

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

Interim Final

Date of Report February 15, 2023

Auditor Information

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Mailing Address: 1145 Eastland Avenue	City, State, Zip: Akron, Ohio 44305
Telephone: 330-618-7456	Date of Facility Visit: June 14-17, 2022

Agency Information

Name of Agency: The GEO Group Inc.		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33431	
Mailing Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33431	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

Agency Website with PREA Information:
www.geogroup.com Social Responsibility Section

Agency Chief Executive Officer

Name: Jose Gordo	Title: Chief Executive Officer
Email: jgordo@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator/Compliance Manager

Name: Trina Maso de Moya	Title: Senior Director, Contract Compliance
Email: tmasodemoya@geogroup.com	Telephone: 561-999-8116
PREA Coordinator/Compliance Manager Reports to: Ryan Seuradge, Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator/Compliance Manager 84: 49 Detention Facilities and 35 Reentry Facilities

Facility Information

Name of Facility: New Castle Correctional Facility			
Physical Address: 1000 Van Nuys Road, New Castle, Indiana 47362			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 715-593-0111			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care			
Facility Website with PREA Information: https://www.geogroup.com/prea			

Warden/Superintendent

Name: Mark Sevier	Title: Facility Administrator
Email: msevier@geogroup.com	Telephone: 765-593-0111

Facility PREA Compliance Manager

Name: Greg Pearson	Title: PREA Compliance Manager
Email: gpearson@geogroup.com	Telephone: 765-593-0111

Facility Health Service Administrator

Name: Emery McAlear	Title: Health Services Administrator
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Email: emcalear@teamcenturion.com	Telephone: 765-593-0111
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Facility Characteristics

Designated Facility Capacity: 3196	Current Population of Facility: 2,336 (first day of audit)
Number of inmates admitted to facility during the past 12 months	1,356
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1,356
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1,356
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	Youthful Inmates Under 18: 0 Adults: 18-90
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	0
Average length of stay or time under supervision:	20 months
Facility security level/inmate custody levels:	minimum, medium, maximum
Number of staff currently employed by the facility who may have contact with inmates:	239
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	35
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	144

Physical Plant

Number of Buildings: 21	Number of Single Cell Housing Units: 11
Number of Multiple Occupancy Cell Housing Units:	8
Number of Open Bay/Dorm Housing Units:	44
Number of Segregation Cells (Administrative and Disciplinary):	84

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The facility has an electronic video surveillance system that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, intake, housing units, and within the mental health cells. The cameras are viewed by the main control center and administration. The housing unit officer can view the cameras for that specific housing unit. The facility installed cameras in the kitchen including within the side prep, wash room, and baking room; in the L unit; annex interior, and annex exterior. Cameras were replaced within the mental health cells. The electronic video surveillance system has recording capabilities.

Medical

Type of Medical Facility:	The facility has full-time medical and mental health staff 24/7.
Forensic sexual assault medical exams are conducted at:	Local hospital
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	144 contractors, 55 volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the New Castle Correctional Facility (NCCF) in New Castle, Indiana, a facility under the operation of the GEO Group Inc. was conducted on June 14-17, 2022, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols. The Agency houses sentenced adult male offenders for the Indiana Department of Correction. The offenders housed in general population (medium security) are mostly sex offenders. Other populations are geriatric (medium security), mental health inpatient (maximum security), protective custody (medium security), and a transition unit (minimum security).

The audit process began with communication between the Agency's Contract Compliance Manager and the Auditor in March 2022. The Auditor explained the audit process detailing that audit compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The Agency and Auditor discussed proposed audit dates, a date was determined when the audit could be accomplished safely for the staff, inmates, and Auditor within the Agency's COVID protocols. The Auditor continued communication through emails and conference calls with the Agency's Contract Compliance Manager and the facility's PREA Compliance Manager until the on-site audit. The audit date was set for June 2022. Prior to the on-site visit, the Auditor and the Agency's Contract Compliance Manager and facility's PREA Compliance Manager discussed the on-site visit, the audit schedule, and the COVID pandemic measures in place, and the safety requirements to enter the facility. The on-site audit was extended from three to four days in order to complete the required interviews and documentation review.

The Auditor provided the PREA Audit Notices to the Agency on April 28, 2022. The Agency provided the PREA Audit Notices to the facility on May 5, 2022 with instructions to post on brightly colored paper throughout the facility including lobby, visitation, dining room, kitchen, housing units, recreation areas, chapel, and administrative areas. On May 13, 2022, the PREA Compliance Manager forwarded photos of the PREA Audit Notices posted throughout the facility and informed the Auditor the PREA Audit Notice was also placed on the inmate tablet system. The Auditor observed the postings throughout the facility during the tour of the facility.

The Auditor received notice that the Pre-Audit Questionnaire (PAQ) was submitted by New Castle Correctional Facility and ready for review on May 13, 2022. The PREA Pre-Audit Questionnaire and documentation included relevant policies and procedures and supporting documentation to demonstrate compliance for each standard. After the review of the Pre-Audit Questionnaire and documentation, the Auditor emailed the Agency a PREA Issue Log requesting further documentation for clarification and review on various standards on May 27, 2022. Information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

The Auditor reviewed the Agency's PREA information on the GEO Group Inc website under the Social Responsibility Section, Quality Compliance as part of the pre-audit documentation review;

<https://www.geogroup.com/PREA>. On the home page of the Agency is a link for the Agency's Prison Rape Elimination Act Disclosure. The website includes general PREA information, GEO's zero tolerance policy, how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility or program, employee reporting options, investigations, PREA policy, PREA Investigations Policy, DOJ Final Standards, and a link to the PREA Resource Center. The website has links to the Agency's PREA Reports for the facilities under their responsibility. The website lists the Contract Compliance Directors' contract information for any PREA program questions. The website directs the public to contact the Facility Administrator's Office in the facility and/or the Agency's PREA Coordinator to report an allegation of sexual abuse and/or sexual harassment. THE 2017-2021 PREA Annual Reports are posted for review. The Auditor also reviewed the New Castle Correctional Facility's webpage under the Indiana Department of Correction. This webpage provides the Sexual Abuse Prevention Policy and how to report an incident of sexual abuse and/or sexual harassment by calling the phone number provided or emailing IDOCPREA@idoc.in.gov. The Auditor contacted Just Detention International for any information regarding the facility; none was noted.

The Agency's policies utilized for the policy and procedure review and documentation were:

- 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
- ADM 021.03 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

The facility policy utilized for the policy and procedure review and documentation was:

- 17.001 Sexual Abuse Prevention

On May 27, 2022, the Auditor requested the following information be provided: the daily population report, staff roster to include all departments (include title, shift, and good days), offender roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of offenders with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) offenders, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of offenders that reported sexual abuse, list of disabled and limited English proficient (LEP) offenders, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance, hotline). The facility provided the requested facility information the evening before the audit. This information was utilized to establish interviews schedules for the random selection of offenders and staff to be interviewed (random and specific interviews protocols).

Before the start of the audit, an in-briefing meeting was held. In attendance were the Facility Administrator, Assistant Facility Administrator Operations, Assistant Facility Administrator Programs, PREA Compliance Manager, Compliance Administrator, Executive Administrator, Chief of Security, and the Indiana Department of Correction's PREA Coordinator. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and daily practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations of facility

practices and the physical plant during the facility tour, documentation review, and conducting both staff and offender interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the PREA Compliance Manager, Executive Administrator, and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed correspondence was received from six offenders and the Auditor would be interviewing each of the offenders. Upon review of the offender roster, one offender had been released and one offender refused the interview. The PREA Compliance Manager was the key facility staff during the audit. Other administrative staff had limited involvement in the audit.

