

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 3/26/2022

Auditor Information

Name: Robert Manville **Email:** robertmanville9@gmail.com

Company Name: Click or tap here to enter text.

Mailing Address: 168 Dogwood Drive **City, State, Zip:** Milledgeville, Ga. 31061

Telephone: 912-846-0004 **Date of Facility Visit:** February 14 – 16, 2022

Agency Information

Name of Agency: The GEO Group, Inc.

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 4955 Technology Way **City, State, Zip:** Boca, Raton, FL 33431

Mailing Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.geogroup.com/PREA

Agency Chief Executive Officer

Name: Jose Gordo

Email: jgordo@geogroup.com **Telephone:** 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya

Email: tmasodemoya@geogroup.com **Telephone:** 561-999-8116

PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance

Number of Compliance Managers who report to the PREA Coordinator: 81(45 prisons/jails; 36 re-entry)

Facility Information

Name of Facility: Heritage Trail Correctional Facility

Physical Address: 501 West Main Street

City, State, Zip: Plainfield, IN 46168

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.geogroup.com

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
GEO Continuum of Care (Internal)

Warden/Jail Administrator/Sheriff/Director

Name: Donnie Emerson

Email: demerson@geogroup.com

Telephone: (317)-838-5110

Facility PREA Compliance Manager

Name: Janet Ploeger

Email: jploeger@geogroup.com

Telephone: (317)-838-5120

Facility Health Service Administrator N/A

Name: Dawn Shoulders

Email: dsholdershurst@teamcenturion.com

Telephone: (317)-839-7751

Facility Characteristics

Designated Facility Capacity:

868

Current Population of Facility:

816

Average daily population for the past 12 months:

790

Has the facility been over capacity at any point in the past 12 months?

Yes

No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-71
Average length of stay or time under supervision:	18 months
Facility security levels/inmate custody levels:	Minimum-medium
Number of inmates admitted to facility during the past 12 months:	886
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	883
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	856
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	119
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	42
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	44
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	33
Physical Plant	

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	30
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	0
<p>Number of open bay/dorm housing units:</p>	10
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Indiana Department of Corrections Police)
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

2

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Click or tap here to enter text.)
- N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: **Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; Standard 115.33: Inmate education; Standard 115.51: Inmate reporting; Standard 115.53: Inmate access to outside confidential support services; Standard 115.86: Sexual abuse incident reviews; Standard 115.88: Data review for corrective action:**

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: [Click or tap here to enter text.](#)

List of Standards Not Met: [Click or tap here to enter text.](#)

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	2/14/2022
2. End date of the onsite portion of the audit:	2/16/2022
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Indiana Coalition Against Violence Inc.
Audited Facility Information	
4. Designated Facility Capacity:	868
5. Average daily population for the past 12 months:	790
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	10
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	816
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	1
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	1
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	2
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. 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).	The facility is a minimum/medium security facility with the mission to prepare offenders for release. The center is considered a level A mental health which excludes any mental health offender and is

<p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>a G for medical which is a classification that the person can have no major medical profiles.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. 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:</p>	<p>119</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>44</p>
<p>26. 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:</p>	<p>33</p>
<p>27. 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.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility is working 12 hour shifts to maintain the contracted mandatory posts. Also, staff are working overtime and call back in order to maintain the mandatory posts. All mandatory post are being maintained.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>32</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other (describe) First time offenders <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>When I interviewed the offenders, I asked them where they were from as a part of my introduction to the offenders. I would ask if that was north, south, east, or west or was it out of State. Based on the interview I determined that the offenders were from large cities and small rural towns. Several were from Chicago.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>Click or tap here to enter text.</p>

<p>32. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility houses many offenders that are young and first time offenders with less than 2 years to serve. Due to the limitations on medical and mental health disqualifiers to be at the facility, there were less than the expected number of older offenders that are getting close to their discharge or parole dates.</p>
---	--

Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>4</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>I reviewed the population roster by age and reviewed the PAQ and population characteristics for the last 12 months.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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.</p>
---	--

	<input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	The facility had one older offender that had a cane. There were no other indicated in the PAQ or seen during the tour and identified by staff including medical director.
36. 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:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	The medical staff indicated that there were none that has been identified to the mental health screening. There were none identified on the PAQ or historical data of the population characteristics for the preceding 12 months.
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	The medical staff indicated that there were none that has been identified to the mental health screening. There were none identified on the PAQ or historical data of the population characteristics for the preceding 12 months.
38. 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:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	The medical staff indicated that there were none that has been identified to the mental health screening. There were none identified on the PAQ or historical data of the population characteristics for the preceding 12 months.

<p>39. 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:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>40. 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:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>The medical staff indicated that there were none that has been identified to the mental health screening. There were none identified on the PAQ or historical data of the population characteristics for the preceding 12 months.</p>
<p>42. 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:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, 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).</p>	<p>There were none based on the intake screening and rescreening. There were none identified in the investigative report that were reviewed.</p>
<p>43. 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:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>The facility does not have a segregation unit. This determination was from touring the facility, interviewing the facility administrator, and reviewing the PAQ.</p>
<p>45. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility is a minimum/medium security facility with the mission to prepare offenders for release. The center is considered a level A mental health which excludes any mental health offender and is a G for medical which is a classification that the person can have no major medical profiles. During the tour of the facility, there were several younger offenders noticed and talked to about how long they had been at the facility and had they ever been in a correctional facility before. Based on the random questions I determined I should interview first time offenders. Offender that transfer or have been in other prison tend to have received PREA training on several occasions.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

46. Enter the total number of RANDOM STAFF who were interviewed:	18
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) With the exception of perimeter staff, I interviewed all correctional staff on duty at the time of the audit. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Click or tap here to enter text.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	I interviewed staff on each shift. I found that several staff were working overtime or filling in for other staff on other shifts. I did not interview the second time if they stayed over from the first shift.
<i>Specialized Staff, Volunteers, and Contractor Interviews</i> <u>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 interview would satisfy multiple specialized staff interview requirements.</u>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	5
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming

	<input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided to the facility during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA posted information is in both English and Spanish and posted in all housing units and in
---	--

numerous locations throughout the facility. Reminders of opposite gender announcements are stenciled near the entries of housing units. The medical area had a wrap around curtain to provide privacy for examinations. There were two holding rooms in the medical areas. One was being utilized for storing wheelchairs, and other medical support devices. The speed dial offender telephone was tested in several living units. Inmates are not required to utilize a PIN to contact the Indiana Coalition Against Domestic Violence, They did have to use a PIN to contact the Indiana Department of Corrections TIPS Line. During the site review, the auditors spoke informally to offenders questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. Several offenders were able to show me how to utilize the telephone system. Most offender were talkative and could articulate the agency polices about zero- tolerance. As speaking with one offender, several offenders joined in the conversation. They wanted me to know, that the offender population does not allow offenders to engage in sexual activities and this is a safe prison. Staff interviewed were engaging with the auditor and it was noted that they were also engaging with the offender population. All offenders knew the facility administrator, the PREA compliance manager and the other staff that were on the tour. When asked how staff would manage an offender that claims to be in imminent danger of sexual assault since there is no segregation unit, staff indicated they would stay with the resident and take him to the observation room in medical. They would follow the protocol of not brushing his teeth, not take a shower, not defecating, and would notify the major and medical since they would escort the offender to the observation room. All showers have curtains for privacy. All toilets had partitions and walls in front of the toilet area. Offender stated they are not seen by staff when showering or using the restroom. The offenders stated that female announce their presence when entering their living unit and don't come in the area where they shower and use the toilet when that area is being utilized by offenders in medical. During the tour the facility was conducting intake on 30 new residents. The auditor was able to watch the new intakes watch the PREA video and observed staff passing resident brochures about PREA. The strip down room is private with a door leading to that area. Staff indicated that male staff and a male staff observe are present during all searches. Later it was noted that the nurse, and staff who conduct the screening was in the area conducting the screening. The PREA video was still operating while resident sat outside the areas awaiting medical and screening to be completed. Staff were not engaging with residents. During this time the Intake

	Sergeant was training a new officer on intakes and was discussing his role in completing the orientation screening, PREA pamphlet, and offender handbook documentation that offenders are requested to sign.
--	--

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.

