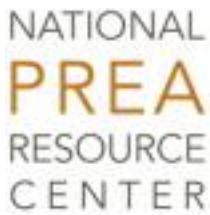


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:	Heritage Trail Correctional Facility		
Physical address:	501 West Main St., Plainfield, IN 46168		
Date report submitted:	March 5, 2016		
Auditor Information	Charles J. Kehoe		
Address:	P.O. Box 1265, Midlothian, VA 23113		
Email:	charlesjkehoe@msn.com		
Telephone number:	(804) 873-4949		
Date facility visit:	July 19 - 21, 2016		
Facility Information			
Facility mailing address:	Same as above		
Telephone number:	(317) 839-7751		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Tilmer Paulson	Title:	Unit Manager
Email address:	t paulson@geogroup.com	Telephone number:	(317) 839-7751
Agency Information			
Name of agency:	The GEO Group, Inc		
Governing authority or parent agency:	N/A		
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Mailing address: (if different from above)			
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Agency Chief Executive Officer			
Name:	George C. Zoley	Title:	Chairman of the Board and CEO
Email address:	gzoley@geogroup.com	Telephone number:	(561) 999-5897

Agency-Wide PREA Coordinator			
Name:	Phebia Moreland	Title:	PREA Coordinator
Email address:	pmoreland@geogroup.com	Telephone number:	(561) 999-5827

AUDIT FINDINGS

NARRATIVE: The PREA Audit of the Heritage Trail Correctional Facility (HTCF) was conducted from July 19 to July 21, 2016. The Designated Auditor was Charles J. Kehoe.

The auditor wishes to extend his deepest appreciation to Superintendent Donald Emerson and his staff for their professionalism, hospitality, and kindness.

The auditor also wishes to compliment the GEO Group PREA Coordinator, Phebia Moreland, and the PREA Compliance Manager, Tilmer Paulson, for their outstanding work in organizing the electronic files that were provided to the auditor in advance of the audit. This enabled the audit to move forward very efficiently.

The Vice President of GEO US Corrections was interviewed during previous GEO audits, as was the PREA Coordinator.

The auditor consulted Just Detention International (JDI) to see if that agency had received any communication from HTCF. JDI replied that according to their records they had not received any correspondence from the HTCF.

Since the designated auditor was arriving in the area the day before the audit was scheduled to begin, he proposed to the GEO Manager of Contract Compliance, (PREA) that the facility site review be held on Monday afternoon, July 18, 2016, to make the most of his time during the audit. The facility Superintendent agreed and the site review was conducted on Monday, July 18, 2016. The site review began at 3:00 p.m. The Superintendent and auditor were joined by the PREA Compliance Manager, the Assistant Superintendent, the Chief of Security, and the GEO Manager of Contract Compliance, (PREA). Also participating in the site review was the Indiana DOC Physical Plant Director assigned to HTCF. The site review ended at 5:50 p.m. Throughout the tour, the auditor observed the notices of this PREA audit and posters that called attention to GEO's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. All the PREA signage was in English and Spanish.

The Audit Entrance Meeting was held from 8:20 to 9:00 a.m. on Tuesday, July 19, 2016 with Superintendent Donald Emerson, 11 administrative staff members, and a member of the PREA Team at the GEO Corporate Office, in attendance. The Superintendent provided the auditor with an overview of the HTCF and the offender population it serves. The auditor reviewed the audit schedule. The Superintendent gave the auditor a list of offenders by housing unit and staff members by shift. The auditor randomly selected inmates and staff to be interviewed from the offender list and staff list that was given to him. Specialized staff were also identified to be interviewed.

Following the Entrance Meeting, the auditor began the interviews and reviews of investigative files, training and personnel files, offender files, and documents.

Eighteen random offenders were interviewed. One of the eighteen offenders was also identified as having difficulty understanding English. There was at least one offender interviewed from each housing unit.

Ten correctional officers were interviewed who were randomly selected by the auditor from both shifts. Seventeen interviews were conducted with 18 specialized staff or staff in specialized area. These interviews included the Superintendent, PREA Manager, Intermediate/Supervisory staff who make unannounced rounds, the Health Administrator and nurse, the licensed mental health clinician, the

Human Resources Manager, the Institutional Investigators, the employee who conducts screening for risk of abuse or victimization, an Incident Review Team member, the staff member who monitors for threats of retaliation, a non-security staff member who can act as a first responder, and an Intake staff member. The auditor also interviewed one volunteer. In total, the auditor conducted 46 interviews during the audit.

It should be noted that since this is a medium-size facility, some of the employees have multiple responsibilities so some individuals were interviewed more than once if their duties covered more than one specialized area.

The auditor was impressed by what the correctional officers and other staff know about PREA, the zero tolerance policy, offender rights regarding PREA, first responder duties, and evidence collection.

Training is provided at the Indiana Department of Corrections (IDOC) Training Academy and at HTCF using the GEO PREA Curriculum. Annual in-service training covers the latest PREA information.

The auditor selected and carefully reviewed five personnel files and training records of correctional officers he had randomly interviewed. The personnel files were very organized and contained the necessary background check information and written documentation that the correctional officers received the required training and understood it. The personnel and training files of the investigators, the mental health clinician, the health administrator, a nurse, a volunteer and a contractor were also reviewed and found to be in good order.