The facility's staff provided information to the Auditor regarding the facility and the audit period. It was shared that during the audit period there were 66 reported allegations, no cross-gender searches occurred, and no inmates were placed or housed in segregation housing for risk of victimization. The facility had a vacancy rate of 43% and was covering mandated posts through overtime.

The facility tour occurred over all four days of the audit. The Auditor interviewed staff and offenders within each housing unit while touring the facility to limit facility movement. Follow-up observations, interviews, and documentation review occurred throughout the on-site audit. The housing units, program areas, staff break room service areas, recreation, warehouse, education, medical, offender dining room, kitchen, chapel, commissary food service, control center, medical, visitation, reception and discharge, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA Audit notices, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations and viewing areas. Blind spots were identified in the quiet rooms (used for inmate housing) in the housing units. The quiet rooms are in the corner of the housing units with limited line of supervision by line staff and supervisors. The facility provided a quote for cameras to be installed for observation in the quiet rooms to allow constant supervision and eliminate the blind spots. The facility expanded the rounds requirement for housing unit officers to make a minimum of two security checks per hour instead of one check per hour for housing units with quiet rooms. The post order directive also requires the sergeant to make two rounds in the housing units with quiet room per shift instead of one check. Documentation of rounds was provided to demonstrate compliance. A blind spot was identified in the right corner of the dental clinic behind the last divider. The facility installed a mirror in the dental area that provided a line of sight into the right corner of the dental clinic eliminating the blind spot. The facility provided photos of the mirror installed to demonstrate compliance. Potential cross-gender viewing was identified through cameras/monitors in the mental health control center of the offender's cells and two infirmary cell showers. The mental health housing units have cameras in all the housing cells. The mental health housing unit control center is a male specific post, however, during breaks female staff cover the post. This creates cross-gender viewing of the mental health cells through the monitors by female staff as observed during the on-site audit. In housing unit 400/200, the control desk monitor is visual to all staff in the area allowing cross-gender viewing into the inmate's cells. During the audit, female staff were standing around and behind the control desk allowing visibility to the monitors and cross-gender viewing. The Chief of Security discontinued the assignment of female posts with camera access to cells in the mental health unit. The facility installed privacy screens on the computer screens at the officer's station in the mental health unit to aid in the prevention of cross-gender viewing. The post order was revised to prohibit the assignment of cross-gender staff to posts with video surveillance of inmates using bathroom facilities and to prohibit staff from placing themselves in a position which would allow for viewing of computer screens of those housing areas. The instructions were shared

with staff through the daily shift briefings. The updated post order language and the staff instructions from the shift briefing were provided to demonstrate compliance. Two infirmary cells provide viewing into the showers. The facility frosted a portion of the medical cell windows eliminating the cross-gender viewing potential and provided photos to demonstrate compliance. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones allow the offender to call without entering identifying information. A posting informs the offenders, "Offender telephone calls maybe monitored and/or recorded." The phone calls to the Indiana Collation of Domestic Violence are always recorded.

During the facility tour, the Auditor spoke to random staff and offenders regarding PREA education, reporting methods, response to an allegation, and facility practices. The Auditor observed cross-gender announcements made when entering housing units. The housing units have PREA information posted strategically in the housing units providing offenders readily accessible PREA information was also available to inmates through the Indian Department of Correction Offender Handbook, the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure, and on offenders' tablets. All information is provided in English and Spanish. The PREA educational information available on the offenders' tablets and on the KIOSK includes the zero-tolerance, PREA policy, the poster Reporting Options with reporting options and contact numbers, and a link to the Ombudsman. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks did not document unannounced rounds were conducted by immediate line supervisors. The facility provided logbook entries to demonstrate unannounced rounds were conducted for the period on November 13 through December 5, 2022.

All required facility staff and offender interviews were conducted during the on-site four-day audit. The offender interviews were held in offices or a private location within the housing unit that afforded privacy for the interviews. Staff interviews were held in offices or a private location within the housing unit or in an administrative office which afforded privacy for the staff interviews. The Auditor utilized the PREA Auditor Handbook table for offender interviews for determination of interviews to be held at the facility. Offender interviews were based on the offender population size of 1,001 to 2,500 offenders; a requirement of 40 offender interviews with at least 20 from the target groups and 20 random interviews. Fifty (50) offenders were interviewed for 78 interview protocols and forty-three offenders were informally interviewed during the facility tours, (4% of the 2,336 inmate population). The random interviews were selected by the Auditor from the housing rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (22), blind/vision impaired (3), limited English proficient/Spanish (4), bi-sexual (1), transgender (7), reported sexual abuse/harassment (6), and disclosed prior sexual victimization (7). Six offenders refused interviews. Interviews were not conducted for youthful offenders; the facility houses only adult offenders. There were no offenders placed or housed in segregation housing for risk of sexual victimization during the audit period. The offenders interviewed acknowledged they had been screened during the intake process, PREA education was provided which began at intake, and they knew the methods to report. Inmates also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. Although the offender population stated they felt safe at the facility, they also stated that staff do not accept PREA allegations. They are told they will be disciplined or directed to report other ways. Some of the offender population does not feel staff would take the appropriate actions to protect them from sexual abuse or sexual harassment.

A total of fifty-one (51) formal staff interviews were conducted and an additional forty-one (41) informal staff interviews were also conducted during the facility tours. Staff were randomly selected from each of the two shifts (12). Additionally, specialized staff were interviewed including the Agency Head, Agency's PREA Coordinator, Facility Administrator, PREA Compliance Manager, Intermediate-Higher Level Staff (6), Cross-Gender Searches (3), Medical and Mental Health (4), Human Resources (1), Volunteers (2), Contractors (6), Investigator (1), Staff Who Perform Risk Screening (2), Staff who Supervises Segregated Housing (1), Incident Review Team (3), Staff Who Monitor for Retaliation (2), First Responders (2), and Intake staff (2). The Agency Head and the Agency's PREA Coordinator interviews were provided through the Agency conducted by another PREA certified Auditor. They were available for follow-up questions. An interview with a contract monitor was not held, the facility does not contract to house inmates with another agency. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

An interview after the on-site audit was held with a representative from Anderson City Vincent hospital regarding the SANE services. An interview was conducted with an emergency nurse from Anderson City Vincent regarding SANE services. She stated the hospital has SANEs on staff if one was not scheduled or on duty, a SANE would be called in to conduct the exam. The Auditor made numerous attempts to interview a representative from the Indiana Coalition Against Domestic Violence regarding emotional support services. All attempts and messages left went unanswered.

There were sixty-six (66) allegations reported of sexual abuse and sexual harassment during the audit period. Twenty-one reported allegations were inmate-on-inmate sexual abuse, nine were staff-on-inmate sexual abuse, twelve were inmate-on-inmate sexual harassment, eighteen were staff-on-inmate sexual harassment, five were staff-on-inmate voyeurism, and one was a report of inmate-on-inmate sexual abuse reported by another agency to New Castle Correctional Facility. Of the twenty-one inmate-on-inmate sexual abuse, the investigative outcomes were four unfounded, ten unsubstantiated, three substantiated, and four open investigations. Of the nine staff-on-inmate sexual abuse, the investigative outcomes were four unfounded, two unsubstantiated, two substantiated, and one open investigation. Of the twelve inmate-on-inmate sexual harassment, the investigative outcomes were one unfounded and twelve unsubstantiated. Of the eighteen staff-on-inmate sexual harassment, the investigative outcomes were four unfounded, seven unsubstantiated, and seven substantiated. Of the five staff-on-inmate voyeurisms, the investigative outcomes were all unfounded. The one allegation reported to New Castle Correctional Facility from another facility was inmate-on-inmate sexual abuse, the investigative outcome was unsubstantiated. Two sexual abuse cases were criminal in nature and referred to Indiana Department of Correction for investigation; one was an inmate-on-inmate and the other a staff-on-inmate case. Both cases were referred by the IDOC for prosecution, the prosecutor's office declined both cases. A review of sixteen investigative files was conducted by the Auditor.