65. 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	<p>Inmate Files Reviewed: Twenty-four (24) resident records were reviewed. These records included the following information. • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA orientation/education: Employee Background Checks: Fifteen (15) background clearance files including five (5) new hired staff, five (5) staff that had been promoted and five (5) employees that had over five years tenure at the facility. Five (5) background checks for contractors were reviewed. One volunteer file was reviewed. All background checks had been completed for staff and contractors prior to contact with inmates or prior to promotion or over 5 years tenure at the facility: Employee Training Records: Reviewed Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager. All training has been completed in the last 12 months: Interviews with random staff indicated they had received refresher training during the last six (6) months. The correctional staff indicated during the tour they are provided weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed stated they had received the questionnaire for their specific duties prior to the audit and were prepared for the audit. Investigations: There were a total of fourteen (14) reported allegations of sexual abuse/sexual harassment. All investigative files were reviewed. Unannounced Rounds: The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room.</p>
--	---

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual abuse	1	0	1	0
<u>Staff-on-inmate</u> sexual abuse	5	1	5	1
Total	6	1	6	1

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual harassment	2	0	2	0
<u>Staff-on-inmate</u> sexual harassment	6	0	6	0
Total	8	0	8	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	4	0	0	0	0
Total	4	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
--	---

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	4	0	2	0
Total	4	1	2	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>N/A</p>
--	------------

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
--	---

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	1	1
<u>Staff-on-inmate sexual harassment</u>	4	0	1	1
Total	4	0	2	2

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
---	---

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Click or tap here to enter text.</p>
<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>

Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files

<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

Sexual Harassment Investigation Files Selected for Review

<p>81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>8</p>
<p>a. If 0, explain why you were unable to review any sexual harassment investigation files:</p>	<p>Click or tap here to enter text.</p>
<p>82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)</p>

Inmate-on-inmate sexual harassment investigation files

<p>83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
---	---

Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	6
--	----------

87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
--	--

88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
--	--

89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	I reviewed all investigative files with the exception of one criminal investigation that is ongoing. I did review the administrative and preliminary criminal investigative report that was in possession of the facility. I did not see the report that is being processed by Indiana Department of Corrections Police as it is a working file maintained by the investigators at this time.
--	---

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.
--	----------------------------------

Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	Click or tap here to enter text.
--	----------------------------------

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government (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

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2
Heritage Trail Correctional Facility (HTCF) Policy 17.001
GEO Corporate PREA Organizational Chart
HTCF Organizational Chart

115.11 (a): GEO Corporate Policy 5.1.2 and HTCF Policy 17.001 GEO Policy 5.1.2- exceed the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Offender manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero tolerance.

Yearly GEO conducts a PREA review of the facility to determine level of compliance and to identify concerns that need to be addressed by the PREA compliance manager and the facility administrator.

115.11 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA Coordinator oversee the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO has a team of staff that support the PREA coordinator efforts in meeting all PREA standards. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. The PREA Coordinator and her team are very knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and respond to sexual abuse or sexual allegations.

115.11 (c): GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. HTCF provides support staff for assisting the PREA compliance manager with her task in carrying out the PREA mandates from GEO. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. Though out the tour, staff, and inmates new the PREA compliance managers name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to cooperate office PREA coordinator's office questions or concerns.

Exceed compliance was determined by review of agency organization chart, agency, and facility policies, both staff and inmate training orientation power point presentations, posters, offender manual and interviews with staff, contractors, volunteer, and inmates further provided exceed compliance with this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate PREA Policy 5.1.2-A
HTCF Policy 17.001
HTCF Contract for Service
HTCF Contract Amendment
Statement of Fact

GEO is a private provider and does not contract for the confinement of their offenders; therefore, this standard is not applicable to this facility. The Heritage Trail Correctional Facility has an on-site contract monitor employed through the Indiana Department of Correction (client) whose responsibility it is to oversee the facility's compliance with all IDOC policies, which includes the Sexual Assault Prevention policy, as well as all standards governing ACA and PREA.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate PREA Policy 5.1.2-A
HTCF Policy 17.001
Facility Staffing Plan
HTCF Unannounced PREA
HTCF Unannounced PREA Rounds Questionnaire
Documentation of Unannounced Rounds.
Annual Facility Assessment
Camera Inventory/Locations
Shift Roster-Four Brackets

115.13 (a)(b): GEO Group requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Prison provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Warden meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA.

The staffing plan is based on the following criteria:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.
- The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. There have been no deviation from the staffing plan based on interviews with facility administrator and PAQ.

115.13 (c): GEO Policy mandates that whenever necessary and no less that annually, the staffing plan is reviewed and documented on the Annual PREA Facility Assessment This completed form is submitted to the

Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In interview with GEO's PREA Coordinator, she reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments she reviews and approves for each of the agency facilities annually. The latest Yearly Assessment and staffing plan was reviewed on October 29, 2021.

115.13 (d): According to facility policy 17.001, the Heritage Trail Correctional Facility has a policy and practice requiring department heads, facility executive staff and intermediate and higher PREA Audit Report Page 18 of 91 Heritage Trail Correctional Facility level custody supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekend. The IDO document the visits on logbooks located in housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. The administrative Lt. for each shift was interviewed. Each indicated that they visit each living unit a minimum of once per shift. The control room staff document these visit on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. While touring the control room, the control room officers showed her computerized PREA rounds documentation. The facility provided a page on one of the logbooks that documented that a Lt. visited the unit on each shift.

An examination of policy and supporting documentation and all interviews confirms compliance with this standard

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

HTCF Policy 17.001
 HTCF Contract for Service
 HTCF Contract Amendment
 Statement of Fact

The Heritage Trail Correctional Facility does not house youthful offenders. Compliance was determined by review of Contract for Services, Policy and interviews with Intake staff, facility administrator.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
 2016 The Moss Group Training Presentation
 HTCF Policy 17.001
 Training records- Cross Gender Pat Searches & Searches of Transgender & Intersex
 Strip Search Log
 Shift Logs- Announced female presence
 Statement of Fact
 PAQ

115.15 (a): HTCF Policy 17.001 mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in exigent situations or when performed and documented by a medical practitioner. All staff confirmed they are not allowed to conduct cross-gender searches except in exigent circumstances. Staff were able to articulate what an exigent circumstance would entail.