The auditor also reviewed five offender files and saw documentation of offender PREA education, intake screening for risk of victimization and abusiveness and follow-up assessments. The offender files are very organized and provided detailed information on the offender.

The auditor and the investigators reviewed 19 investigation files regarding allegations that were made in 2015. Of the 19, one was an unsubstantiated case of inmate-on-inmate sexual abuse. Five were allegations of sexual abuse of which one was substantiated, three were unsubstantiated, and one was unfounded. Two allegations involved Inmate-on-inmate sexual harassment and were substantiated. Ten allegations involved staff-on-inmate sexual harassment and were all unsubstantiated. There was one allegation made regarding a local adult detention center in Indiana.

The auditor and the investigators also reviewed 7 investigations regarding allegations that were made in 2016. Of these, three investigations are still pending; one alleges inmate-on-inmate sexual abuse and two allegations involved staff-on-inmate sexual abuse. One allegation of staff-on-inmate sexual abuse and two allegations of staff-on-inmate sexual harassment were unsubstantiated. One allegation of staff-on-inmate sexual harassment was unfounded.

The auditor found that all the investigations were conducted in a professional way. The average time to complete the investigation was four to six months, with a few cases taking longer. With an average length of stay of four to six months, the offender who made the allegation has often been released from the facility before the investigation is actually closed. Given the various levels within the corporation that review allegations and investigations, the time it takes to completely finish an investigation does not seem unreasonable.

Eight hours of mental health services are provided to the offenders at HTCF per week. The Mental Health Clinician from the IDOC facility adjacent to HTCF comes two evenings for four hours each evening. If an offender requires more mental health services he can be transferred to the New Castle

Correctional Facility. During interviews, the offenders acknowledged that mental health services are available.

Health care services are provided under a contract with Corizon. The auditor interviewed the Health Administrator and the Nurse on duty. Offenders spoke favorably of the health care services.

When the on-site audit was completed, the auditor conducted the Exit Meeting on Thursday, July 21, 2016 at 1:00 p.m. While the auditor could not give the facility a final finding, as there were a few areas needing further information, the auditor did give an overview of the audit and thanked the Superintendent and his staff for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Heritage Trail Correctional Facility is located at 501 West Main St in Plainfield, Indiana (Hendricks County) approximately 21 miles Southwest of downtown Indianapolis. The facility sits on the grounds of the former Indiana Boys School and Plainfield Re-Entry Educational Facility and is adjacent to the Indiana Department of Corrections, Plainfield Correctional Facility and the IDOC Reception Diagnostic Center.

The Indiana Boys School was opened in 1867 as a training school for adolescent males. For 138 years, it was the principle juvenile correctional facility in Indiana. The institution was a state operated, medium to maximum-security facility with approximately 245 staff and 335 boys housed in campus style cottages. The original grounds still showcase the red fire kiln brick housing units and Administration Building built in 1890.

In October 2005, the grounds and building were transformed into a pre-release center for adult males to prepare the offenders for their return to society.

On November 18, 2010, The Geo Group, Inc. (GEO) was awarded a contract to operate the Short Term Offender Program (STOP) Facility by the Indiana Department of Correction (IDOC). The Mission of the Plainfield STOP Facility is "to provide integrated and holistic delivery of individual re-entry treatment programming to a diverse inmate population". The Facility began taking offenders on March 21, 2011.

The facility is the first of its kind in Indiana and houses offenders that are sentenced to serve one year or less. Criteria provide the IDOC placement opportunities for offenders that are classified at level I (minimum security) or level II (medium security) custody levels. HTCF also has the First Time Offender Program (FTOP).

On the first day of the audit, there were 778 offenders in the facility. This is an all male facility. The age range of the offenders is 18 to 67. The average length of stay is four to six months. There were no offenders in the facility who were under 18 years of age or who identified as being gay, bisexual, transgender or intersex. None of the offenders currently in the facility reported being sexually abused in the facility or being previously sexually abused in the community. The facility has no segregation cells. The auditor identified one offender with language issues. HTCF has 170 authorized (budgeted) positions. On the day of the audit, 130 positions were filled. The site review began in the Administration Building. The main Control Room is located in the Administration Building, as is the Visitors' Staging area. There are signs and posters that describe PREA and the procedures for making third-party reports.

The auditor was taken to the Chapel and introduced to the Chaplain. At the time of the onsite audit, the Chaplain assisted with administering the Screening for Risk of Victimization and Abusiveness and has a very good understanding of the assessment and its purpose. This task is now performed by Program Staff. PREA signage is posted in the Chapel.

The Visitation Area is a large open space with a few vending machines. Offenders are stripped searched at the end of a visit, in a private area, that is out-of-sight of the visitors. There are cameras in the visitation area.

Intakes are conducted on the second floor of the Education Building. Intakes occur on Mondays and Thursdays. Given this schedule, the Intake Officer said the facility can meet the requirement for administering the Screening for Risk of Victimization and Abusiveness within 72 hours. This was also confirmed by the Chaplain.

The auditor was taken to classroom areas. There were very few cameras in the Education Building. The auditor was introduced to the GED Coordinator. The IDOC Pen Products is the name given to the Commissary area. Three to four offenders work in this area.

Classrooms on the second floor are used for substance abuse groups.

