Castle Correctional Facility Policy & Procedure Manual 17.001: Sexual Abuse Prevention (p. 10):
  1. The facility PREA committee shall 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. Such review shall ordinarily occur within thirty (30) days of the conclusions of the investigation. The completed documentation of the review shall be submitted, along with minutes of the corresponding PREA committee meeting, to the IDOC Executive Director of PREA.
  2. The review by the facility PREA committee shall:
    1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
    2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
    3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
    4. Assess the adequacy of staffing levels in that area during

different shift.

5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
  6. Prepare a report of its findings and any recommendations for improvement and submit the report to the Facility Administrator, the IDOC Executive Director of PREA, and the GEO Corporate PREA Coordinator; and,
  7. The facility shall implement the recommendations for improvement or document its reasons for not doing so.
4. A random sample of PREA After-Action Review Reports were reviewed:
1. Reports were found to have been completed within the required time frame.
  2. The reports looked at various factors, including those items identified in this standard.
  3. Included staff from different disciplines.

**What was heard as part of a systematic review of evidence:**

1. Interview with the Facility Director:
  1. Reported that the facility has an incident review team that includes members of the administrative staff as well as the facility PREA Manager.
  2. Reported that other staff are involved where appropriate.
2. Interview responses from the PREA Coordinator:
  1. Reported that PREA compliance managers at each facility are required to upload the "PREA AfterAction Review Report," to the agency's secure PREA Portal within 30 days of case closure. The corporate PREA compliance team monitor these reports and work with the facility to address issues as necessary. If an after-action report necessitates corrective action at the corporate level, the PREA coordinator works with the applicable department heads to implement appropriate measures. To date, no systemic trends have been identified.
  2. Reported that the corporate PREA compliance team reviews this data annually to determine the improvements needed to enhance our PREA program. The recommended improvements are reviewed, and a recommendation is submitted for approval.
3. Interview with incident review team member (PREA Manager):
  1. Reported that incident reviews include things such as the race of the individuals involved and how the inmates may identify. The size and status of the inmates involved are also considered when reviewing the incident. Other factors that are looked at include camera/mirror locations, staffing levels, and physical plant issues.

**Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.**

| 115.87 | Data collection   |
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|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p><b>115.87</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>Sexual Abuse Prevention Annual Reports</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.87(a/b/c/d/e/f)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</li> <li>2. Reported that the agency aggregates the incident-based sexual abuse data at least annually.</li> <li>3. Reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</li> <li>4. Reported that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</li> <li>5. Reported that the agency does not contract for the confinement of its inmates.</li> <li>6. Reported that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 23): <ol style="list-style-type: none"> <li>1. Outlines that each facility shall collect and retain data related to sexual abuse as directed by the corporate PREA coordinator.</li> <li>2. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).</li> <li>3. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</li> </ol> </li> </ol> |

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|  | <ol style="list-style-type: none"> <li>4. Facility PREA compliance managers shall be responsible for compiling data collected on sexual activity, sexual harassment, and sexual abuse incidents.</li> <li>5. Facility PREA compliance managers will ensure that a PREA survey is created in accordance with GEO OPR and divisional incident reporting policies updated and submitted for review and approval in the GEO PREA portal for every allegation of sexual abuse, sexual harassment and, sexual activity as required.</li> <li>3. New Castle Correctional Facility Annual Sexual Abuse Prevention reports were reviewed and found to contain all the of the required data.</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.88</b> | <b>Data review for corrective action</b>  |
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|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.88</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>GEO website: <a href="http://www.geogroup.com/PREA">www.geogroup.com/PREA</a></b></li> <li>• <b>Interview responses from Agency Head</b></li> <li>• <b>Interview responses from PREA Coordinator</b></li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.88(a/b/c/d)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ol> </li> </ol> |

2. Reported that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.
  3. Reported that the report provides an assessment of the agency's progress in addressing sexual abuse.
  4. Reported that the agency makes its annual report readily available to the public at least annually through its website.
  5. Reported that the annual reports are approved by the agency head.
  6. Reported that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would represent a clear and specific threat to the safety and security of the facility.
  7. Reported that the agency indicates the nature of material redacted.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (pp. 23-24):
1. Outlines that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
    1. Identifying problem areas.
    2. Taking corrective action on an ongoing basis.
    3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
  2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
  3. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval. at least annually through GEO's website or the client's website as required by contract.
  4. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.
3. GEO website was reviewed: [www.geogroup/PREA](http://www.geogroup/PREA)
1. Contains all statistical reporting data required by this standard.