115.15 (b): The facility does not house female offenders.

115.15 (c): The facility does not house female offenders. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and offender's gender and gender of persons conducting the strip searches.

115.15 (d): Policy HTCF Policy 17.001 and GEO Corporate Policy 5.1.2-A 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. The living areas showers have curtains that provides for inmate privacy while showering. Toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the toilet to provide privacy. All other areas that were reviewed during the tour had partitioned or single

toilets with a door to provide privacy. All residents stated they are able to shower, use the toilet and change clothes without being seen by staff members.

The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender. Posting are located throughout the living units that female staff are assigned to work in housing units. The facility maintains a log for staff of the other gender to announce their presence when entering housing units.

115.15 (e): GEO policy 5.1.2-A and facility policy 17.001 address searches of transgender and intersex offenders. Facilities shall not search or physically examine a transgender or intersex offender solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, there were no offenders who disclosed being transgender or intersex.

115.15 (f): All staff at HTCF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances.

Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates it has been determined that HTCF is in compliance with this standard.

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

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

115.16 (a)

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

HTCF Policy 17.001
GEO Corporate Policy 5.1.2-A
Statement of Fact
Classification Appendix XV-D
PREA Brochures English/Spanish
Language Line Solutions Reference Guide

115.16 (a): GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention and HTCF Policy 17.001 mandates that the facility shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy.

IDOC's Policy and Administrative Procedures 01-04-101, Criteria and Procedure for Placement of Offenders in the Heritage Trail Correctional Facility, offenders with significant physical, visual, hearing or cognitive impairments will not be assigned to the Heritage Trail Correctional Facility.

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard of hearing offenders. There was one elderly inmate that was identified as disabled that was interviewed. The offender stated he was not disabled, just old and was able to communicate information asked using the random offender interview form.

115.16 (b)(c): The ESL inmate interviewed stated he was instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The one offender that was interviewed indicated he received the orientation, screening and training using an interpreter. However, the written material he received during intake was in English. The PREA compliance manager provided written material in Spanish and sent a reminder to the intake staff to make sure Spanish speaking resident receive written material in Spanish. The facility has access to translation services and written access in other languages. Staff also may read information to inmates when necessary. Agency and facility policies prohibit offenders to be relied on as readers or any types of assistants,

except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The facility maintains a list of staff that are bilingual.

Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services and interviews with PCM, Case Manager, Medical Administrator and ESL offender.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A

HTCF Policy 17.00

New Hire Application

New Hire Background Check

New Hire Acceptance Letter

Contractor Background Check

5 year Background Check- Employee

5 year Background Check- Contractor

5 year PREA Disclosure-Contractor

Annual PREA Disclosure

Promotion Letter

Promotion PREA Disclosure

PREA Background Check

Random Background Checks for new hires, five year tenured staff, promotions and contractors.

PAQ

115.17 (a): GEO Policy 5.1.2-A and HTCF Policy 17.00 stipulates all employees, contractors and volunteers have had criminal background checks completed prior to being employed by HTCF. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with inmates. Interview with the Human Resource Manager and review of random employee, contractor and volunteer files were used to verify compliance to this standard.

115.17 (b): Prior to being promoted staff complete a promotion PREA disclosure form. GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Interview with the Human Resource Manager and review of the disclosure form confirmed this practice.

115.17 (c): The agency requires that all applicants and employees who may have contact with offenders have a criminal background check. Criminal background checks for all potential employees are completed through the Indiana Department of Corrections and through a contract with Career Builders. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through the Indiana Department of Corrections are completed. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested. According

to the PAQ Pre-Audit Questionnaire, in the past 12 months, there were 42 criminal background checks completed.

115.17 (d): The facility performs criminal background checks through the Indiana Department of Corrections before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were 4 criminal background checks conducted for contractors. The auditor reviewed 5 random contractors background and found all had background checks completed prior to employment.

115.17 (e): A review of random staff and contractor with five years tenure verified that criminal background checks are conducted every five years for all employees and contractors.

115.17 (f): HTCF asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form – Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions – PREA Related Positions and another background check is completed by IDOC, as well as a GEO internal PREA verification.

115.17 (g): Employees and contractors have a duty to disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant.

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

Compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of 15 random staff files including new hires, promotions and five year tenure and five contractor files. All required information was noted utilizing the PREA Employee/Contractor worksheet.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring

technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
IDOC Policy 02-01-115
HTCF Policy 17.001
Statement of Fact

GEO Group Policy 5.1.2-A and HTCF Policy 17.001 mandates the company will consider the effect of new or upgraded design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse. Based on statement of fact, there have been no additional modifications or expansions to HTCF during the last audit period. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the project development team to ensure the safety of inmates. The facility has upgraded and continues to upgrade the camera systems by replacing older cameras with new high definition and pivoting cameras. Compliance was determined by review of facility camera coverage and interviews with Agency Head Designee, GEO Group PREA coordinator, facility administrator and Major.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E - PREA Investigation Procedure
 HTCF Policy 17.001
 Hendricks Regional SAFE/SANE Services
 Contract with ICADV
 Victim Advocacy Posting English/ Spanish
 SART Lesson Plan
 SOF
 PAQ

115.21 (a): GEO policy 5.1.2-E, and facility policy 17.001, outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. Heritage Trail Correctional Facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes

the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes. Staff have cards they carry on them while on duty that includes uniform evidence protocol. In cases of a sexual assault the facility would activate the SART team. These staff have been trained by IDOC on several topic, one which is protecting the crime scene and uniform evidence protocol.

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

115.21 (c): Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner at no cost to the victim. HTCF has a contract with Hendrick’s Regional for SAFE/SANE Services. Offender victims of sexual abuse are referred to Hendrick’s Health Regional where SANE nurses are on call to perform forensic exams. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no SANE exams performed.

115.21 (d): The Indiana Department of Corrections has a Professional Services Contract with the Indiana Coalition Against Domestic Violence (ICADV) to provide emotional support services for offender victims of sexual abuse. Staff SART members are considered qualified advocates and accompany and support the victim during the forensic exam. SART training includes a 1.5 hour lesson plan on victim advocacy. Interview with staff at ICADV indicated they have trained advocates and had a working relationship with Hendricks Regional SAFE/SANE Services.

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

15.21 (f): Based on statement of fact by HTCF facility administrator, HTCF has an MOU with outside Law Enforcement, however any PREA incident are referred and investigated by Indiana Department of Corrections Police. The Indiana Department of Corrections Police are trained investigators and follow the requirements of paragraphs (a) through (e) of this section.

Compliance of this standard were confirmed by review of the policies, MOUs, Statement of Fact, PAQ, investigative files and interviews with Investigators, PREA coordinator, and facility administrator.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

HTCF PREA Case Tracking Log
Referral for OPR
Investigative Report

Referral to Outside Agency
GEO Corporate Website Posting
MOU Statement of Fact
PAQ

115.22 (a): GEO policy 5.1.2-E, and facility policy 17.001, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there were 14 allegations of sexual abuse/sexual harassment received. Thirteen allegations were administratively investigated, and one allegation referred for criminal investigation.

