SURVEY OF SEXUAL VICTIMIZATION, 2016
Other Correctional Facilities
Summary Form

DATA SUPPLIED BY

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Tim Paulson</td>
<td>Unit Manager/PREA Compliance Manager</td>
</tr>
</tbody>
</table>

OFFICIAL ADDRESS

<table>
<thead>
<tr>
<th>Area code</th>
<th>Number</th>
<th>8397751</th>
</tr>
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TELEPHONE

<table>
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<tr>
<th>Area Code</th>
<th>Number</th>
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<tbody>
<tr>
<td>501</td>
<td>8397751</td>
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</tbody>
</table>

E-MAIL ADDRESS

tpaulson@geogroup.com

1500000000070700000000
Heritage Trail Correctional Facility (GEO)

What facilities are included in this data collection?

- PRIVately OPERATED FACILITIES: All privately owned or operated confinement facilities including prisons, jails, detention centers, community-based facilities, and other correctional facilities that are intended for adults but sometimes hold juveniles. INCLUDE privately operated multi-jurisdictional facilities.

- FACILITIES OPERATED BY OR FOR:
  - THE UNITED STATES MILITARY
  - THE BUREAU OF IMMIGRATION AND CUSTOMS ENFORCEMENT
  - TRIBAL AUTHORITIES
  - THE BUREAU OF INDIAN AFFAIRS

What inmates and incidents are included in this data collection?

Inmates under your custody between January 1, 2016, and December 31, 2016.

- INCLUDE incidents involving inmates under the authority, custody, or care of your confinement or community-based facilities or staff.

- EXCLUDE inmates held in other jurisdictions.

Reporting instructions:

- Please complete the entire SSV-4 Form.
- If the answer to a question is "not available" or "unknown," write "DK" (do not know) in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- Section I: when exact numeric answers are not available, provide estimates and mark (X) the box beside each figure.
- Sections II, III, and IV: if the answer to a question is "none" or "zero," write "0" or mark the box (X) provided.

Substantiated incidents of sexual violence:

- Please complete an Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.

Returning forms:

- If you need assistance, please call Greta Clark at the U.S. Census Bureau toll-free at 1-888-369-3613, option 2, or e-mail govs.ssv@census.gov
- Please return your completed summary and substantiated incident forms by August 1, 2017.
- You may complete these forms online (see enclosed instructions). Or if you prefer, you may return these forms by mail or fax.
- MAIL TO: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- FAX (TOLL FREE) TO: 1-888-262-3974

Burden statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.
1. How many persons under the supervision of your facility were—

   a. **CONFINED** on December 31, 2016?
      - INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
      - INCLUDE persons out to court while under your jurisdiction.
      - INCLUDE persons held for other jurisdictions.
      - EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
      - EXCLUDE all persons in non-residential community-based programs run by your facility (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).

   **Inmates on December 31, 2016**
   
   
<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>671</td>
<td></td>
<td>0</td>
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</table>

   b. **ADMITTED** to your facility during 2016?
      - INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
      - INCLUDE repeat offenders booked on new charges.
      - EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail or court appearances.

   **New admissions during 2016**
   
   
<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1232</td>
<td></td>
<td>0</td>
</tr>
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</table>

2. Between January 1, 2016, and December 31, 2016, what was the average daily population of your confinement facility?

   - To calculate the average daily population, add the number of persons for each day during the period January 1, 2016, through December 31, 2016, and divide the result by 365.

   **Average daily population**

   
   
<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>783</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
3. Does your facility record allegations of
inmate-on-inmate NONCONSENSUAL SEXUAL
ACTS? (See definitions on page 2.)

01 ☐ Yes → a. Do you record all reported occurrences,
or only substantiated ones?
   01 ☐ All
   02 ☑ Substantiated only

b. Do you record attempted NONCONSENSUAL SEXUAL ACTS
   or only completed ones?
   01 ☐ Both attempted and completed
   02 ☐ Completed only

02 ☐ No → Please provide the definition used by your facility
   for inmate-on-inmate NONCONSENSUAL
   SEXUAL ACTS in the space below. Use that
   definition to complete Items 4 and 5.

4. Between January 1, 2016, and
   December 31, 2016, how many allegations
   of inmate-on-inmate NONCONSENSUAL
   SEXUAL ACTS were reported?

   Number reported . . . . . . . . 2 ☐ None
   • If an allegation involved multiple victimizations, count
     only once.
   • Exclude any allegations that were reported as consensual.

5. Of the allegations reported in Item 4, how many
   were — (Please contact the agency or office
   responsible for investigating allegations of sexual victimization in order
   to fully complete this form.)

   a. Substantiated . . . . . . . . 0 ☑ None
      • The event was investigated and determined to have
       occurred, based on a preponderance of the evidence
       (28 C.F.R. §115.72).

   b. Unsubstantiated . . . . . . . 1 ☐ None
      • The investigation concluded that evidence was insufficient
       to determine whether or not the event occurred.

   c. Unfounded . . . . . . . . . . . 0 ☐ None
      • The investigation determined that the event did NOT occur.

   d. Investigation ongoing . . . . 1 ☐ None
      • Evidence is still being gathered, processed or evaluated,
       and a final determination has not yet been made.

   e. TOTAL (Sum of Items
      5a through 5d) . . . . . . . . . 2 ☐ None
      • The total should equal the number reported in Item 4.