The library has two sections, the general library is an open-area where offenders can borrow or read books. The law library is primarily on-line and work is done in a single space enclosed study carrel.

When the group went to the laundry building, the auditor noticed and commented on the blind spots that were found behind the washers and dryers. There are no cameras in the laundry. The auditor also observed that the clothing and bedding storage area had blind spots that were created by shelves and stacks of clothing and bedding that made it difficult to see in corners and behind the shelves. The IDOC Physical Plant Director discussed with the Superintendent, the Chief of Security, and the auditor the feasibility of adding security mirrors in the laundry. At the end of the audit, the auditor returned to the laundry and saw that two security mirrors had been added in the laundry that enabled correctional officers to see behind the washers and dryers as soon as they enter the laundry. The auditor was also shown the storage area where the inventory on the shelves had been lowered and eliminated blind spots. This was done by making better use of the floor space.

The auditor visited the recreation building. This, too, is a structure with large open spaces. Although there are no cameras in the recreation building, the sightlines provide for good supervision.

The auditor then visited the housing units. Some of the buildings have two housing units; others have only a single housing unit. Housing Units Three and Four are two-story units that accommodate offenders who are 40 years of age and older and those in the education program. Housing Unit 5 is designated for Admission, Orientation, and Classification. Unit 6 is in the same building as Unit 5 and is two stories. Housing Units 7 and 8 are in the same building and also have two floors. Housing Unit 9, is in a two-story building by itself. Housing Units 11 and 12 are separate, one-story, buildings and the newest housing units on the campus. Housing units 6, 7, 8, 9 and 11, and 12 hold general population offenders and the FTOP. (It should be noted that Housing Unit 10 was taken down.)

Housing units are very similar in that all have open bay dormitories. Within each building (except Units 11 and 12) there is a mix of larger dormitory spaces and smaller spaces. Some sleeping areas have as few as four beds, others six, and others 10 to 20 beds in addition to large open bay dorm rooms that have as many as 66 beds. All Units have shower areas with eight shower heads (four on each wall). The main entrance into the shower is covered by a curtain. Toilet areas have bathroom partitions between the toilets, although the auditor found some toilets did not have partitions because there was not enough space to add a partition.

At the time of the on-site audit, there were no cameras in Housing Units 3, 4, and 5. Cameras are utilized in Units 6, 7, 8, 9, 11, and 12. The auditor was told that cameras were not installed in Units 3 and 4 because they held the older or more motivated offenders who are considered low security. In the Interim Report, the auditor found that the facility did not meet Standard 115.13 because the staffing staffing plan did not provide adequate monitoring and supervision in Units 3, 4, and 5. During the corrective action period, the IDOC added 44 cameras to these three housing units. The auditor found that the facility greatly improved its monitoring and supervision with the new cameras. Living space was very limited in some of the older dormitories. Sight lines in the older dormitories are not very good. The auditor noted blind spots, especially in the housing units that had no cameras. Normally, there is one correctional officer post in each housing unit. Again, this issue has been corrected with the installation of the 44 cameras.

After visiting all the housing units, the auditor was taken to the medical building. This facility has two observation rooms for offenders who threaten suicide and additional rooms for offenders who are ill and need to be under the supervision of the health care provider. The medical building is the newest of the buildings and is very modern and very well maintained.

The last building on the site review was the dining hall, kitchen, and food storage areas. The auditor was told that 11 offenders work in the food area. The food that is served to the offenders is prepared at the IDOC facility located next to HTCF.

PREA signage and posters that provided information on how to report sexual abuse and how to reach out to a victim advocate agency were displayed throughout all dormitories. The signage is in English and Spanish. The audit notice was posted everywhere throughout the facility.

The auditor randomly checked the log of the various housing units and observed the documentation that unannounced rounds were conducted by supervisory personnel. The auditor observed female correctional officers announcing their presence when entering a dormitory or shower area. The facility has posted signs to remind staff to announce their presence. Offenders can report an allegation of sexual abuse and sexual harassment on the telephones that are available in the housing units.

There are 110 cameras in the facility. The auditor noted that several areas on the campus have no camera coverage. These areas included the kitchen food preparation and distribution area, the dining room, the educational building, the outdoor recreation area, the indoor recreation area, the laundry, and the visitation area. Forty-four cameras have been added to the three housing units, previously mentioned.

The auditor found the facility to be very clean and organized.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	4
Number of standards met:	34
Number of standards not met:	0
Non-applicable:	5

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO Policies and Procedures and the policies of HTCF outline the approach to preventing, detecting, and responding to sexual abuse and sexual harassment; other agency policies supplement the main PREA policy. Agency policies and procedures are well organized and easy to understand.

The PREA Coordinator provided the auditor with the GEO PREA policies and procedures; the organizational chart shows the PREA Coordinator position in the Corporate Office, and the organizational chart for the HTCF indentifies the PREA Compliance Manager position in the administration of the facility.

Ms. Phebia Moreland is the GEO Group PREA Coordinator. Ms. Moreland is a Certified PREA Auditor and is very knowledgeable about the Prison Rape Elimination Act. Ms. Moreland also conducts PREA related training and facilitates meetings to keep facility PREA Compliance Managers current on any changes and best practices. Mr. Tilmer Paulson is the PREA Compliance Manger (PCM) at HTCF. Mr. Paulson also monitors for any threats of retaliation. Mr. Paulson also serves as a Unit Manager in the facility. He stated he has sufficient time to do all his duties and serve as the PCM at the facility.