115.22 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Based on statement of fact by HTCF facility administrator, HTCF has an MOU with outside Law Enforcement, however any PREA incident are referred and investigated by Indiana Department of Corrections Police who are authorized to conduct criminal investigations. There is one criminal investigation open at this time. This investigation is being conducted by IDOC police. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the PREA Case Tracking Log. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/PREA>.

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

Compliance was determined by review of investigations, policy, statement of fact, GEO website and interviews with investigator, agency head, PREA coordinator, PREA compliance manager and facility administrator.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
2017 PREA Training
NEO Training Record
IDOC E-Learning Acknowledgment
PREA Basic Training Acknowledgment (Pre-Service & In-Service)
Cross Gender Pat Searches & Searches of Transgender & Intersex (Pre-Service & In-Service)
Acknowledgment of Receipt of Training & Brochures (Pre-Service & In-Service)
Annual In-Service Training Record

115.31 (a): All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the inmates and preserving the possible crime scene. The facility receives training developed for IDOC and includes films, power point presentations, and lectures.

Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
 - Inmates' right to be free from sexual abuse and sexual harassment.
- Inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
 - Common reactions of sexual abuse and sexual harassment victims.
 - How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct cross gender pat searches:

Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. Yearly training is conducted in classroom and computer based training.

115.31 (b): HTCF Policy 17.001 recognizes that the facility houses male offenders. Policy mandates that the facility will be required to modify training to meet needs of a different population. Staff assigned to specialized Post such as transportation officers, supervisors, and investigators receive additional training.

115.31 (c): According to the computer data base for training, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At HTCF staff received annual in service training. According to the PAQ there 117 staff that received initial or annual training in the last 12 months. Between trainings, the facility shift briefings and staff meetings and employees receive emails regarding PREA updates and information. Third Party Reporting Posters are displayed in various locations throughout the facility.

115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a an IDOC Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form and a PreService Training Record and an In-service Training Record form acknowledging receipt and understanding of all training received, including PREA. They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form. Documentation of annual PREA training for employees is maintained recorded on individual training records maintained by the Training Coordinator.

A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard. The auditor reviewed 15 staff training records including the facility administrator, PCM, shift supervisor and 12 random staff.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
IDOC Volunteer Training
Approved Volunteer Roster
Documentation of Volunteer Training
Acknowledgment of Receipt of Training and Brochures

115.32 (a): HTCF Policy 17.001 mandates 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. The facility employees 44 contractor. These contractors attend training with facility staff and specialized training for medical and mental health staff. The facility has 33 volunteers that have received volunteer training in the last 12 months.

115.32 (b)(c): All contractors receive the same PREA training as employees prior to assignment and sign a PREA Basic Acknowledgement Form and an IDOC Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form.

The IDOC volunteer training curriculum was provided for review. The training included 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. Volunteers receive this training annually and sign an IDOC Documentation of Volunteer Training Form. Volunteer training is maintained in the volunteer files, while contractor documentation of training is maintained by the training coordinator.

A review of random contractor training files and volunteer files confirmed compliance with the standard. Interviews with one volunteer and five contractors further confirmed compliance with this standard. Further compliance was determined by interviews with the training coordinator and volunteer coordinator.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Offender Handbook
Offender PREA Brochure
PREA Audit Report – V7.

Facility PREA Postings
Offender Receipt of PREA Brochure
Offender Receipt of PREA Comprehensive Education
Offender Orientation PowerPoint
24 offender files reviewed

115.33 (a): GEO policy 5.1.2-A, facility policy 17.001 mandates all offenders receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, offenders receive an IDOC Offender Handbook, and an IDOC Sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign a Receipt For Adult Offender Handbook and Adult Disciplinary Procedures form. This was observed by the audit during the intake of 30 offenders. Also during the intake offenders were watching a PREA video that included the same information. The information can also be found on the offenders' tablets.

115.33 (b): Offenders receive comprehensive PREA education as part of the orientation process usually on the second day of their arrival, however by policy at a minimum within the first seven days of arrival to the facility. Offenders in Prison Rape Elimination Act (PREA) Offender Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to offenders was provided for review.

115.33 (c): The intake staff and PREA compliance manager stated that all offenders have received the training with the exception of the offenders that arrived during the audit. They had received the PREA intake orientation and were scheduled to receive the additional comprehensive training after I completed my onsite audit. According to the PAQ 886 offenders received the information at intake and 856 received the comprehensive PREA training.

115.33 (d): All PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The Offender Handbook, the IDOC brochure and all verbal information given is provided in both English and Spanish. A contract with the Language Training Center, Inc. provides translation of any other languages. The facility has a TTY for deaf or hard of hearing inmates as well as tablets for visual transmittal of PREA information. The one resident that was interviewed utilizing the disability protocol claims he received the orientation and comprehensive training through a staff interpreter, but his orientation and handbook was in English. The PREA compliance manager provided him with the Spanish documentation and reminded the intake staff to be certain they provide the appropriate documentation. The facility has tablets that can be utilized for offender using different languages and has access to written material in other languages.

115.33 (e): The facility maintains documentation of offenders' participation in PREA education. In review of 24 random offender files, all files were complete with proper documentation of receipt of written PREA education material.

115.33 (f): Throughout the facility were posters including Sexual Assault Prevention and Reporting Posters; GEO Zero Tolerance Posters, End the Silence Posters. and ICADV These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility. .

Based on review of the training curriculum, interviews with residents and staff it was determined that the facility exceeded the standards for training offenders.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Organization Chart- Internal Affairs
Specialized Investigators
General PREA Training
Specialized Investigators Certificate of Completion of Specialized Training
PREA Training Acknowledgment
Current Investigators
Specialized Investigators Training Curriculum

115.34 (a): GEO Corporate Policy 5.1.2-A and HTCF Policy 17.001 mandates that in addition to the general training provided to all employees pursuant to §115.31, 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.

115.34 (b): The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through GEO training staff and NIC training Staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.34 (d): The facility has two trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility. In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received.

Compliance was determined by review of the training curriculum, investigator training records, investigators certificate of completion, investigative reports, and interviews with PREA Coordinator, Agency Head, investigators, and facility administrator.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Contract Medical Specialized Training Curriculum
Contract Medical Staff Roster
PREA Training Certification- Nurse Practitioner
IDOC Mandatory Pre-Service PREA Questions- Nurse Practitioner
IDOC Acknowledgment of Receipt of Training & Brochures- Nurse Practitioner

115.35 (a): The medical staff at HTCF or contracted through Centurion. Centurion has developed and implemented a specialized training program for medical and mental health professionals. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.

115.35 (b): The medical and mental health staff do not conduct forensic examinations.

115.35 (c): Staff received a certification on completion for specialized training. They sign an acknowledge to training for the generalized PREA training. Both documents were provided in the pre audit documentation and verified through interviews with contracting nurse.

115.35 (d): All medical staff assigned to the facility are contracted staff. They attend the same training as required mandated for employees by §115.31. They sign and acknowledge statement that they received this training.

Compliance was determined by review of the training curriculum, copy of certificate and acknowledgement statement and interviews with the nurse.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
SVAT completed within 72 hours
SVAT Re-Assessment within 30 days
SVAT completed in conjunction with Annual Classification Review

115.41 (a): GEO policy and facility policy 17.001, requires all offenders are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival or transferred to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 886 offenders assigned to the Heritage Trail Correctional Facility were assessed for their risk of victimization or abusiveness upon arrival. This includes offenders that transferred to the facility.