**What was heard as part of a systematic review of evidence:**

1. Interview responses from Agency Head:
  1. Reported that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These

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|  | <p>recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval.</p> <p>2. Reported that annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO.</p> <p>2. Interview responses from PREA Coordinator:</p> <ol style="list-style-type: none"> <li>1. Reported that each facility is required to complete the GEO "PREA After-Action Review Report," after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and captured in the facility's "Annual PREA Facility Assessment."</li> <li>2. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team has access to this portal. The corporate PREA team reviews this data annually to determine the improvements needed to enhance the overall PREA program. These recommended improvements are submitted to the divisional authority for review and approval.</li> <li>3. GEO publishes a PREA report annually.</li> <li>4. Reported that GEO only reports statistical data and incident types. Personally identifiable information is excluded for confidentiality purposes.</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.89</b> | <b>Data storage, publication, and destruction</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>115.89</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>New Castle Correctional Facility (NCCF) PAQ</b></li> <li>• <b>GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)</b></li> <li>• <b>GEO Annual PREA Data Reports</b></li> <li>• <b>Interview responses from PREA Coordinator</b></li> </ul> |

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|  | <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.89(a/b/c/d)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. The facility PAQ: <ol style="list-style-type: none"> <li>1. Reported that the agency ensures that incident-based and aggregate are securely retained.</li> <li>2. Reported that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</li> <li>3. Reported that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</li> <li>4. Reported that the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</li> </ol> </li> <li>2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 24): <ol style="list-style-type: none"> <li>1. Outlines that data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.</li> </ol> </li> <li>3. A Review of GEO Annual PREA Data Reports revealed that data is collected, reviewed and published annually. Reports outline trends and action taken to improve sexual safety within the facilities.</li> </ol> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Interview responses from PREA Coordinator: <ol style="list-style-type: none"> <li>1. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team has access to this portal.</li> </ol> </li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

**115.401****Evidence relied upon in making the compliance determinations:**

- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedures (effective 1/4/2024)**
- **GEO website - [https://www.geogroup.com/PREA\\_Certification\\_Information](https://www.geogroup.com/PREA_Certification_Information)**
- **GEO Annual Data Reports**

**Reasoning and analysis (by provision):****115.401(a/b)****What was read as part of a systematic review of evidence:**

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Sexually Abusive Behavior and Intervention Procedure (p. 24):
  1. Outlines that during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice.
2. GEO agency website review shows that the agency has met the obligation to have a third of their facilities undergo a PREA audit in the prior year.
3. Previous PREA Audit for New Castle Correctional Facility was completed in February 2023.

**115.401(h/i/m/n)****What was observed as part of a systematic review of evidence:**

1. The auditor had access to and observed all areas of the New Castle Correctional Facility.
2. The auditor was permitted to request and was provided with copies of all relevant documents.
3. The auditor was given a private room to conduct interviews with both inmates and staff.
4. Audit notices were posted in English and Spanish six weeks prior to the onsite and inmates were permitted to send confidential information or correspondence to the auditor in the same manner as with legal counsel.

**Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.**



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|  | <b>Auditor Overall Determination:</b> Meets Standard  |
|  | <b>Auditor Discussion</b>   |
|  | <p><b>115.403</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• <b>GEO website - <a href="https://www.geogroup.com/PREA_Certification_Information">https://www.geogroup.com/PREA_Certification_Information</a></b></li> <li>• <b>GEO Annual Data Reports</b></li> </ul> <p><b>Reasoning and analysis (by standard):</b></p> <p><b>115.403(f)</b></p> <p><b>What was read as part of a systematic review of evidence:</b></p> <ol style="list-style-type: none"> <li>1. Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>) to be available to the public.</li> <li>2. A review of the GEO website demonstrates compliance with the posting of final reports for other GEO facilities.</li> </ol> <p><b>Based on this analysis the facility is substantially compliant with this standard and corrective action is not required.</b></p> |

**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

|  |     |
|--|-----|
| Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
|--|-----|

|   |     |
|---|-----|
| Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
|---|-----|

**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

|  |     |
|--|-----|
| Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
|--|-----|

|  |     |
|--|-----|
| Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
|--|-----|

|  |     |
|--|-----|
| Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
|--|-----|

**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

|   |     |
|---|-----|
| If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
|---|-----|

|   |     |
|---|-----|
| Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
|---|-----|

**115.12 (a) Contracting with other entities for the confinement of inmates**

|   |    |
|---|----|
| If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | na |
|---|----|

**115.12 (b) Contracting with other entities for the confinement of inmates**

|   |    |
|---|----|
| Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | na |
|---|----|

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

|                   |   |     |
|-------------------|---|-----|
|                   | consideration: Any applicable State or local laws, regulations, or standards?   |     |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |
| <b>115.13 (b)</b> | <b>Supervision and monitoring</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 |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?                     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?                                      | yes |
|                   | Is this policy and practice implemented for night shifts as well as day shifts?   | yes |
|                   | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?                            | yes |

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

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

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

|                   |   |     |
|-------------------|---|-----|
|                   | with inmates with disabilities including inmates who: Have intellectual disabilities?   |     |
|                   | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?   | yes |
|                   | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?  | yes |
| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</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 |
|                   | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |
| <b>115.16 (c)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | 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 |
| <b>115.17 (a)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                                | yes |
|                   | Does the agency prohibit the hiring or promotion of anyone who  | yes |



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

|                   |   |     |
|-------------------|---|-----|
| <b>115.17 (e)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | 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 |
| <b>115.17 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  | yes |
|                   | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?   | yes |
|                   | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.17 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.17 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | 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 |
| <b>115.18 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na  |
| <b>115.18 (b)</b> | <b>Upgrades to facilities and technologies</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 |
| <b>115.21 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | 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 |
| <b>115.21 (b)</b> | <b>Evidence protocol and forensic medical examinations</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 |
|                   | 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 |
| <b>115.21 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                   | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                   | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |

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

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

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

|                   |   |     |
|-------------------|---|-----|
|                   | 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 |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</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 |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.33 (a)</b> | <b>Inmate education</b>   |     |
|                   | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?   | yes |
|                   | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  | yes |
| <b>115.33 (b)</b> | <b>Inmate education</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 |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  | yes |
| <b>115.33 (c)</b> | <b>Inmate education</b>   |     |
|                   | Have all inmates received the comprehensive education referenced in 115.33(b)?  | yes |

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



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

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

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

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|                   | Whether the inmate is detained solely for civil immigration purposes?   |     |
| <b>115.41 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.41 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | 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 |
| <b>115.41 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Does the facility reassess an inmate's risk level when warranted due to a referral?   | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to a request?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?   | yes |
| <b>115.41 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | 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 |
| <b>115.41 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive  | yes |

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

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|                   | present management or security problems?   |     |
| <b>115.42 (d)</b> | <b>Use of screening information</b>  |     |
|                   | 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 |
| <b>115.42 (e)</b> | <b>Use of screening information</b>  |     |
|                   | 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 |
| <b>115.42 (f)</b> | <b>Use of screening information</b>  |     |
|                   | Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  | yes |
| <b>115.42 (g)</b> | <b>Use of screening information</b>  |     |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing  | yes |

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

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|                                      | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  | yes |
|                                      | Does such an assignment not ordinarily exceed a period of 30 days?  | yes |
| <b>115.43 (d) Protective Custody</b> |   |     |
|                                      | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  | yes |
|                                      | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?   | yes |
| <b>115.43 (e) Protective Custody</b> |   |     |
|                                      | 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 |
| <b>115.51 (a) Inmate reporting</b>   |   |     |
|                                      | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?   | yes |
|                                      | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?   | yes |
|                                      | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?   | yes |
| <b>115.51 (b) Inmate reporting</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 |
|                                      | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  | yes |
|                                      | Does that private entity or office allow the inmate to remain   | yes |