The Auditor reviewed fifteen inmate files for education and risk screening, sixteen investigative files; ten staff, one volunteer, and five contractors personnel files for training records, hiring selection, and backgrounds.

An exit meeting was conducted by the Auditor at the completion of the on-site visit with the PREA Compliance Manager. While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and requested further documentation needed to demonstrate compliance with nine standards. Standards 115.13, 115.15, 115.16, 115.21, 115.22, 115.33, 115.35,

115.62, and 115.81 could not be cleared at the end of the on-site audit process. Standard issues and recommendations will be addressed under the appropriate standard in the narrative section. The Auditor shared most of the inmate population stated they felt safe at the facility, and also stated that staff do not accept PREA allegations. They are told they will be disciplined or directed to report other ways. The offender population does not feel staff would take the appropriate actions to protect them from sexual abuse or sexual harassment. The Auditor also shared that staff were professional and well trained in their PREA knowledge and responsibilities. The Auditor thanked the PREA Compliance Manager for his and the facility's work and commitment to the Prison Rape Elimination Act.

During the corrective action period, the Agency's Compliance Manager, the PREA Compliance Manger left employment. The Auditor had to continue working with Agency staff to try and obtain corrective action plans and documentation to demonstrate compliance. Documentation of compliance for the outstanding standards was provided to the Auditor through email. The final documentation received to complete the corrective action period was received by the Auditor on January 30, 2023. The documentation included updates to the policies and procedures, training records, and the other required documentation that demonstrated standard compliance. The facility achieved compliance. No further action was necessary.

The Auditor based the decision of standard compliance on the data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and inmates; staff and inmate file reviews; review of investigative files, and the Agency and facility's policy and practices review.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

Facility Characteristics

The New Castle Correctional Facility is a minimum, medium, and maximum custody security facility operated by GEO Group Inc. under a contract with the Indiana Department of Correction. The offenders housed in general population (medium security) are mostly sex offenders. Other populations are geriatric (medium security), mental health inpatient (maximum security), protective custody (medium security), and a transition unit (minimum security). The facility does not house females or juveniles/youthful offenders. The facility's design capacity is 3,196. The offender population was 2,336 on the first day of the audit. The average daily population for the audit period was 2,961. There were 1,356 admissions in the last twelve months and all 1,356 offenders were housed longer than 30 days. The facility is accredited through the American Correctional Association.

The facility is comprised of 21 buildings which consists of four buildings outside the secure perimeter and 15 buildings within the secure perimeter. Outside the secure perimeter is the administrative building, warehouse, maintenance, and L Unit. The L Unit houses minimum security offenders who work outside the security perimeter (warehouse, maintenance). The L Unit is comprised of two dorms. Within the secured perimeter are 15 buildings consisting of 13 housing units, recreation building, and a general multi-purpose building. The general multi-purpose building has all the support services (kitchen, inmate dining room, commissary, central laundry, medical, infirmary, and receiving /discharge area),

programming (education, library/law library, chapel), infirmary (10 cells), and the six mental health housing units (maximum psychiatric units). Ten of the housing units consist of 4 dorms centered around an officer's post (B, C, D, E, F, G, H, I, J, K). Two housing units (M, O) of 4 pods, each pod with 32 2-person cells. The other housing unit consists of two dorms (A) around an officer's desk. Entrance into the secure section of the facility is through a sallyport controlled by the main control center. The housing units have different housing alternatives:

- Housing Unit A – Assisted Living
- Housing Unit B – General Population
- Housing Unit C – General Population
- Housing Unit D – General Population
- Housing Unit E – General Population
- Housing Unit F – General Population
- Housing Unit G – Purposeful Living (Community Service, Character Development, Life Purpose), Plus Program, and Inmate Suicide Watch
- Housing Unit H – Veterans Unit
- Housing Unit I – Release Unit
- Mental Health J – Mental Health
- Housing Unit K – Intake Unit
- Housing Unit M – Statewide Protective Custody
- Housing Unit O – Transition Housing

The dorm housing units all have the same design. As you enter the housing unit there are staff offices in the hallway, an officer's station, and two dorms on each side of the officer's station. The celled housing units have the same design other than the pods are celled housing instead of dorms. Each pod has a dayroom that is in the front of the pod contains tables/seats, televisions, and phones. PREA information is strategically posted in the housing units by the phones and on the bulletin boards, the Reporting Options and the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure. PREA information was also available to inmates through the Indian Department of Correction Offender Handbook, the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure, and on offenders' tablets. All information is provided in English and Spanish. The PREA educational information available on the offenders' tablets and on the KIOSK includes the zero-tolerance, PREA policy, the poster Reporting Options with reporting options and contact numbers, and a link to the Ombudsman. A posting informs the offenders, "Offender telephone calls maybe monitored and/or recorded." The phone calls to the Indiana Collation of Domestic Violence are always recorded. In the dorm restroom areas are showers, toilets, urinals, and sinks. The bathroom area is behind a half wall that provides privacy eliminating the opportunity for cross-gender viewing, including privacy curtains on the showers. In each of the dorms, there is one camera located in a corner that provides a complete view of the area. The cameras are viewed at the housing unit officer's station and the main control center. The Auditor observed the camera monitors and there was no cross-gender viewing within the dorms; the half wall provides privacy for the bathroom from the camera view. There is an intercom in each dorm and cell that contacts the housing unit officer's station.

The receiving/discharge area has four single cells utilized for special observation, medical isolation, and holding until an inmate is screened and classified and two group holding cells. Cameras are in the general area and not within the holding cells. The infirmary has ten cells, three single cells and seven 4-bed cells,

and a dayroom. The Recreation Building consists of an open gym, weight room, multipurpose room, and bathroom. The bathroom has dividers between toilets and swing doors. The education area has seven classrooms with an open design and windows allowing visual supervision from the hallway. There is always a teacher in the classroom. The medical area consists of a dental clinic, physical therapy, and infirmary. The vocational area contains training class areas for logistics, computer lab, CORE construction craft skills, horticulture with greenhouse, facility maintenance, and building trades. All the class areas provide clear supervision sight lines and no blind spots. A mirror was suggested for the horticulture greenhouse. The kitchen has areas for veg prep, baking area, pots and pans, coolers, and food lines. There are cameras within the coolers and throughout the kitchen area. The coolers were not locked, and the Auditor suggested the coolers should always be locked when not in use. The chapel and commissary both had clear supervision sight lines without blind spots. The maintenance and warehouse departments are outside the secure perimeter with no identified blind spots. The maintenance area has eight to ten offender workers, and the warehouse has two offender workers. There is PREA information posted in both areas.

The facility has 446 staff assigned to the facility operations. The security section has 382 posts which include an Assistant Facility Administrator Operations, Chief of Security, Security Manager, Shift Captain (4), Lieutenants (9), Sergeants (29), and officers (337). The facility operates two twelve-hour shifts. There is at least one female officer per shift. Sergeants are assigned to a group of housing units they are responsible for overseeing supervision and day-to-day operations of these units. There are two officers assigned to each housing unit, one at the officer's station and one conducting rounds. Supervision is provided through officers making random security rounds throughout the housing units. These rounds are documented on the housing unit log. Unannounced rounds are conducted by the sergeant responsible for supervision of the housing unit. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks did not document unannounced rounds were conducted by immediate line supervisors. The facility provided logbook entries to demonstrate unannounced rounds were conducted for the period on November 13 through December 5, 2022.