115.41 (b): Intake screening takes place within 24 hours of offenders' arrival to the facility. The process that is utilized includes part of the initial intake. Once the offender is searched, they receive PREA pamphlets and handbook. During that time the case manager or staff assigned to conduct the screening review the offenders file and meets with the offenders. During this meeting staff introduce PREA to the offender and explains the purpose of the screening with the residents. The offender is then asked to sign to acknowledge they have received the screening. If he offender has past history of victimization or predator behavior the screening staff completes a referral that is sent to the medical staff to refer to the mental health staff to set up a telepsychology interview with the resident. Medical is available during the screening process conducting a medical review and suicide screening.

115.41 (c):: Intake risk assessment are conducted by a Program Facilitator using IDOC's Intake Sexual Violence Assessment Tool (SVAT), an objective screening tool. The tool is then forwarded to the Classification Supervisor and the PREA Compliance Manager for review and recording in a Case Note in OCMS.

115.41 (d)(e): The screening includes the screener's thorough review of any available records available to assist with determining the detainee's risk assessment. The Intake Sexual Violence Assessment Tool was reviewed.

It contains:

- Whether the inmate has a mental, physical, or developmental disability?
- The age of the inmate?
- The physical build of the inmate?
- Whether the inmate has previously been incarcerated?
- Whether the inmates' criminal history is exclusively nonviolent?
- Whether the inmate has prior convictions for sex offenses against an adult or child?
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
- Whether the inmate has previously experienced sexual victimization?
- The inmate's own perception of vulnerability?
- Perpetrators of sexual abuse during incarceration?
- Prior conviction of violent offenses?
- History of Assaultive Conduct in DOC in the past 5 years?
- Institutional conduct of history for sexual behavior?

115.41 (f): Within a set time period, not to exceed 30 days of offenders' arrival to the facility, offenders are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool. In information provided on the Pre-Audit Questionnaire, 856 offenders entering the facility were reassessed within 30 days of arrival.

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

115.41 (h): Policy mandates that offenders are not be disciplined for refusing to answer any questions or for not disclosing complete information. Interviews with screening staff confirmed they would not discipline or coerce an offender to answer Screening questions.

115.41 (i): Only the facility administrator, PREA Compliance Manager, Program Facilitator, Case Managers and Classification staff have access to screening information.

Compliance was determined by interview with Case Managers and the PREA Compliance Manager and in review of random offender records the screening process is in place. In interview with offenders, they confirmed they were screened upon arrival to the facility and remembered being asked PREA questions again by their Case Manager.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Victim/Aggressor Likely Report from OIS

LGBTI Log
PREA Bed Locations Form
Transgender Care Committee SOF
PREA Reassessment of Transgender Offenders SOF

115.42 (a): GEO policy 5.1.2-A, explains the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders with those at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at risk offenders and possible predator offenders. The case manager supervisor and PREA compliance managers explained that prior to assigning an offender to a bed the intake staff Sargent reviews the open beds to determine the rooms that house at risk and possible predator offenders. This same information it utilized in programming and work assignments for offenders.

115.42 (b): Individualized determinations are made about how to ensure the safety of each offender. Offenders who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Offenders have an option of refusing these services. Those identified to be at risk are tracked on a Current Offenders Likely PREA Victims/Predators report maintained current on a shared drive in the Offender Information System (OIS).

115.42 (c): GEO policy and HTCF Policy 17.001 mandates that making housing and programming assignments for transgender or intersex offenders, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Offenders who self-disclose being gay, bisexual, transgender or intersex are tracked on a LGBTI List that is maintained by the PREA Compliance Manager. Transgender and intersex offenders are housed after meeting with the Transgender Care Committee (TCC). The PREA Compliance Manager, Chief of Security, Classification Supervisor and Health Services Administrator make up the TCC. The TCC would meet with the offender, complete a GEO Statement of Search/Shower/Pronoun Preference Form and documents the meeting on the Transgender Care Committee Summary. At the time of the on-site audit visit, there were no offenders who self-disclosed being transgender or intersex assigned to the facility.

115.42 (d) – (f) A transgender or intersex offender's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. Transgender and intersex offenders' placement and programming are reviewed as needed, but at least every six months. A transgender or intersex offenders' own views of their safety is taken into consideration. When the TCC meets with transgender or intersex offenders meet with the TCC they are given an opportunity to express their views.

Transgender and intersex offenders are offered the opportunity to shower separately from other offenders as indicated in their Statement of Search/Shower/Pronoun Preference Form .

GEO does not place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units or wings solely based on such identification. In interview with the one offender who self-disclosed being gay, he did not feel he was housed any differently because of his sexual orientation.

There was one offender who indicated he was gay. He indicated he felt safe at the facility. Three resident that claimed past victimization were interviewed. Each indicated they were offered an

opportunity to talk to a mental health professional. Two declined and one indicated he was interviewed by telepsychology and chose not to continue the sessions.

Compliance was determined by review of policy and forms and interviews with the PREA coordinator, PREA compliance manager, agency head, case manager supervisor, and facility administrator.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Statement of Fact
PAQ

115.43 (a): GEO policy and practice and HTCF Policy 17.001 were used to determine compliance to this standard. The facility does not have a segregation unit. All offenders requiring protective custody are transferred off grounds by the client to another IDOC facility. In cases when a offender was in imminent danger of sexual assault the facility would place the resident on one on one supervision in

the observation room located in medical until he could be moved to another IDOC facility. There have been no resident that have been moved due to imminent danger noted in the PAQ or in interviews with facility administrator.

115.43 (b) – 115.43 (e): These provisions of this standard are not applicable to the facility since HTCF does not have a segregation unit.

Based on the PAQ and interviews with the faciity administrator no resident has been referred to the client to be moved due to imminent danger of sexual abuse or sexual harassment.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

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

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
 HTCF Policy 17.001
 Offender Handbook
 PREA Brochure English/Spanish
 GEO Corporate Employee Reporting Instructions
 Incident Report-Report to Staff
 JPAY/GTL Reporting English/Spanish
 Employee Handbook
 ICADV

115.51 (a): GEO Corporate Policy 5.1.2-A and HTCF Policy 17.001 mandate that facilities provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the inmate to remain anonymous upon request. Offenders are informed in the Offender Handbook and in the IDOC Sexual Assault Prevention and Reporting brochure they can report to any staff member,

volunteer or contractor, file a grievance, complete a health care request, call the GEO PREA Coordinator or a third party can make a report for them.

The handbook specifically provides the following ways for offender to report:

- Report to any staff
- Write Directly to PREA Compliance Manager
- File a grievance
- Dial #80 on the offender phone
- Fill out a Health Care Request Form
- Anonymously in writing to the Ombudsman via privileged mail to remain anonymous
- Email through GTL kiosk to Ombudsman
- Third Party (friends/family)

Offender interviewed new of the multiple way to report. Most stated they would tell a staff member the trusted.

115.51 (b): The facility also provides multiple external ways for offenders to report allegations to a public or private agency that is not part of GEO. Offenders are informed on posted information they can dial #80 on an offender telephone to reach the TIPS Hotline for the Indiana Ombudsman Bureau. Calls to this number are not anonymous. Offenders are also given the mailing address to the Indiana Ombudsman Bureau and informed they can remain anonymous upon request of the offender and reports will be immediately forwarded to the facility. Offender can also email through GTL to Ombudsman. Offenders are also informed they can reach the Indiana Coalition Against Domestic Violence by speed dialing #66 on an offender telephone. At the time of the on-site audit visit, there were no offenders detained solely for immigration purposes.