§115.12 - Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of stanhedard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

The GEO Group and HTCF do not contract with other entities for the confinement of inmates

§115.13 – Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO policies and procedures are consistent with the requirements of the standard and the HTCF does have a staffing plan. The auditor also saw ample documentation that supervisors are conducting unannounced rounds. Interviews with staff and supervisors also confirm this, as well.

Standard 115.13 Supervision and monitoring states: "The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring, to protect inmates against sexual abuse." At the time of the audit, the auditor found that HTCF did not meet this standard on the basis that the staffing plan did not provide for adequate levels of staffing or video monitoring.

During the site review, the auditor found that Housing Units 3, 4, and 5 were assigned one correctional officer post each. The correctional officer in each unit supervised offenders on two levels in Units 3 and 4. Unit 5 has only one floor. There were no cameras in these three units and the correctional officers were constantly going up and down the stairs to monitor both floors in Units 3 and 4. The auditor was told that the officer in the other unit is in the building, but these units are separate units and are treated as such for the purpose of assigning posts. The auditor was concerned that an incident of sexual abuse or sexual harassment could happen while the officer is on the other level. For example, if the officer was on the lower level an offender could be sexually abused on the second floor in the back corner of the larger dormitory. There are also a number of smaller sleeping areas on both levels which added to the blind spots. Since there were no cameras on either level, the floors were not being monitored when the correctional officer was not present. The auditor was told that housing units 3 and 4 hold minimum security offenders who are 40 years of age and older and/or in the education program. While this did lessen the chances of an incident on these units, the absence of a correctional officer or cameras that monitor offender activities for periods of time, made these vulnerable areas. Housing Unit 5 has new admissions for whom less is known about an offender's risk of victimization or abusiveness. Being on one level, however, means the officer is always present.

All the other housing units in the facility have several cameras which strengthens security and documents offenders' activities. Several other buildings, already mentioned, have no camera coverage, but in these areas, offenders are always under the supervision of a correctional officer or other staff member.

The auditor discussed his concerns with the Superintendent and the administrative team during the site review and at the Exit Meeting. Two corrective action options were discussed. The first would be to install cameras in these three units. Cameras should be positioned on both levels and in locations where blind spots can be monitored. Additional cameras could further the load on the recording system which may have to be upgraded. HTCF currently has 110 cameras with a recording period of 11 to 28 days.

The second option would be to add an additional post to Units 3 and 4 so there would always be a correctional officer on both levels. This would be a more expensive option but would enhance overall security on the Housing Units.

Following the on-site audit, the IDOC solicited bids to add cameras to Units 3, 4, and 5. On February 2, 2017, PREA Coordinator provided the auditor a copy of the purchase order for

new cameras in Units 3, 4, and 5. Based on the purchase order, the auditor found that the HTCF was now in compliance with this standard and that the facility now met all applicable PREA standards and would be certified by the auditor.

On February 16, 2017, the auditor was informed, in writing, by the GEO PREA Coordinator that 44 cameras had been installed in Units 3, 4, and 5 and were operational. In Unit 3, 7 cameras were installed downstairs and 5 were installed upstairs. In Unit 4, 12 cameras were installed downstairs and 5 were installed upstairs. In Unit 5, 15 cameras were installed throughout the housing unit. Additional capacity was also added to the facility overall video storage to accomadate the additional cameras.

Floor plans were provided to the auditor that showed the exact location of each camera. In addition, the auditor received 72 pictures from a video monitor that showed the areas were the cameras were recording. In total, the Indiana Department of Corrections spent \$271,990.00 adding the additional cameras and supporting equipment.

The auditor wishes to acknowledge the outstanding effort that was put forth by the IDOC and GEO in making these significant imporvements to the three housing units. The auditor believes that this investement demonstrates IDOC's and the GEO Group's commitment to the PREA standards and to creating sexually safe environments.

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

There are no youthful offenders in the HTCF. IDOC houses youthful offenders at another IDOC facility.

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

HTCF does not conduct cross gender strip searches. Since there are no female offenders at this facility, the issue of male staff conducting searches of female offenders is not applicable.

Policy and procedures are implemented to enable inmates to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks. During the interviews with offenders, the auditor was told that most of the time female staff announce their presence when they enter a housing area. The offenders said there are a couple of staff who are less consistent about announcing than others, but generally it is not a

problem. The auditor observed female staff announce their presence when they entered the housing units.

All the offenders said female staff do not go in the shower or toilet areas, but if they must they would always announce. The offenders reported that the shower curtains that cover the entrance to the showers were a very recent addition to the facility and do provide for privacy, which is appreciated.

GEO Policy requires that all staff be trained in the proper procedures for conducting cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. HTCF has provided the required training to the correctional officers. The auditor did find that during the interviews there was still some confusion regarding searching transgender and intersex offenders. A refresher class on this topic would benefit staff.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The auditor found that GEO's PREA Policy 5.1.2-A meets the requirements of the standard, as does the policy of the HTCF. The IDOC also provides PREA brochure in English and Spanish.