The facility utilizes contractors from five companies to provide offender services. The facility must maintain a core base of contractors (84) for operations, listed as embedded contractors per the contract language. The five companies are Aramark for food service; Oakland City University (IVY Tech) educational instructors; Midwest Psychological for various positions in programming, case management, and administrative clerks; Action Temporary for laundry, mail room, and case management; and Centurion for medical and mental health staff.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of offenders, visitors, and staff inside and out of the building. The cameras are strategically placed inside the secure perimeter in corridors, visiting area, sallyport, intake, programming, service, and housing areas. The cameras are viewed by the main control centers and administration. The housing unit cameras can be viewed by the housing unit officer at the officer's station. The Agency has added cameras in 2022 to the yard and kitchen and in 2021 to the dining rooms, kitchen, and outdoor recreation.

The facility is managed by a Facility Administrator, Assistant Facility Administrator Operations, and Assistant Facility Administrator Programs.

Summary of Audit Findings

The PREA Audit of the New Castle Correctional Facility found forty-five (45) standards in compliance with six of those standards exceeding the requirement of the standard. These standards are: 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator, 115.17 Hiring and Promotion Decisions; 115.31 Employee Training; 115.32 Volunteer and Contractor Training, 115.41 Assessment for Risk of Victimization and Abusiveness, and 115.67 Agency Protection Against Retaliation. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

Number of Exceeds Standards: 6

- 115.11 Zero Tolerance of Sexual Abuse; PREA Coordinator
- 115.17 Hiring and Promotion Decisions
- 115.31 Staff Education
- 115.32 Volunteer and Contractor Training
- 115.41 Assessment for Risk of Victimization and Abusiveness
- 115.67 Agency Protection Against Retaliation

Number of Standards Met: 39

- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.13 Supervision and Monitoring
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.18 Upgrades to Facilities and Technologies
- 115.21 Evidence Protocols and Forensic Medical Examinations
- 115.22 Policies to Ensure Investigation of Allegations for Investigation
- 115.33 Inmate Education
- 115.34 Specialized Training: Investigations
- 115.35 Specialized Training: Medical and Mental Health Care
- 115.42 Use of Assessment Information
- 115.43 Protective Custody
- 115.51 Inmate Reporting
- 115.52 Exhaustion of Administrative Remedies
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Agency Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Staff First Responder Duties
- 115.65 Coordinated Response
- 115.66 Preservation of Ability to Protect Inmates from Contact with Alleged Abusers

- 115.68 Post-Allegation Protective Custody
- 115.71 Criminal and Administrative Investigations
- 115.72 Evidentiary Standard for Administrative Investigations
- 115.73 Reporting to Inmates
- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Offenders
- 115.81 Medical and Mental Health Assessments, History of Sexual Abuse
- 115.82 Access to Emergency Medical and Mental Health Services
- 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse
- 115.86 Sexual Abuse Incident Reviews
- 115.87 Data Collection
- 115.88 Data Review for Corrective Action
- 115.89 Data Storage, Publication, and Destruction
- 115.401 Frequency and Scope of Audits
- 115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

A corrective action period was initiated allowing time for the facility to correct the identified deficiencies during the pre-audit and the on-site audit. The PREA Compliance Manager and Auditor discussed compliance methods for compliance. Documentation of compliance for each outstanding standard was provided to the Auditor through email as each standard compliance was reached from the PREA Compliance Manager and then the Agency's Compliance Manager. With the last documentation submitted on January 30, 2023. A summary of compliance is provided in this section; further detail is provided under each standard narrative.

115.13 (d) Supervision and Monitoring

- The review of the housing unit logbooks did not demonstrate the documentation of unannounced rounds.
 - The facility provided refresher training on the requirement of documenting the unannounced rounds. The facility provided logbook entries to demonstrate unannounced rounds were conducted for the period on November 13 through December 5, 2022. The facility met substantial compliance with the standard.

115.13 Supervision and Monitoring

- The quiet rooms were identified by line staff and supervisors as blind spots for supervision and as a location identified as a trend for allegations. The Auditor identified the quiet rooms used for inmate housing as blind spots. The dental clinic has a blind spot in the right rear corner behind the last divider created by cabinets/workstation.
 - The facility provided a quote for cameras to be installed for observation in the quiet rooms to allow constant supervision and eliminate the blind spots. The facility expanded the rounds requirement for housing unit officers to make a minimum of two security checks per hour instead of one check per hour for housing units with quiet rooms. The post order directive

also requires the sergeant to make two rounds in the housing units with quiet room per shift instead of one check. Documentation of rounds was provided to demonstrate compliance. The facility installed a mirror in the dental area that provided a line of sight into the right corner of the dental clinic eliminating the blind spot. The facility provided photos of the mirror installed to demonstrate compliance. The facility met substantial compliance with the standard.

115.15(d) Limits to Cross Gender Viewing and Searches

- Potential cross-gender viewing was identified through cameras/monitors in the mental health control center of the offender's cells and two infirmary cell showers. Medical cells N4 and N5 allow cross-gender viewing of the shower which is located directly across from the cell window. The mental health housing units have cameras in all the housing cells. The mental health housing unit control center is a male specific post, however, during breaks female staff cover the post. This creates cross-gender viewing of the mental health cells through the cameras allowing cross-gender viewing as observed during the audit. In range 400/200, female staff can view cameras while standing around the officer's desk and standing behind the desk while crossing through the area allowing cross-gender viewing into the inmate's cells as observed during the audit.
 - The Chief of Security discontinued the assignment of female posts with camera access to cells in the mental health unit. The facility installed privacy screens on the computer screens at the officer's station in the mental health unit to aid in the prevention of cross-gender viewing. The post order was revised to prohibit the assignment of cross-gender staff to posts with video surveillance of inmates using bathroom facilities and to prohibit staff from placing themselves in a position which would allow for viewing of computer screens of those housing areas. The instructions were shared with staff through the daily shift briefings. The updated post order language and the staff instructions from the shift briefing were provided to demonstrate compliance. The facility frosted a portion of the two infirmary cell windows eliminating the cross-gender viewing potential and provided photos to demonstrate compliance. The facility met substantial compliance with the standard.

115.15(f) Limits to Cross Gender Viewing and Searches

- The facility has not provided the Pat, Frisk, and Modified Search Training course lesson plan with documentation of staff training on cross-gender pat searches and searches of transgender and intersex inmates.
 - The facility provided the Pat, Frisk, and Modified Search Training course lesson plan with verification of staff training on searches for the requested specified staff demonstrating the staff training on cross-gender pat searches and searches of transgender and intersex offenders to demonstrate compliance. The facility met substantial compliance with the standard.

115.16(a) Inmates with Disabilities and inmates who are limited English Proficient

115.33 (d) Inmate Education

- The facility's policy does not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) offenders are provided 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. The sight impaired/blind inmates stated they did not receive PREA information in a method they understood. They stated they must rely

on their Inmate Companions to assist with any information. The Auditor could not verify how the offenders were provided the PREA information in a manner they understood in the inmates' files at intake or during orientation.