115.51 (c): Staff interviewed were aware of the requirement to accept reports made verbally, anonymously and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person.

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

Compliance was determined by testing the telephone system, reviewing policies and procedure, posters, and the resident handbook. Compliance was also determined by interviews with residents, staff, shift supervisors, PCM, and facility administrator.

Standard 115.52: Exhaustion of Administrative Remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Offender Handbook
Grievance
Referral for OPR
Report of Investigation
Notice of Outcome
Offender Grievance Discipline
Emergency Grievance SOF
Corrective Action SOF

115.52 (a) GEO policy 5.1.2-A, HTCF Policy 17.001 provides a procedure in place for offenders to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise resident that they may file a grievance. The resident handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately forwarded to IDOC and GEO OPR. Because of the lag time in the investigation, review of the investigation and closing the investigation often exceeds the 90 days and on occasion exceeds the extension period a corrective action plan was formulated to make the offender aware that the grievance has been received and has been sent to IDOC for investigation.

115.52 (b): There is no time limit when an offender can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Offenders are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were five PREA related grievances filed.

115.52 (c): GEO and HTCF policy provides that offenders have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the

grievance will not be referred to the subject of the complaint. If a third party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level. The facility will notify the offender of the status of the investigation and notify the offender of the agency claim for an extension and the reason for the extension and have the offender sign acknowledgement after 90 days.

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

115.52 (f): GEO and HTCF policy provides offenders may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

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

Compliance was determined by review of the policies, grievances, investigations notification of outcome and corrective action plan. Complaints was also determined by interviews with grievance coordinator, IDOC PREA coordinator, PREA compliance managers, GEO PREA Coordinator and facility administrator.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Contract for Services
ICADV Posting English/Spanish

Offender Orientation PowerPoint
Acknowledgement of Receipt of Orientation
Offender Handbook
PREA flyer
Handbook/PREA flyer
Acknowledgement of Receipt of Handbook/Flyer

115.53 (a): GEO Corporate Policy 5.1.2-A and HTCF Policy 17.001 addresses the agency/facility’s policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse. The Heritage Trail Correctional Facility enables reasonable communication between the offenders and these agencies in a confidential manner.

115.53 (b): HTCF has a MOU through IDOC for a local advocacy group to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from the agency). Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Telephone calls to the advocacy group are not routinely monitored but will be reviewed if there is suspected misuse of the service. Offender handbook provides a phone number of the advocacy group and the advocacy groups address. The IDOC Sexual Assault Prevention and Reporting brochure that victims will be offered counseling from mental health staff and assistance from victim advocates. They are also informed on posted information they can contact the Indiana Coalition Against Domestic Violence (ICADV) by dialing #66 on an offender telephone or in writing and are given the ICADV mailing address.

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

Along with providing emotional support to offenders the ICADV also provides training on staff on victim advocacy services and emotional support services. The ICADV is part of the Coordinated Response Plan for the facility and part of the facility’s SART program.

Compliance was determined by review of the MOU, PREA flyer, handbook, and interviews with staff or ICASV and the facility PREA compliance manager.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
 HTCF Policy 17.001
 Third Party Reporting Posters, English/Spanish
 Website Posting- Third Party Reporting

115.54 (a): Reporting Posters are visible in the visitation room, lobby and is found in the inmate handbook. GEO provides Reporting system on GEO Website <http://www.geogroup.com/PREA> (Social Responsibility-PREA Certification Section) provides information on ways for third party reporting including anonymous reporting.

Family and friends can submit an email to IDOCPREA@idoc.in.gov or call the IDOC hotline at 1-877-385-5877. This information is posted in areas visible to staff and visitor Poster include anyone needed to report abuse/sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed.

Compliance was determined by review of the postings, contacting the websites and interviews with PREA coordinator, PREA compliance manager of facility administrator.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

HTCF Policy 17.001
GEO Corporate Policy 5.1.2-A
Staff training
Centurion specialized medical training.
Contractor training
Anonymous
Third Party
Indiana Vulnerable Persons
Staff Report

115.61 (a): GEO policy 5.1.2-A and HTCF Policy 17.001. mandates staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, facility executive staff or the IDOC Executive Director of PREA. In interview with random staff, volunteer, and contractors, they knew their reporting duties. Staff receive training on reporting. Centurion has developed and implemented a specialized training program for medical and mental health professionals that includes duties to report, State's vulnerable persons reporting duties and confidential reporting duties.

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

115.61 (c)(d): The facility utilizes Centurion Medical and Mental health services. Centurion specialized medical training includes medical staff are required to report sexual abuse and to inform offenders of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides reporting of a vulnerable adult under a State or local vulnerable persons statute, under applicable mandatory reporting laws. The facility does not house offenders under the age of 18. Medical and mental health staff interviewed confirmed this practice. The Nurse indicated that the offenders sign a statement that includes her limitation of confidentiality.

115.61 (e): In interview with the facility administrator and his executive team, the Heritage Trail Correctional Facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to facility investigators and to the IDOC Police and IDOC PREA coordinator. There are staff reporting posters located facility.

According to statement of fact there have been no reports from third parties, contractors or volunteers in the last 12 months. Compliance was determined by review of the policies, training curriculum and interviews with random staff, medical staff, and facility administrator. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all sections of this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
OIS Screenshot- Bed Locations
Referral for OPR

115.62 (a): GEO Corporate Policy 5.1.2-A and HTCF Policy 17.001 mandates when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental.

The PAQ and facility administrator confirmed that during the past 12 months there were no times it was necessary for the facility to take immediate action regarding an offender being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected an offender was at substantial risk of sexual abuse, he would immediately move the offender and investigate. Staff interviewed was aware of their responsibilities if they felt an offender was at risk for sexual abuse. Random staff and shift supervisor indicated the offender that was in imminent danger would be separated from the accuser and would be moved to the observation room in medical and placed on one on one status until it could be investigated and determine if the offender can be placed in another dormitory, if the staff needed to be placed on administrative leave, if the predator needed to be moved off the campus or if the victim needed to be moved pending the investigation. The facility administrator indicated this decision would be made in concert with IDOC.

Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility administrator, random staff and Major.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a):

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
PAQ
Statement of Fact

115.63 (a)-(c): GEO Corporate Policy 5.1.2-A and HCTF Policy 17.001 mandates on receiving an allegation that an offender was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The Facility administrator will notify the agency or facility head where the abuse is alleged to have occurred, but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the GEO PREA Coordinator.

115.63 (d): Interview with the facility administrator and PREA compliance manager they indicated along with notification to the sending facility director the facility administrator will notify IDOC PREA coordinator and IDOC police and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed by the facility investigator during the investigative process.

According to the PAQ and statement of fact there have been no allegation of offender being sexually abused while confined at another facility. Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head PREA coordinator and facility administrator.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
PREA First Responder Card
PREA First Responder SOF
Staff Training
Volunteer Training
Contractor Training
PAQ
Statement of Fact

115.64 (a): GEO Corporate Policy 5.1.2-A, HTCF Policy 17.001, and staff training requires that correction staff that are the first responders of a sexual assault shall:

- Separate the alleged victim and abuser,
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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,
- 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.
- Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities.
- Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.