GEO has a contract with Language Line Services, Inc. which provides interpreters in several languages via the phone. The PREA Compliance Manager also created a list of staff members who speak Spanish and are readily available.

The auditor interviewed one offender who spoke a language other than English and Spanish. The auditor was concerned that he may not have fully understood the PREA orientation and education, although the offender said he did. At the Exit Meeting, the auditor recommended, that a staff member contact the language line and review the PREA education in the offender's native language, to reinforce the offender's knowledge about PREA.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO PREA Policy addresses all the requirements of this standard.

The auditor reviewed five personnel files and found background checks of new employees, and confirmed that the five-year background checks of existing staff were completed, as required. Documentation in the personnel files also confirmed that backgrounds are being done at the time of promotions.

Employees are also required to respond on the job application or written self-evaluations to the questions addressed in 115.17 (a) (1), (2), and (3). GEO procedures also state that employees have an affirmative duty to disclose any such conduct.

Background checks are also conducted on all contractors and volunteers who have contact with offenders. The auditor found one contractor who did not have a current background check. During the report writing period, a background check was completed and forwarded to the auditor.

The GEO Corporate Office will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee to an institutional employer for whom the employee has applied to work provided the request is in writing. A release is not required from the employee.

§115.18 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

There have been no significant upgrades to the facility or the facility's technology in recent years. As previously mentioned, during the site review, the auditor pointed out the blind spots behind the washers and dryers in the laundry building. Those blind spots were eliminated with the addition of mirrors in the building before the end of the audit.

As previously mentioned, during the corrective action period, 44 cameras were added to housing units 3, 4, and 5 in response to Standard 115.13. The facility and the vendor carefully located each camera to provide the most comprehensive monitor. The auditor reviewed the floor plans where the cameras have been installed.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Under a written agreement, the Terre Haute Regional Hospital will provide SAFE/SANE services to a victim of sexual abuse at the HTFC. The Health Administrator said Hendricks Regional Hospital could be used as a second option.

The IDOC has a written agreement with the Indiana Coalition Against Domestic Violence (ICADV) to provide emotional support services for victims of sexual abuse and sexual harassment. There are posters throughout the facility informing offenders about the services of ICADV and the contact information.

The auditor was also provided the curriculum for the training of Sexual Abuse Response Team (SART) members in all the IDOC and contract facilities. The training is very comprehensive. Several members of the HTCF participated in the training.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO Policy 5.1.2 E ensures that an administrative or criminal investigation will be conducted for all allegations of sexual abuse or sexual harassment. HTCF is also required to follow IDOC Procedure 02-01-115 that addresses reporting and investigating allegations of sexual abuse and sexual harassment. HTCF policy 17.001 provides the specific steps to be taken in reporting and responding to allegations of sexua abuse and sexual harassment.

The auditor interviewed the two investigators at the facility. The investigators said allegations of sexual abuse will be referred to Indiana State Police for investigation. The GEO Office of Professional Responsibility is also involved in any allegation of sexual abuse or sexual harassment that involves a staff member.

§115.31 – Employee Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All GEO employees are provided comprehensive training on the Prison Rape Elimination Act and GEO's and HTCF's policy and procedures for preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. New employees receive two weeks of training at HTCF, two-weeks of training at the IDOC facility, and a fifth week back at HTCF. All staff interviewed said the GEO Group, the IDOC, and the facility place great importance on training. The auditor reviewed the PREA curriculum and the training files and found they met the standard.

§115.32– Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The auditor interviewed a volunteer who confirmed that he had received PREA training, which included the computer-based training and a 30 question exam. The volunteer said the training was a half day in length. The auditor also interviewed a health care provider as a contractor who also confirmed the training. The auditor also reviewed the written documentation that the contractors and volunteers sign that acknowledges that they have been given the training and understand the GEO Zero Tolerance Policy, and know how to report an allegation. The auditor was impressed by the comprehensive PREA training that is provided to volunteers and contractors.

§115.33 – Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All 18 offenders interviewed said they have received the PREA training and that it usually took place the first day they arrived and that it was done as part of their orientation. They also reported that there was additional training about a week later.

The *Sexual Assault Prevention and Reporting* brochure is provided to every offender when they are admitted to the institution. PREA information is also provided in the *Offender Handbook*. As previously mentioned, PREA signage is visible throughout the facility. The auditor reviewed five offender files and confirmed that the offenders acknowledged in writing that they had received the training.

The GEO Group has a very comprehensive inmate education program and for this reason, the auditor finds the facility exceeds the standard.

§115.34 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The auditor interviewed the two investigators at the facility and was very impressed by the comprehensive training they had received. The investigators received specialized training from GEO, the IDOC Academy, and the National Institute of Corrections. The auditors stated they felt the training was of great value to their positions as investigators. The GEO

Investigator curriculum is implemented company-wide and is constantly being upgraded and improved. Given the very comprehensive scope of the investigator training, the auditor finds the facility exceeds the standard.

§115.35 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Health Administrator and nurses are employed by Corizon Health. The Health Administrator and Nurse confirmed they received specialized training from the GEO Group, the IDOC, and Corizon on the areas required in Standard 115.35. They each said the Corizon annual training is very detailed since Corizon is the contractor for health services. A written exam follows the Corizon training. Both said they received the basic PREA training annually from the GEO Group and the IDOC. The PREA Compliance Manager provided the auditor with the training documentation.