- The facility expanded the PREA Policy to include procedural direction on how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) offenders will be provided opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment including education. Documentation also included an Offender Education Program form documenting education materials was read to an offender identified with special needs; a Sexual Violence Assessment Tool Reassessment conducted with an offender that was deaf who was able to read as noted on the form; and a Sexual Violence Assessment Tool Reassessment conducted with an offender that was that was blind and noted the staff member read the questionnaire to the offender and the offender answered the questions. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

115.16(b) Inmates with Disabilities and inmates who are limited English Proficient

115.33 (d) Inmate Education

- The facility's policy does not address how limited English proficient offenders are provided 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. The limited English proficient (Spanish) offenders interviewed stated they did not receive PREA information in a manner they understood. One stated information was provided in English in which he could not read, one stated he did not receive any information. Also, the offenders stated they are not provided with anyone to help them understand the PREA information. The Auditor could not verify the issue of the Spanish PREA pamphlet or handbook in the offenders' files at intake or the PREA education at orientation in a manner they understood.
 - The facility expanded the PREA Policy to include procedural direction on how limited English proficient offenders will be provided opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment including education. Documentation also included a Sexual Violence Assessment Tool Reassessment form in Spanish that was conducted with a LEP offender (Spanish) as noted on the form. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

115.16(a/b) Inmates with Disabilities and inmates who are limited English Proficient

- The facility's policy does not address that the facility documents the limited circumstances where an offender interpreter, reader, or other types of offender assistants may be used. Staff interviewed stated offender interpreters are used in the intake receiving area for offenders that are limited English proficient.
 - The facility expanded the PREA Policy to include the limited circumstances where an offender interpreter, reader, or other types of offender assistants may be used. The policy states offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's

safety, the performance of first responders, or the investigation of the offender's allegations. The facility met substantial compliance with the standard.

115.21(d) Evidence Protocol and Forensic Medical Examinations

- The facility utilizes mental health staff as victim advocates, including at the hospital. The facility could not provide the training of the mental health staff to qualify them as victim advocates.
 - The facility expanded the PREA Policy to include the facility shall attempt to make available to the victim a community victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services with a qualified facility staff member. The qualified staff member shall be staff trained as a SART first responder that demonstrates an understanding of the role of a victim advocate from the SART victim advocate curriculum. As requested by the victim, the community victim advocate, qualified SART first responder shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The facility provides training to staff on the Sexual Assault Response Team (SART) through the Lesson Plans Sexual Assault Response Team (SART) and Victim Advocacy that addresses the victim advocate's role during the forensic exam. Documentation of staff training was provided through Training Attendance Record forms with staff signatures. The facility submitted an incident report of an offender taken to the hospital for a SANE exam for documentation with a SART member accompanying the offender to the hospital for victim advocacy services for the inmate. The facility met substantial compliance with the standard.

115.22(a) Policies to Ensure Referrals of Allegations for Investigations

- The facility's policy does not address the facility ensures that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.
 - The facility provided the expanded policy language that addresses administrative investigations. The policy states that the facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall be conducted by staff designated by the Facility Administrator. The facility met substantial compliance with the standard.

115.35 Specialized Training: Medical and Mental Health Care

- Medical and mental health staff acknowledged during interviews they have not completed the specialized training for medical and mental health staff. The training files of the medical and mental health did not demonstrate completed training.
 - The facility developed a process to ensure all medical and mental health staff receive specialized training by having all medical and mental health staff receive specialized training when they attend their New Employee Orientation. The facility provided documentation of the specialized training through Training Attendance Records sheets with signatures of medical and mental health staff. The facility met substantial compliance with the standard.

115.62 Agency Protection Duties

- Staff were not aware of the actions to take if an offender is subject to a substantial risk of imminent sexual abuse and the action taken to protect the offender in the housing units by removing the offender from the situation to a safe area while investigated. They all addressed

when sexual abuse occurs but not if there was a substantial risk of imminent sexual abuse. The common answer of staff was to watch the inmate.

- The facility provided the expanded policy language and procedure and a training slide that outlines the actions to take if an offender is subject to a substantial risk of imminent sexual abuse to ensure the offenders safety. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

115.81 Medical and Mental Health Screening for Prior Victimization of Sexual Abuse

- Offenders that disclose sexual victimization through the intake process are referred to mental health for a follow-up meeting. The mental health staff are not conducting a follow-up meeting with the offender within 14 days per offenders and staff interviews as well as offender records.
 - The facility developed a process to ensure offenders that disclose sexual victimization through the intake process are referred to mental health for a follow-up meeting. When the Transfer/Intake risk assessment identifies an offender as being a victim of prior sexual abuse or a perpetrator of sexual abuse, the offender will be offered a referral to Mental Health Services via the Mental Health referral checklist. If the offender requests mental health services on the mental health referral checklist, the PREA Compliance Manager will submit a referral to the mental health clerk and Assistant Health Services Administrator. The offender must be seen within 14 days from arrival for the SVAT Referral. The mental health encounter should be coded as a SVAT MH REFERRAL in the medical record. Once the offender has been seen, the mental health clerk will notify the PREA Compliance Manager of the date the offender was seen by mental health staff. The facility submitted nine offender examples of the referral process through the Staff Referral for Medical Services form and the corresponding mental health notes from the referral. The facility met substantial compliance with the standard.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator/Compliance Manager

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/Compliance Manager? Yes No
- Is the PREA Coordinator/Compliance Manager position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator/Compliance Manager 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*)

The New Castle Correctional Facility has a written policy 17.001 Sexual Abuse Prevention that mandate zero tolerance towards all forms of sexual abuse and sexual harassment. The facility takes appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment. Policy 17.001 outlines the prevention, detection, and responding requirement of an allegation. The policy states, "The facility shall provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors, and offenders, and maintain a program for the prevention of sexual abuse and sexual harassment." Section 3 contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The sanctions for prohibited behaviors are provided in the policy and states, "Perpetrators of sexually abusive behavior shall be disciplined, and, when appropriate, referred for prosecution in accordance with policies and procedures of the Indiana Department of Correction (IDOC), The GEO Group, Inc. (GEO), the facility, and federal, state, or local laws." Through observation of bulletin boards, posters, handouts, and materials; review of inmate and staff handbooks; and interviews with staff and inmates, it was apparent that the New Castle Correctional Facility is committed to zero tolerance of sexual abuse and sexual harassment. The facility's policy 17.001 Sexual Abuse Prevention states, "The Facility Administrator shall designate a staff person to serve as the PREA Compliance Manager. The staff person designated to serve in this capacity should be a staff person in a supervisory position who has been trained in sexual assault crisis issues and has the knowledge, skills, and abilities to implement and evaluate the facility's sexual assault prevention program." The policy also establishes a PREA committee. The policy states, "The Facility Administrator shall establish a facility PREA committee. This committee shall be comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PREA Compliance Manager shall serve as the chairperson. The purpose of the facility PREA committee shall be to establish a facility specific program, in conjunction with the IDOC and GEO programs, to facilitate the prevention of sexual assaults in the facility and IDOC. The committee shall also ensure that the facility's procedures for addressing allegations of sexual abuse and sexual harassment by staff or offenders are in accordance with IDOC AP 02-01-115, Sexual Abuse Prevention, GEO policy 5 .1.2, Sexually Abusive Behavior Prevention and Intervention Program (PREA), and procedure 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities, and all other applicable policies and procedures."