115.64 (b): GEO Corporate Policy 5.1.2-A, HTCF Policy 17.001, and staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

All contracting and non-contact staff that were interviewed new their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time.

Compliance was determined by review of the policies and training and by interviewing non-contact staff during the onsite audit. As an auditor I randomly tour the administrative, classification area and educational areas and ask staff if I could ask them a question. After reminding them that they don't have the answer the questions I ask them, "what would you do if an offender came to you and said it was sexual assaulted". All staff were able to articulate they would follow the above requirements.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

HTCF Policy 17.001
GEO Corporate Policy 5.1.2-A
HTCF Coordinated Response Plan

115.65 (a): GEO Corporate Policy 5.1.2-A and HTCF Policy 17.001 mandates that facilities have a coordinated response plan. HTCF Coordinated Response Plan The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Coordinated Response Plan includes:

Action required after report of sexual abuse
Initial response
Shift supervisors Responsibility
Facility Crime Scene

Notification required when a sexual abuse is alleged

Evidence Protocol

Medical Response

Mental Health Response

Investigative Responsibilities

Responsibilities when sexual harassment is alleged

Responsibilities when sexual activity is alleged

Each of the above responses includes but not limited to staff, contractors, victim advocates, IDOC police, IDOC coordinator and GEO Coordinator.

A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, Lieutenants, the PREA Compliance Manager, the Lead Investigator, and members of the PREA Committee are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Union Agreement

GEO has an agreement with International union, security, policy and fire professionals of America. GEO policy states that GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. In interview with the agency head designee, he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with inmates pending the outcome of an investigation. Compliance was determined by review of the collective bargaining agreement and interviews with the agency head.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Protection from Retaliation Logs
Staff Retaliation SOF
Reports of Retaliation SOF

115.67 (a): GEO has as policy to protect offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy provides procedures to protect individual in GEO facilities. The PREA compliance manager has been appointed with the responsibility to carry out these procedures.

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

115.67 (c): Offenders who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of offenders is documented on the Protection from Retaliation Log. There were 10 monitoring logs reviewed by the auditor.

115.67 (d): GEO procedure also requires Monitoring of offenders includes periodic status checks. The PREA compliance manager was interview and indicted she reviews the monitoring logs on the data base on an ongoing basis and randomly will see the offender during tour to check on his status.

115.67 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official monitoring will end, she would continue to check on the offender for retaliation for making a report.

In interview with the PREA Compliance Manager and the Human Resource Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.

Compliance was determined by review of the monitoring logs, agency policy and procedures, investigative files and interviews with the retaliation monitor, agency head, and facility administrator.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A
HTCF Policy 17.001
Statement of Fact

115.68 (a): GEO Policy 5.1.2-A requires involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the offender. 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. The Heritage Trail Correctional Facility does not have a segregation unit. Offenders requiring protective custody will be transferred by the client to another IDOC facility. In information provided in the PAQ and statement of fact and in interview with the facility administrator, in the past 12 months there were no offenders who alleged sexual abuse required involuntary segregated housing.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure
HTCF Policy 17.001
HTCF PREA Tracking Log
Report of Investigation
PAQ

115.71 (a): GEO Corporate Policy 5.1.2-E and HTCF Policy 17.001 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Heritage Trail Correctional Facility, promptly, thoroughly, and objectively, including third party and anonymous reports. In the past 12 months there were 14 reports of sexual abuse or sexual harassment. All met the requirement of this standard.

115.71 (b): The facility has two trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators. Each of the investigators were interviewed and were extremely knowledgeable regarding conduct investigations in a confinement setting.

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

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

115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. An offender who alleges sexual abuse is not required to submit to a polygraph examination.

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

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the IDOC Police. Allegations will be tracked on the PREA Tracking Log.

115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire and in interview with facility investigators, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the IDOC Police. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation. There was one case that has been referred for investigation since the last audit in 2019.

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

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

115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required.

In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation. The facility and IDOC utilizes facility investigators, IDOC police and IDOC

Compliance was determined by review of the agency policy and procedures, training curriculum, PAQ, investigative reports and interviews with facility investigator and agency head designee, PREA coordinator and facility administrator

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E.
HTCF Policy 17.001
Report of Investigation
Investigator training curriculum

115.72 (a): Based on GEO policy and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.

Compliance was determined by review of policy, training curriculum, investigative reports and interview with trained investigators.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

HTCF Policy 17.001

Investigative Reports

Notice of Outcome of Investigations

Investigative Report -Outside Agency

Notice of Outcome - Outside Agency

115.73 (a): GEO policy 5.1.2-E, and HTCF policy 17.001, indicate that following an investigation of sexual abuse of an offender, the offender shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The offender receives a copy of the form, and a copy is forwarded to the PREA Coordinator office.

115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the offender.

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

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

115.73 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. At the time of publishing the PAQ there had been two (2) notification provided to the offender.

Compliance was determined by review of the investigative files, agency and facility policy and interviews with PREA compliance managers, investigators, and facility administrator.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Report of Investigation OPR
Display Employee Basic Data
Staff Discipline SOF
Reports to Law Enforcement SOF

115.76 (a): GEO Corporate Policy 5.1.2-A and HTCF Policy 17.001 establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.

115.76 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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

115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal.

In interview with the facility administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, no staff member was terminated or received any adverse action due regarding a PREA violation. There were no substantiated cases of staff-on-inmate sexual abuse. Staff training includes personnel policies involving violation of PREA standards or having any sexual activity with offenders.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E
GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Statement of Fact

115.77 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature.

Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.

115.77 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

During the previous year, there no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at HTCF. Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards. Also interviews with contractor and one volunteer and PREA compliance manger and facility administrator confirm compliance with this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-E
GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Statement of Fact
Conduct for Offender on Offender Sexual Activity

115.78 (a): According to GEO policy 5.1.2-E, and facility policy 17.001, if an offender is found guilty of engaging in sexual abuse involving another offender, either through administrative or criminal investigations, the offender will be subject to formal disciplinary sanctions. There were no disciplinary action during the last 12 months. There was one case of consensual sexual activity, and the offenders were transferred by IDOC.

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

115.78 (c): Based on GEO policy 5.1.2-E, and HTCF policy 17.001, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): GEO policy if the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The referring agency will determine if the offender will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. In interview of the HSA and the Mental Health Provider, they confirmed the facility does not provide counseling service or other interventions designed to address the reason or motivations for the abuse. At HTCF there is one full time nurse and a telepsychology program.

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

115.78 (f): GEO policy includes the provision that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The agency prohibits all sexual activity between offenders. Facilities may not deem that sexual activity between offenders is sexual abuse unless it is determined that the activity was coerced. There was one allegation of sexual activity that was investigated and found that it was consensual. The facility made a finding of substantiated, however, included it was not substantiated for a sexual abuse.