The Licensed Mental Health Clinician said she completed the NIC Specialized Training for mental health providers and took the exam at the end of the PowerPoint. She stated she also receives the basic PREA training provided by the IDOC. She is an IDOC staff member.

§115.41 – Screening for Risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Sexual Violence Assessment Tool (SVAT) is administered by the Chaplain, normally within 24 hours of intake. The Chaplain said she participates in the Orientation to introduce herself to the newly admitted offenders. The Chaplain said that if she notes any “red flags” she immediately notifies the PREA Compliance Manager and a response is then crafted. Initial Risk Screening is now performed by Program Staff.

During a previous PREA Audit, the screening form, which is required by the IDOC, did not have all the elements required by the standard. During the corrective action period, the form was amended and now includes all the elements of the standard.

The auditor also interviewed a Case Manager who confirmed that she does the follow-up assessment within 30 days. This follow-up assessment is part of the same form. The Case Manager also conducts reassessments if there has been a change in the offender’s status due to a referral, request, incident of sexual abuse, or receipt of additional information that impacts the offender’s risk of victimization or abusiveness.

The auditor reviewed five offender files and reviewed documentation that the initial SVAT was completed within 72 hours and that the reassessment was done within 30 days.

§115.42 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Information that is gathered during the SVAT process is used to determine housing, bed, education, program, and work assignments with the goal of protecting offenders who are at high risk of sexual victimization from being sexually abused or harassed. Housing and program assignments are made on a case-by-case basis.

The HTCF maintains a list of all offenders, by housing unit, who are identified as potential victims and possible predators.

A transgender offender's own views with respect to his/her personal safety will be given serious consideration. Placement and programming assignments are assessed twice a year.

The Case Manager and Chaplain said the transgender and intersex offenders would be given the opportunity to shower separately from other offenders.

The auditor reviewed 5 inmates' files and documentation confirmed the facility meets the requirements of the standard.

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

HTCF has no segregated housing. In an emergency, an offender could be temporarily moved to the observation room in the medical building until such time as the incident is resolved or the abuser is transferred to a IDOC facility.

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The HTCF provides several ways of reporting sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment or staff neglect of duties that could have contributed to sexual abuse or sexual harassment incidents. The Offender Handbook lists the following options, the offender can tell a staff member, write a grievance, dial #80 on the inmate phones, complete a health care request, email the Ombudsman via the JPay kiosk, or report to a third party (family member, attorney, probation officer, friend, etc.). Offenders who choose to call #80, or who chose to write the victim advocacy agency or the State Ombudsman can remain anonymous, upon request. Interviews with offenders confirmed that offenders were aware of the various reporting options.

Random interviews with staff confirmed that the correctional officers and other non-security staff know that if they receive a report of a sexual abuse or sexual harassment in writing or verbally, they are to report it immediately and document all reports, including verbal reports.

Staff know they can privately report a sexual abuse or harassment by calling the GEO Corporate Office. Signs are posted throughout the facility that inform the employees how they can privately report sexual abuse or sexual harassment.

§115.52 – Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy and the HTCF Policy both provide for administrative remedies using the facility grievance procedure. The Offender Handbook also describes the procedures offenders should follow to report sexual abuse or sexual assault through the grievance procedure.

In reviewing the PREA investigations, the auditor noticed that several had come to the attention of the investigators through the grievance procedure. If an allegation of sexual abuse or sexual harassment is made through the grievance procedure the grievance coordinator will immediately refer the matter to the facility investigators who will initiate an investigation. If the investigation is extended, the offender is notified in writing.

Offenders who were interviewed by the auditor stated they were aware the grievance procedure was a reporting option.

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

As previously mentioned, the IDOC has a written agreement with the Indiana Coalition Against Domestic Violence (ICADV) to provide emotional support services for victims of

sexual abuse and sexual harassment. There were signs informing offenders about the services of ICADV and the contact information posted throughout the facility.

In interviewing the offenders, the auditor found that while some of the offenders know there are services available in the community, they could not name the agency that provides emotional support for victims of sexual abuse. The auditor confirmed that in the Orientation PowerPoint, victim advocacy was specifically mentioned as was the ICADV. In addition, the auditor took note of the numerous posters throughout the facility and in every housing unit that describe the victim advocacy and contact information for ICADV.

The auditor finds that the facility has provided information to the offenders, in ways that are easily understood, on how the offender can request and receive victim advocacy services and emotional support. Victim advocacy information is printed in English and Spanish. In spite of the fact that some offenders did not know the name of the ICADV, the auditor finds the facility meets the requirements of the standard.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO Group Web site provides PREA information to offenders' family members, friends, attorneys, advocates, and others outside the facility and explains the procedures for reporting an allegation of sexual abuse or sexual harassment. Information is also provided to visitors in the main entrance to the facility and in the visitor staging area. The auditor found that the GEO Web site was easy to navigate in the PREA area and fully explained how to report sexual abuse or sexual harassment that is brought to a person's attention.

The GEO PREA Policy and the HTCF PREA Policy also address third-party reporting procedures.