The agency level commitment exceeds the standard with the staff who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. The GEO Group Inc. employs a corporate level PREA Director/PREA Coordinator that oversees the company's PREA compliance throughout all agency facilities. Within the corporate PREA office is a PREA Senior Director that has oversight of PREA and five PREA Compliance Managers. Their roles vary from conducting mock audits, assisting facilities with technical assistance, and assisting the Agency's PREA Coordinator with various other PREA related tasks upon request. The PREA Coordinator stated the corporate PREA team consists of five PREA compliance managers (PCMs) and a PREA data specialist. There are also 3 regional PREA coordinators for the Secure Services division and two PREA coordinators that assist with the Reentry Services division. Furthermore, each of the PREA compliance managers on my team have investigative oversight for each assigned facility and serve as the main point of contact for all PREA related questions. There are 81 PCM's (45 Secure Services and 36 Reentry Services) assigned within the facilities. The Data Specialist is responsible for collecting and analyzing agency wide PREA data and preparing required reports. Reentry and Youth Services divisions. The Agency's PREA Coordinator also stated "the agency conducts internal audits to identify any issues with compliance on an annual basis. The results of the internal audits are thoroughly reviewed during the post audit workshop and a corrective action plan

is developed. In addition, our internal auditing tools are reviewed/updated annually to include methodologies for maintaining compliance and improving overall quality. In conjunction with the PREA compliance managers we utilize the PREA Resource Center for the most up-to-date guidance and as a resource for standard interpretation. We also provide the PREA “standards in focus” to the facility PCMs as a resource for implementing best practices. We have revised the specialized investigator training from a webinar format to an interactive (trackable) web-based curriculum. In addition, we have also developed web-based specialized investigator refresher training and created a PCM orientation guide.”

At the facility level, the PREA Compliance Manager is responsible for overseeing policies and procedures relative to PREA and ensuring facility compliance with the PREA standards and Agency and facility policies. This position at the facility reports directly to the Facility Administrator and has accessibility to the Facility Administrator as the PREA Compliance Manager. The PREA Compliance Manager stated he has authority to coordinate the facility’s efforts to comply with the PREA standards. He stated the facility has a great PREA Team and has a good relationship and support from the Facility Administrator. The PREA Compliance Manager stated he has enough time to manage all the PREA responsibilities. The PREA Compliance Manager stated his PREA responsibilities include training, monitoring the assessment process, retaliation monitoring, assists with investigations, conducts PREA monthly meetings, monitors the referral process for mental health and medical, conducts unannounced rounds, and leads the After-Action Review Team. He stated he coordinates the facility’s PREA efforts through conducting unannounced rounds, making policy changes, and conducting training with staff. If an issue is identified with compliance concerns with a PREA standard, he would discuss at the PREA monthly meeting, develop a corrective action plan, and he or the Compliance Administrator would follow-up to ensure correction and compliance. During the interview with the PREA Compliance Manager, he was familiar with the facility’s PREA policies and procedures and the responsibilities for coordinating the facility’s efforts to comply with the PREA standards and Agency and facility policies.

The facility’s policy 17.001 Sexual Abuse Prevention states, “The facility PREA committee shall meet on a monthly basis. The chairperson or designee shall be responsible for scheduling the meetings and notifying the committee members of all meetings. Additionally, the chairperson shall ensure that minutes of each meeting are taken and that these minutes are distributed to the Facility Administrator and the IDOC Executive Director of PREA. A focus of the monthly meeting shall be the review of the PREA aggressor likely flags and PREA victim likely flags in OIS. The committee shall review and discuss any recommended changes in aggressor/victim flag status that have been prompted by an incident or an offender’s annual classification review.” The policy also outlines the PREA Committee on a quarterly basis will tour the inspect the facility. The inspection shall focus on the examining areas to assess whether physical barriers exist; assess the adequacy of staffing levels during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. An inspection report will be submitted to the PREA Compliance Manager for review and approval. After review, the report is forwarded to the Facility Administrator with any recommendations based upon the findings of the tour and inspection.

The facility exceeds the standard with the facility structure of the Agency’s PREA Coordinator, the facility’s PREA Compliance Manager, and the PREA Committee to ensure the facility complies with the standards and maintains an active role in the facility’s prevention, detection, reporting, and response to sexual abuse and harassment within the facility. The facility’s consistent monitoring of compliance through PREA monthly meetings and quarterly inspections of the facility. The Agency also conducts internal PREA audits of the facility.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

The New Castle Correctional Facility and the GEO Group Inc does not contract for the housing of offenders with private agencies or other entities including other government agencies.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator/Compliance Manager, 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/Compliance Manager, 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/Compliance Manager, 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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect

offenders housed within the facility. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The facility shall assess, determine, and document no less frequently than once each year, whether adjustments are needed to the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan." The Facility Administrator stated the facility develops a staffing plan annually that must be approved by GEO Corporate and the Indiana Department of Correction (IDOC). The facility's annual review includes the Assistant Facility Administrators, Chief of Security, PREA Compliance Manager, and the Facility Administrator. The facility operates through a contract with IDOC and the contract has minimum staffing requirements. The PREA Compliance Manager stated he is on the committee that reviews and approves the facility's staffing plan. The staffing plan is based on the facility's design capacity of 3,196 and the average daily population for the last twelve months was 2,961.

The facility's policy 17.001 Sexual Abuse Prevention states, "In calculating adequate staffing levels and determining the need for video monitoring, the facility shall take into consideration Generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated); the composition of the offender population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable federal, state, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual conduct; and any other factors." The New Castle Correctional Facility has developed a detailed staffing plan that is based on the eleven criteria of this standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of inmate population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors per the PREA Compliance Manager and the Facility Administrator. The written staffing plan is maintained by the Facility Administrator, GEO Corporate, IDOC, Contract Monitor, and the Assistant Facility Administrators. The 2022 Facility Staffing Plan Review was approved and submitted to GEO and IDOC on January 31, 2022. The Staffing Plan outlines responses to all the criteria of the standard and includes a post analysis, master roster, vacancy report breakdown, the 18-month vacancy rate, and facility organization chart. The 2021 Facility Staffing Plan was reviewed and submitted on January 31, 2022 and 2020 Facility Staffing Plan on January 9, 2020. Through the review of the staffing plans, the facility has had no findings of inadequacy from judicial, Federal, or internal or external oversight bodies. Most programs are scheduled during business hours when shift and 5-day staff are working in the facility. The plan states supervisory staff conduct rounds regularly to assess for blind spots. The prevalence of unsubstantiated and substantiated incidents of sexual abuse required no adjustments to the staffing plan. The PREA Compliance Manager stated consideration is given to video monitoring as part of the plan and the facility added additional cameras to enhance supervision within the facility. In 2020, there were camera upgrades in the chow halls, facility kitchen, and outdoor recreation. In 2021, the facility upgraded the cameras covering the yard and added additional cameras to the kitchen. The offenders housed in general population (medium security) are mostly sex offenders. Other populations are geriatric (medium security), mental health inpatient (maximum security), protective custody (medium security), and a transition unit (minimum security). The Facility Administrator stated the staff coverage for the mental health, protective

custody, transition, infirmary, and geriatric is heavier staffing than in other housing areas due to the type of offender population. The facility does not house females or juveniles/youthful offenders. The Facility Administrator and PREA Compliance Manager shared the facility operates with generally accepted detention and correctional practices through the American Correctional Association, the policies and procedures of the Indiana Department of Correction and monitored through internal audits of the GEO and IDOC.

The Facility Administrator stated the staffing plan is reviewed more than annually; it is reviewed monthly at the PREA monthly meetings for any staffing concerns. The staffing plan is reviewed daily by the administrative staff. In the past two years, COVID has been the most challenging in maintaining staffing levels. The facility always met the minimum staffing levels through forced overtime and staff from other facilities. Each morning the Facility Administrator, Assistant Facility Administrators, and Chief of Security review the daily staffing report and the staff coverage.