Compliance was determined by review of the facility and GEO policy, review of the conduct of sexual activity, review of an incident report and interviews with the investigator, PREA compliance manager and facility administrator.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Facility Intake SVAT ("YES" to Victim of Sexual Abuse)
Referral to MH
Electronic Medical Record (EMR)

115.82 (a): If during initial PREA screening, the offender reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the offender will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the offender discloses prior victimization not reported during initial screening, the PREA Compliance Manager will refer the offender to mental health for further evaluation. Medical and the Mental Health Provider, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, 100% of the offenders assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider. This will be arranged through telepsychology by the medical staff. Three offenders claimed past experiences of victimization. All were referred to the mental health and a time was allotted for them to see the mental health staff through telepsychology. All three were interviewed by the auditor. Two declined the services and one was seen by the mental health staff by telepsychology.

115.81 (b): Any offender who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will offered a follow meeting with medical or mental health within 14 days of the screening. There were no offender that claims he perpetrated a sexual abuse.

115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise federal, state or local law.

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

Based on interview with medical provider that coordinates for mental health services offenders who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are being obtained.

Compliance with this standard was based on policies, mental health referrals, interview with the medical administrator, intake staff and PREA compliance manager.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Coordinated Response Plan
Hendricks Regional SAFE/SANE Services
Contract with ICADV
Victim Advocacy Posting English/ Spanish
SART Lesson Plan
Statement of Fact

115.82 (a): GEO Corporate Policy 5.1.2-A, HTCF Policy 17.001 and the coordinated response plan provide a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. At HTCF there are no full time medical and mental health at the facility. The facility would transport the offender to Hendrick regional for emergency care and SANE services as indicated. The facility transport offenders to other IDCO facilities for other services.

115.82 (b): All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. Offender victims of sexual abuse are referred to Hendrick's Regional Health for SANE exams. ICADV would be notified and report to the medical center for victim advocacy services and crisis intervention if needed.

115.82 (c): Offender victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Medical staff indicated that is part of the SANE process and she would follow up when the offender returns to the facility.

115.82 (d): Based on review of GEO policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance was determined by review of the coordinated response plan, MOU with Hendrick's Regional Health, and MOU with ICADV. Compliance was also determined by interviews with nurse, first responders, random staff, PREA compliance manager and facility administrator. The facility provide a statement of fact that there has been no sexual assault that rose to the level of transport for emergency treatment of SANES.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Mental Health Exam
Healthcare Charges SOF
Inmate Handbook

115.83 (a): The facility offers ongoing medical and mental health care to all offenders who have been victimized by sexual abuse. The facility utilizes telepsychology services. There is a private office for zoom conferences with patient.

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

115.83 (c)(d): The facility houses male offenders only; therefore, these provision of these standard is not applicable to this facility.

115.83 (f): According to interview with the nurse offender victims will be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g): Health Care co -pays (Executive Directive #97 -28) apply to Nursing Sick Call and will be applied as "inmate initiated contact". \$5 co -pay will be charged for all inmate initiated healthcare requests and an additional \$5 will be charged for medication prescribed during the healthcare visit unless the visit is initiated by the medical department. The referrals for mental health or medical service would be initiated by medical and thus would be no charge. The facility administrator provided a statement of fact that there are not charges for offenders that are seeking treatment for victimization, sexual abuse, or sexual activity.

115.83 (h): GEO policy and practice is for the facility to attempt to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. This would be completed by telepsychology.

The center does not have mental health staff at HTCF and does not house offenders with mental health history. They do provide telepsychology and would provide follow up treatment with resident that had a history of victimization or were victims of sexual abuse until they were transferred to an appropriate facility if indicated by

the mental health staff. The ICADV are part of the Indiana Coalition and would make referrals for offenders that needed follow-up treatment when leaving the center.

Compliance was determined by review of the GEO policy, interviews with victimized offenders, nurse, PREA compliance manager and facility administrator.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001
Report of Investigation
After Action Reviews
PAQ

115.86 (a): GEO policy 5.1.2-A, requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. At the time of the PAQ there was one closed investigations that included an incident review team meeting. At the time of the three additional incident review teams meeting had accord. It was noted in the investigation review all investigations that had closed has been followed by an incident review team meeting. GEO refers Incident Review Team as After action reports. The After action reports contains all of the element of an incident review team meeting.

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

115.86 (c): The Incident Review Committee consists of the facility administrator, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor and the nurse, and the PREA Coordinator may attend via telephone or in person.

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

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

The facility was found to exceed compliance This exceed compliance was based on review of after action reports (IRT) and by interview with the PREA Compliance Manager, and other Incident Review team members. When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility does after action reports on Sexual harassment when substantiated.

Standard 115.87: Data collection

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

115.87 (a):

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate Annual Report
HTCF PREA Tracking Log
GEO Corporate Policy 5.1.2-A
HTCF Policy 17.001

115.87 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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

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

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

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

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

The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy. The review of the log and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate PREA Procedure 5.1.2-A
HTCF Policy 17.001
GEO Annual PREA Data Report
IDOC Annual PREA Data Report

115.288 (a): GEO reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.

115.288 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

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

Indiana Department of Corrections annual report was also reviewed. It had recommendation in 2018, however, there were no recommendations for improvement in 2019 when the last PREA audit was completed. The auditor randomly reviewed GEO data from 2019 to 2020 for Staff on Inmate abuse at HTCF. It was found that in 2019 there were a total of 14 allegation of staff on offender sexual abuse. The investigation was ongoing on 3, the investigation had 2 allegations that were substantiated 4 allegations that were unsubstantiated and 5 that were unfounded. In 2020 there were 7 allegations of staff on inmate abuse at HTCF. The investigation was ongoing on 1 was substantiated on 1 was unsubstantiated on 3 and 2 were unfounded. There were no recommendations noted on HTCF annual reports.

Exceed compliance of this standards was determined by reviewing annual reports for IDOC and GEO, review the facility policy and interviews with the PREA coordinator and PREA compliance manager. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report a detailed look at PREA in action in GEO facilities.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Corporate PREA Procedure 5.1.2-A
HTCF Policy 17.001
GEO Annual PREA Data Report
IDOC Annual PREA Data Report

115.289 (a): GEO policy 5.1.2-A ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A

115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>. A review of the website confirmed that the agency has PREA reports from 2017 until 2020 uploaded in the above website.

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

115.289 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years.

Compliance was determined by review of three (3) annual report, corporate policy and interview with the Agency PREA Coordinator.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

115.401 (a): GEO policy 5.1.2-C , require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of The HTCFC was conducted in March 2016 by a DOJ certified PREA auditor. The second audit was conducted in April 2019 by a DOJ Certified auditor. This is the third audit of this facility and is being conducted by a certified PREA auditor. This auditor's recertification was effective January 1, 2022. This is the third certification or recertification of this auditor.

115.401 (b): According to GEO's PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3 year cycle. This is the third year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.

115.401 (h): During the audit, I was allowed access to all areas of Heritage Trail Correctional Facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.

115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.

115.401 (m): I interviewed all staff on duty on the for the first 24 hours of the audit. and random sample of offender during the onsite audit. No offender declined to be interviewed and the facility did not prohibit me from interviewing offenders selected for interview. Interviews were conducted in a private area of the facility.

115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on January 4, 2022.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.403 (f): Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public. The reports from 2016 and 2019 were located on the GEO website and reviewed by the auditor.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Robert Manville

March 26, 2022

Auditor Signature

Date

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

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