The auditor found that the facility exceeded the requirements of the standard.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Every staff interviewed understood and spoke specifically about this procedure. Offender interviews supported the fact that offenders are also aware of the reporting and confidentiality requirements of sexual abuse and harassment allegations. HTCF staff know

they can make referrals privately by calling the PREA Coordinator at the GEO Corporate Office.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All of the staff interviewed know if a staff member learns that an offender is subject to a substantial risk of imminent sexual abuse that it is GEO policy and HTCF policy that the staff member immediately take steps to protect the offender and notify the appropriate supervisor. The agency provided documentation to the auditor that in one case of sexual abuse that was reported, the agency took immediate steps to move the offender to the hospital for a forensic exam and then to transfer the offender to another facility for his protection. The auditor was told that a determination would be made as to whether the perpetrator or the offender would be moved; the key factor being the protection of the victim.

§115.63 – Reporting to Other Confinement Facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The investigators reported that one offender made an allegation during the intake process that he was sexually harassed by a staff member at a local jail in Indiana. The investigators said the matter was reported by the Superintendent to the Jail Administrator. After the initial call between the two administrators, the follow-up communication was handled by the PREA Compliance Manager at HTCF. The offender was referred to the Licensed Mental Health Clinician.

§115.64 – Staff First Responder Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO PREA Policy 5.1.2-A and HTCF PREA Policy 17.001 adhere to the exact requirements of the standard. Correctional officers and non-security staff that were interviewed by the auditor all described their responsibilities as a first responder. All staff reported that they have received training on what to do if they are a first responder. The staff also noted there

is a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment that the first responder would use to ensure all steps were being completed and documented, as required.

In reviewing investigations, the audit found ample documentation to demonstrate that the staff at the HTCF know what to do if they are called upon to be a first responder.

§115.65 – Coordinated Response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The HTCF has a written coordinated response plan that describes the duties and responsibilities of the various departments that may be involved in responding to an allegation of sexual abuse or sexual harassment. The areas include first responder duties, supervisory responsibilities, health care responsibilities, mental health responsibilities, and security staff responsibilities in protecting the crime scene. The coordinated response plan meets the requirements of the standard.

The auditor recommends that the facility provide training for all those who may be involved in responding to an allegation of sexual abuse, including one or more shift commanders, the health administrator, the Licensed Mental Health Clinician, the HTCF investigators, the State Police, and a SAFE/SANE nurse. It is critical that all the parties involved in the response to an investigation of a sexual abuse be fully aware of what each member's duties are on the coordinated response team to prevent missteps.

§115.66 – Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

HTCF employees are not covered by a collective bargaining agreement.

§115.67 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The PREA Compliance Manager told the auditor that the facility instituted a formal retaliation monitoring procedure in January of 2016. Two staff are responsible for monitoring for retaliation. The PREA Compliance Manager monitors for retaliation against the victims or offenders who report an allegation of sexual abuse and sexual harassment. He stated he reaches out to the offender and tells offender he will be monitoring him and checking in with him on a regular basis for up to 90 days and longer if necessary. He said he would review disciplinary reports, housing changes, grievances, and any other questionable actions. The PREA Compliance Manager said he would insure there was no contact between the perpetrator and the victim. Besides changes in housing and work assignments, offenders could transferred to another facility, if needed.

One of the two facility investigators monitors for retaliation against staff members. The investigator said he would also reach out to the person who may be the focus of any retaliation. He would also monitor for changes in responsibilities or posts, disciplinary actions, shift changes and other actions that seem hostile in nature. To protect staff, the Superintendent could change the person's shift or post assignment or refer the employee to the Employee Assistance Program.

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

As previously stated, there is no segregated housing at the HTCF.

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

As heretofore written, the auditor and the investigators reviewed a total of 26 investigations. Nineteen investigations were carried out in 2015. Of the 19, one was an unsubstantiated case of inmate-on-inmate sexual abuse. Five were allegations of staff-on-offender sexual abuse of which one was substantiated, three were unsubstantiated, and one was unfounded. Two allegations involved Inmate-on-inmate sexual harassment and were substantiated. Ten allegations involved staff-on-inmate sexual harassment and were all unsubstantiated. There was one allegation made regarding a local adult detention center in Indiana.

The auditor and the investigators reviewed 7 investigations regarding allegations that were made in 2016. Of these, three investigations are still pending; one alleges inmate-on-inmate

sexual abuse and two allegations involved staff-on-inmate sexual abuse. One allegation of staff-on-inmate sexual abuse and two allegations of staff-on-inmate sexual harassment were unsubstantiated. One allegation of staff-on-inmate sexual harassment was unfounded.

The auditor found that all the investigations were conducted in a professional way by well trained investigators. All investigations follow standard investigating protocols. The average time to complete the investigation was four to six months, with a few cases taking longer. With an average length of stay of four to six months, the offender who made the allegation has often been released from the facility before the investigation is actually closed. Given the various levels within the corporation that review allegations and investigations, the time it takes to completely finish an investigation does not seem unreasonable. If a case appears support criminal prosecution, the contact with the prosecutor's office would be made by the State Police.

The GEO PREA Policy incorporates all the requirements of the standard.

§115.72 – Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO Policy states, "Facilities shall impose no standard higher than a preponderance in determining whether allegations of Sexual Abuse or Sexual Harassment are Substantiated."