The facility has 446 staff assigned to the facility operations. The facility must maintain a core base of contractors (84) for operations, listed as embedded contractors. These contractors are through contracts with Action Temporary, Oakland City University, and Midwest Psychological. The security section has 382 posts which include an Assistant Facility Administrator Operations, Chief of Security, Security Manager, Shift Captain (4), Lieutenants (9), Sergeants (29), and officers (337). The facility operates two twelve-hour shifts. There is at least one female officer per shift. Sergeants are assigned to a group of housing units they are responsible for overseeing supervision and day-to-day operations of these units. There are two officers assigned to each housing unit, one at the officer's station and one conducting rounds. Supervision is provided through officers making random security rounds throughout the housing units. The facility had a vacancy rate of 43% and covers mandated posts through overtime. The Shift Supervisor completes a shift staffing summary that outlines the offender count, post coverage, staff working overtime, non-custody staff working, staff call-ins, staff positions, and scheduled/unscheduled leave (scheduled PTO, staff call in, staff late arrivals, no call/no show, and other). The main reason for deviating from the staffing plan is staff shortages. The Auditor reviewed the staffing plan, shift rosters, and policy 17.001 Sexual Abuse Prevention to determine compliance.

The facility's policy 17.001 states, "Intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring. The facility shall ensure that department heads, facility management staff, and supervisors conduct and document unannounced rounds within their respective areas to identify and deter sexual abuse and sexual harassment. Staff shall be prohibited from alerting other staff that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." The Auditor reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks did not document unannounced rounds were conducted by immediate line supervisors. The facility provided logbook entries to demonstrate unannounced rounds were conducted for the period on November 13 through December 5, 2022. Through interviews with staff and inmates, it was confirmed that supervisory unannounced rounds are done randomly throughout the facility. The intermediate and higher-level security staff interviewed stated they conduct random rounds by changing the pattern and different times of their rounds. Supervisors stated they complete a round at least once a day through all the housing units and document the rounds in a logbook.

Did Not Meet (d): The review of the housing unit logbooks did not demonstrate the documentation of unannounced rounds.

Corrective Action Taken (d): The facility provided refresher training on the requirement of documenting the unannounced rounds. The facility provided logbook entries to demonstrate unannounced rounds were conducted for the period on November 13 through December 5, 2022. The facility met substantial compliance with the standard.

The intermediate and higher-level security staff stated when conducting rounds, they do not announce rounds are being conducted and limit radio contact to ensure the round is not announced. The Supervisors indicated if a staff member was found to be alerting, the staff member would be educated on the importance of unannounced rounds, given a counseling statement, and would continue the progressive discipline if the behavior continues.

Did Not Meet: The quiet rooms were identified by line staff and supervisors as blind spots for supervision and as a location identified as a trend for allegations. The Auditor identified the quiet rooms used for inmate housing as blind spots. The dental clinic has a blind spot in the right rear corner behind the last divider created by cabinets/workstation.

Corrective Action Taken: The facility provided a quote for cameras to be installed for observation in the quiet rooms to allow constant supervision and eliminate the blind spots. The facility expanded the rounds requirement for housing unit officers to make a minimum of two security checks per hour instead of one check per hour for housing units with quiet rooms. The post order directive also requires the sergeant to make two rounds in the housing units with quiet room per shift instead of one check. Documentation of rounds was provided to demonstrate compliance. The facility installed a mirror in the dental area that provided a line of sight into the right corner of the dental clinic eliminating the blind spot. The facility provided photos of the mirror installed to demonstrate compliance. The facility met substantial compliance with the standard.

Standard 115.14: Youthful offenders

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

The New Castle Correctional Facility does not house youthful offenders per contract language. A Statement of Fact from the PREA Compliance Manager stated, "Please be advised that the Newcastle Correctional Facility is an adult only facility that does not house youth inmates."

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency situations or when performed by medical personnel. All cross-gender strip searches conducted during emergency circumstances shall be thoroughly documented and provide justification for the search." Interviews with staff indicated that cross-gender searches do not occur, the facility is always staffed with male staff. The staff acknowledged staff would not conduct a cross-gender strip search or visual body cavity search, those searches would only be conducted by trained medical staff when required or at the hospital. There were no cross-gender searches conducted during the audit period, however, the Auditor interviewed three correctional staff on the process. The staff indicated a cross-gender strip search or visual body cavity search would only be conducted under emergency circumstances which would be danger to themselves, major security concern, or a time sensitive situation. They stated if a cross-gender search would occur, it would be documented by incident report and in the strip search log. Visual body searches would only be conducted by medical staff or the hospital. The facility had no cross-gender strip searches or cross-gender visual body cavity searches conducted within the audit period. The policy 17.001 and Pat, Frisk, and Modified Search Training course lesson plan reviewed confirmed the staff are provided training on search procedures. The facility does not house female offenders.

The facility's policy 17.001 Sexual Abuse Prevention states, "All offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks" The policy also states, "Opposite gender video surveillance monitoring of offenders who are confined to restrictive housing or protective custody or are in an area where offenders can be observed in a state of undress, other than incidental viewing or viewing for purposes of an investigation shall be prohibited. Offenders who are placed on constant observation status by mental health staff shall be provided constant visual supervision by a person of the same gender." The housing areas all provide a barrier or curtain designated for inmate privacy during clothing changes, showering, or performing bodily functions. In the dorm restroom areas are showers, toilets, urinals, and sinks. The bathroom area is behind a half wall that provides privacy eliminating the opportunity for cross-gender viewing, including privacy curtains on the showers. For showers that do not have curtains due to design or security, there is a magnetic strip that can be placed across the shower to eliminate cross-gender viewing. In each of the dorms, there is one camera located in a corner that provides a complete view of the area. The cameras are viewed at the housing unit officer's station and the main control center. The Auditor observed the camera monitors and there was no cross-gender viewing within the dorms; the half wall provides privacy for the bathroom from the camera view. The Auditor identified cross-gender viewing in the mental health housing and in the infirmary. The officer's station in the mental health unit is a male specific post, however during the on-site audit, a female officer was working the post while the male officer was on break. This created cross-gender viewing into the showers and toilets of the mental health cells. The computer monitor on the officer's desk in the other mental health housing units allowed cross-gender viewing with the visual openness of the monitor to

other staff behind and around the officer's station. Two infirmary cells had a direct visual view of the shower and toilets. Inmates and staff interviewed stated inmates receive privacy for changing clothes, performing bodily functions, and showering. The inmates also shared they have not been naked in front of a staff member of the opposite gender.

Did Not Meet (d): Potential cross-gender viewing was identified through cameras/monitors in the mental health control center of the offender's cells and two infirmary cell showers. Medical cells N4 and N5 allow cross-gender viewing of the shower which is located directly across from the cell window. The mental health housing units have cameras in all the housing cells. The mental health housing unit control center is a male specific post, however, during breaks female staff cover the post. This creates cross-gender viewing of the mental health cells through the cameras allowing cross-gender viewing as observed during the audit. In range 400/200, female staff can view cameras while standing around the officer's desk and standing behind the desk while crossing through the area allowing cross-gender viewing into the inmate's cells as observed during the audit.

Corrective Action Taken (d): The Chief of Security discontinued the assignment of female posts with camera access to cells in the mental health unit. The facility installed privacy screens on the computer screens at the officer's station in the mental health unit to aid in the prevention of cross-gender viewing. The post order was revised to prohibit the assignment of cross-gender staff to posts with video surveillance of inmates using bathroom facilities and to prohibit staff from placing themselves in a position which would allow for viewing of computer screens of those housing areas. The instructions were shared with staff through the daily shift briefings. The updated post order language and the staff instructions from the shift briefing were provided to demonstrate compliance. The facility frosted a portion of the two infirmary cell windows eliminating the cross-gender viewing potential and provided photos to demonstrate compliance. The facility met substantial compliance with the standard.