6. Does your facility record allegations of
inmate-on-inmate ABUSIVE SEXUAL
CONTACT? (See definitions on page 2.)

01 ☑ Yes → Can these be counted separately from
   allegations of NONCONSENSUAL
   SEXUAL ACTS?
   01 ☐ Yes
   02 ☐ No → Skip to Item 9.

02 ☑ No → Please provide an explanation in the space
   below and then skip to Item 9.

7. Between January 1, 2016, and
   December 31, 2016, how many allegations
   of inmate-on-inmate ABUSIVE SEXUAL
   CONTACT were reported?

   Number reported . . . . . . . . 0 ☑ None
   • If an allegation involved multiple victimizations, count
     only once.
   • Exclude any allegations that were reported as consensual.

8. Of the allegations reported in Item 7, how
   many were — (Please contact the agency or office
   responsible for investigating allegations of sexual victimization in order
   to fully complete this form.)

   a. Substantiated . . . . . . . . 0 ☑ None

   b. Unsubstantiated . . . . . . . 0 ☑ None

   c. Unfounded . . . . . . . . . . . 0 ☑ None

   d. Investigation ongoing . . . . 0 ☑ None

   e. TOTAL (Sum of Items 8a
      through 8d) . . . . . . . . . . . 0 ☑ None
      • The total should equal the number reported in Item 7.
9. Does your facility record allegations of inmate-on-inmate SEXUAL HARASSMENT? (See definitions on page 2.)

☐ Yes → Do you record all reported allegations or only substantiated ones?

☐ All
☐ Substantiated only

☐ No → Please provide an explanation in the space below and then skip to Section III.

10. Between January 1, 2016, and December 31, 2016, how many allegations of inmate-on-inmate SEXUAL HARASSMENT were reported?

Number reported 1 ☐ None

- If an allegation involved multiple victims or inmate perpetrators, count only once.
- Exclude any allegations that were reported as consensual.

11. Of the allegations reported in Item 10, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

a. Substantiated 0 ☐ None

b. Unsubstantiated 0 ☐ None

c. Unfounded 0 ☐ None

d. Investigation ongoing 1 ☐ None

e. TOTAL (Sum of Items 11a through 11d) 1 ☐ None

- The total should equal the number reported in Item 10.
12. Does your facility record allegations of STAFF SEXUAL MISCONDUCT?  (See definitions on page 4.)

01 ☐ Yes → Do you record all reported occurrences, or only substantiated ones?
   02 ☑ All
   03 ☐ Substantiated only

02 ☐ No → Please provide an explanation in the space below and then skip to Item 15.

13. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL MISCONDUCT were reported?

   Number reported ...... 11 ☐ None

   • If an allegation involved multiple victimizations, count only once.

14. Of the allegations reported in Item 13, how many were — (Please contact the agency or office responsible for investigation allegations of sexual victimization in order to fully complete this form.)

   a. Substantiated ...... 2 ☐ None

   b. Unsubstantiated .... 4 ☐ None

   c. Unfounded ........... 4 ☐ None

   d. Investigation ongoing ...... 1 ☐ None

   e. TOTAL (Sum of Items 14a through 14d) .......... 11 ☐ None

   • The total should equal the number reported in Item 13.

15. Does your facility record allegations of STAFF SEXUAL HARASSMENT?  (See definitions on page 4.)

   01 ☐ Yes → Can these allegations be counted separately from allegations of STAFF SEXUAL MISCONDUCT?
   02 ☐ No → Skip to Item 18.

   02 ☐ No → Please provide an explanation in the space below and skip to Item 18.

16. Between January 1, 2016, and December 31, 2016, how many allegations of STAFF SEXUAL HARASSMENT were reported?

   Number reported ...... 19 ☐ None

   • If an allegation involved multiple victims or staff, count only once.

17. Of the allegations reported in Item 16, how many were — (Please contact the agency or office responsible for investigating allegations of sexual victimization in order to fully complete this form.)

   a. Substantiated ...... 0 ☐ None

   b. Unsubstantiated .... 10 ☐ None

   c. Unfounded ........... 6 ☐ None

   d. Investigation ongoing ...... 3 ☐ None

   e. TOTAL (Sum of Items 17a through 17d) .......... 19 ☐ None

   • The total should equal the number reported in Item 16.
18. What is the total number of substantiated incidents reported in Items 5a, 8a, 11a, 14a, and 17a?

| Total substantiated incidents | 2 | □ None |

Please complete a Substantiated Incident Form (Adult, SSV-IA) for each substantiated incident of sexual victimization.