§115.73 – Reporting to Inmate

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The HTCF has a form that is provided to the offender that informs the offender of the outcome of the investigation and any action taken against the abuser. Of the 8 investigations that allege sexual abuse by either another offender or a staff member, the auditor found documentation that the victim was informed in four of the cases. Two of the cases are still pending a finding from the Indiana State Police or the Office of Professional Responsibility and two cases had no documentation. It was believed that in these cases the offenders had been released before the end of the investigations.

§115.76 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-E meets all the requirements of the standard. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Superintendent reported that one staff member was terminated for a sexual abuse incident involving an offender.

§115.77 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-E meets all the requirements of the standard. A volunteer or contractor will be immediately terminated for any violation of the PREA policy.

The HTCF Superintendent reported that there have been no allegations of sexual abuse by contractors or volunteers.

§115.78 – Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-E and HTCF Policy 17.001 meet all the requirements of the standard. Offenders cannot be disciplined for making an allegation of sexual abuse or sexual harassment, unless it is determined that the allegation was made in bad faith. An offender's mental disability or mental illness will be taken into consideration when sanctions are determined. Offenders will be subjected to the disciplinary process for sexual contact with an employee when it is shown the staff member did not consent to such contact.

The auditor was informed that disciplinary action has been taken against offenders for substantiated cases of sexual abuse and sexual harassment.

§115.81 – Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

GEO PREA Policy 5.2.1-E meets all the requirements and addresses all of the elements required by this standard. A review of five offender case files confirmed that medical and mental health screenings are done as part of the orientation process. The Health Administrator, the nurse, and the Licensed Mental Health Clinician all stated they do obtain informed consent from offenders before reporting about prior sexual victimization that did not occur within an

institutional setting. They also inform the offenders that they are mandatory reporters. If the SVAT indicates that an offender was a sexual abuse victim, the medical and mental health staff will ensure the offender is offered a follow-up meeting with a medical or mental health professional within 14 days. The same is true for sexual abusers.

The Health Administrator and the Mental Health Clinician both stated that information is confidential and shared only with other staff on a "need-to-know" basis.

§115.82 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-A and HTCF Policy 17.001 meet all the requirements of the standard. In the interview with the Health Administrator she stated that a victim of a sexual assault would be taken to the Terre Haute Regional Hospital for a forensic exam. The Health Administrator said Hendricks Regional Hospital would be used as a second option for a forensic exam. She also stated that offenders would be offered information and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to victims of sexual abuse at no cost to the offender regardless of whether the victim names the abuser or cooperates in the investigation.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-A and HTCF Policy 17.001 meet all the requirements of the standard and address ongoing medical and mental health care for sexual abuse victims and abusers. This care includes a medical and mental health evaluation of the victim, the need for continuing medical or mental health treatment, and referral to victim advocacy services as needed, upon release or transfer to another facility. These services would be initiated without undue delay.

In the interview with the Licensed Mental Health Clinician, she reported that the IDOC Reception Center, which is the facility on the same property, has mental health staff on call and available to HTCF if a sexual abuse is reported and a mental health assessment is needed. If the victim is in need of continuing mental health treatment or close observation, the victim can be transferred to another IDOC facility where he will receive the needed services. The Mental Health Clinician said that a mental health assessment would also be administered to the alleged abuser to determine his risk level.

The Health Administrator and the Mental Health Clinician both said the level of care provided to the offenders is consistent or better than the community level of care.

Paragraph (e) of 115.83 is Not Applicable since this is an all-male facility.

§115.86 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-A and HTCF Policy 17.001 meet all the requirements of the standard. In reviewing the investigations, the auditor also reviewed the report from the Incident Review Team. The auditor also interviewed an Incident Review Team member who confirmed that all the required elements of the standard would be reviewed during the Incident Review Team meeting. Incident Review Team members include the Superintendent, the Assistant Superintendent, the PREA Compliance Manager, the Chief of Security, the Health Administrator and the Licensed Mental Health Clinician.

HTCF collects accurate and uniform data for every allegation of sexual abuse. The information is also used by the GEO PREA Coordinator and the Office of Professional Responsibility to monitor trends and take corrective action as quickly as possible.

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-A and HTCF Policy 17.001 meet all the requirements of the standard. Data is collected on every allegation of sexual abuse and sexual harassment at the HTCF. The PREA Compliance Manager is responsible for collecting and organizing the data. Information is provided to the PREA Compliance Manager primarily from the institution investigators. Data is forwarded to the GEO Corporate Office where it is collected and aggregated.

§115.88 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-A and HTCF Policy 17.001 require the HTCF to review the data collected regarding sexual abuse and sexual harassment allegations to assess and improve

the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions.

The 2015 Annual PREA Report is available on the GEO Group Web site.

§§115.89 – Data Storage, □ Publication, and Destruction □

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The GEO PREA Policy 5.2.1-A and HTCF Policy 17.001 meet all the requirements of the standard and ensure that data is properly stored, maintained and secured. The PREA Compliance Manager at the HTCF is responsible for the maintenance and storage of PREA data. Access to data is tightly controlled. The GEO Group PREA Policy requires that data be retained for at least 10 years.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. The auditor finds that as of February 2, 2017, the Heritage Trail Correctional Facility meets the requirements of the Prison Rape Elimination Act, Prison and Jail Standards.



March 5, 2017

Auditor Signature

Date