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

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

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

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

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|                   | abuse or sexual harassment or retaliation?   |     |
| <b>115.61 (b)</b> | <b>Staff and agency reporting duties</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 |
| <b>115.61 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                   | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.61 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | 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 |
| <b>115.61 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | 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 |
| <b>115.62 (a)</b> | <b>Agency protection duties</b>  |     |
|                   | 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 |
| <b>115.63 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | 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 |
| <b>115.63 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |

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

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

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|                   | sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?       | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?                | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?                | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?                | yes |
|                   | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?   | yes |
| <b>115.67 (d)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | In the case of inmates, does such monitoring also include periodic status checks?  | yes |
| <b>115.67 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | 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 |
| <b>115.68 (a)</b> | <b>Post-allegation protective custody</b>  |     |
|                   | 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 |
| <b>115.71 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When the agency conducts its own investigations into allegations   | yes |



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

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|                   | 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 |
| <b>115.71 (g)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (h)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?   | yes |
| <b>115.71 (i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                   | 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 |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>  |     |
|                   | 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 |

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| <b>115.73 (b)</b> | <b>Reporting to inmates</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 |
| <b>115.73 (c)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.73 (d)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|                   | Following an inmate's allegation that he or she has been sexually  | yes |

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|                   | 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?  |     |
| <b>115.73 (e)</b> | <b>Reporting to inmates</b>   |     |
|                   | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.76 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.76 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.76 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | 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 |
| <b>115.76 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?  | yes |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.77 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  | yes |
|                   | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |

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|                   | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.77 (b)</b> | <b>Corrective action for contractors and volunteers</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 |
| <b>115.78 (a)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (b)</b> | <b>Disciplinary sanctions for inmates</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 |
| <b>115.78 (c)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (d)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (e)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish   | yes |

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|                   | evidence sufficient to substantiate the allegation?   |     |
| <b>115.78 (g)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  | yes |
| <b>115.81 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | 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 |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</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 |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).                  | na  |
| <b>115.81 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | 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 |
| <b>115.81 (e)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior  | yes |

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|                   | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  |     |
| <b>115.82 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | 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 |
| <b>115.82 (b)</b> | <b>Access to emergency medical and mental health services</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 |
|                   | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.82 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | 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 |
| <b>115.82 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | 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 |
| <b>115.83 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | 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 |
| <b>115.83 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</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 |
| <b>115.83 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse</b>  |     |

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|                   | <b>victims and abusers</b>  |     |
|                   | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.83 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)   | na  |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na  |
| <b>115.83 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.83 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | 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 |
| <b>115.83 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | 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 |



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

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| <b>115.87 (a)</b> | <b>Data collection</b>  |     |
|                   | 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 |
| <b>115.87 (b)</b> | <b>Data collection</b>  |     |
|                   | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.87 (c)</b> | <b>Data collection</b>  |     |
|                   | 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 |
| <b>115.87 (d)</b> | <b>Data collection</b>  |     |
|                   | 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 |
| <b>115.87 (e)</b> | <b>Data collection</b>  |     |
|                   | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  | na  |
| <b>115.87 (f)</b> | <b>Data collection</b>  |     |
|                   | 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 |
| <b>115.88 (a)</b> | <b>Data review for corrective action</b>  |     |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?                    | yes |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
|                   | Does the agency review data collected and aggregated pursuant   | yes |

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|                    | 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? |     |
| <b>115.88 (b)</b>  | <b>Data review for corrective action</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 |
| <b>115.88 (c)</b>  | <b>Data review for corrective action</b>   |     |
|                    | 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 |
| <b>115.88 (d)</b>  | <b>Data review for corrective action</b>   |     |
|                    | 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 |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?   | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</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 |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?   | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | 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 |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>   |     |

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

| (f) |   |
|-----|---|
|     | <div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div> |