The facility's policy 17.001 Sexual Abuse Prevention states, "All staff of the opposite gender (female staff in a male facility) shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit which they are assigned, at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present." Offenders interviewed shared female staff announce their presence when entering the housing area by stating female on the floor. The announcement allows inmates time to complete using or cover up while performing bodily functions. The announcements by staff were observed during the audit tour. Staff are provided with training in making cross-gender announcements through annual in-service and roll call reminders.

The facility's policy 17.001 Sexual Abuse Prevention states, "Staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender by reviewing, with proper access and authorization, medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified medical practitioner." Staff interviewed acknowledged their understanding of the policy and noted only medical is authorized to conduct such a search. The facility's PAQ noted no transgender or intersex searches occurred for the sole purpose of determining genital status. The review of the policy language and the training lesson plans demonstrated the reinforcement of these policies during the annual training. The Auditor interviewed seven transgender offenders, six of the offenders stated they have not been searched

for the sole purpose of determining their genital status. One transgender offender stated he felt he was searched for the sole purpose of determining his genital status when changing his housing unit to the transition unit. The strip search as part of the operational procedures was conducted by a male staff member.

The facility's policy 17.001 Sexual Abuse Prevention states, "Security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner. If staff have not determine that an individual present as transgender or intersex, and security staff discover during the conduct of the search that the individual is transgender or intersex, security staff shall cease the search and determine the gender of staff with whom the offender would feel most comfortable with conducting the search." Random staff interviewed acknowledged receiving cross-gender and transgender pat-search training annually during in-service and during pre-service training. Staff were knowledgeable about conducting cross-gender pat-down searches and the search would have to documented. Staff stated transgender offenders are asked what staff gender they are more comfortable/ preference for conducting the search. Staff stated if the preference cannot be honored, the staff must document the reason why and have a staff witness during the search. The facility did not provide the search policy or documentation of staff training for the Auditor to review for compliance. The Pat, Frisk, and Modified Search Training course lesson plan with documentation of staff training on cross-gender pat searches and searches of transgender and intersex inmates was provided to the Auditor during the corrective action period. The Documentation was provided that demonstrated that corrections staff have received search training and signed acknowledging they have understood the cross-gender pat-down searches and searches of transgender inmates. Staff training is documented through staff completing and signing the Acknowledgement of Receipt of Training and Brochures Sexual Abuse Prevention and through the Staff Development and Training Form. The PAQ and the PREA Coordinator indicated all staff had completed the training.

Did Not Meet (f): The facility has not provided the Pat, Frisk, and Modified Search Training course lesson plan with documentation of staff training on cross-gender pat searches and searches of transgender and intersex inmates.

Corrective Action Taken (f): The facility provided the Pat, Frisk, and Modified Search Training course lesson plan with verification of staff training on searches for the requested specified staff demonstrating the staff training on cross-gender pat searches and searches of transgender and intersex offenders to demonstrate compliance. The facility met substantial compliance with the standard.

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

15.16 (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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "The presentation of this information shall be in a manner that is easily understandable to the offenders, Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education, and classification records in addition to interviewing the offender. Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the facility's sexual abuse prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter." The New Castle Correctional Facility recognizes the need to provide accommodations to those persons who have disabilities or limited reading skills, visual impairments, hearing and /or speech disabilities, and are limited English proficient. GEO's Vice President Risk Management interviewed as Agency Head stated "in all of GEO's facilities we have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us." During the booking process the officers make observations and complete a risk assessment form with the offender to identify and capture disabilities including limited reading skills, visual impairments, hearing, speech disabilities, and if the inmate is limited English proficient. The most prominent second language of offenders is Spanish.

The PREA Compliance Manager stated accommodations may be made using a Braille version of the offender PREA brochure, an American Sign Language interpreter, showing the PREA video with closed captioning, and reading the offender PREA brochure. Mental health or education staff may assist with communicating with offenders who have developmental disabilities. Written materials that communicate the sexual abuse prevention program will be provided in English and Spanish. Interpretive services, in-person and telephonic, are available to offenders with limited English proficiency through a language line interpreter. Staff interviewed stated communication with deaf and hard of hearing offenders are through written materials (PREA brochure, posting in housing units, Offender Handbook, and information on the tablets), captioned PREA video, and sign language; blind or low vision offenders can listen to the video and staff would read the PREA information to the offender; and offenders with low cognitive skills would be communicated with on a level they could understand with reaffirming they understand the information. Assistance from medical, mental health, and/or education staff may be used to assist in communicating with offenders with low cognitive skills.

On behalf of the New Castle Correctional Facility, the Indiana Department of Correction has a contract with Language Training Center Inc for interpretative services with an effective date of January 8, 2021. The facility has written PREA informational materials in English and Spanish; Sexual Abuse Prevention and Reporting Offender Information Brochure, the Offender Handbook, and the GEO Zero-Tolerance handout. The facility has two staff Spanish interpreters. The PREA Compliance Manager stated written materials that communicate the sexual abuse prevention program will be provided in Spanish through interpretive services, either in-person and/or telephonic. Staff shared communication with limited English proficiency offenders would be through the languages line interpreters and staff interpreters, and written materials in Spanish.

On the first day of the audit, the facility housed thirteen limited English proficient offenders; four offenders who were blind or with a significant visual impairment; and twelve offenders with a hearing impairment. THE Auditor interviewed three offenders who had vision impairment and four limited English proficient offenders whose primarily language is Spanish. The interviews with the Spanish offenders were through an interpreter. The three vision impaired offenders, one was blind, one legally blind, and the other with a significant vision impairment. The offenders stated they had received PREA information through a staff explaining the information in a classroom setting and one indicated he received the information at IDOC before his blindness. They also shared they have an inmate companion that assists them as needed including completing paperwork and reading information to them. All three knew how to report an incident through the hotline number, talk to staff, and through the tablet or KIOSK with assistance from their inmate companion. Of the four Spanish offenders, two offenders stated they received information in Spanish, and it was explained to them and the other two stated they received information in English. One of the offenders stated although he received the written materials in English, a staff member explained the PREA information to him. He can understand English but cannot read or write English. Three Spanish offenders stated they obtain assistance from other offenders that are bilingual, staff are not responsive to assist. One Spanish inmate stated his case manager assists him through a dictionary. The Auditor reviewed their files to determine if information was provided in a language they understood. There was not a notation of how the information was provided to the Spanish offenders in a manner they understood. Three of the four Spanish offenders new how to report through the hotline number, email family, submitting a request slip, and telling a staff member. The facility provided the Auditor further documentation during the corrective action period that demonstrated a form, PREA Offender Education Program, that is used to capture how the PREA information is provided to an offender with a special

need. The form has a section where staff write the accommodation used to provide the PREA information to the offender, the example shared noted written materials were read to the limited English proficient offender. The staff member and the offender sign and dates the form. Another example was a Sexual Violence Assessment Tool (SVAT) completed with a Spanish offender; on the form it noted the questions were completed in Spanish. The facility held staff training on disabilities and limited English proficient offenders to ensure accommodations are made to ensure they receive PREA information in a manner the offender understands. Documentation on the staff training through the Training Attendance Form and staff signatures was provided to demonstrate compliance.

Did Not Meet (a): The facility's policy does not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) offenders are provided 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. The sight impaired/blind inmates stated they did not receive PREA information in a method they understood. They stated they must rely on their Inmate Companions to assist with any information. The Auditor could not verify how the offenders were provided the PREA information in a manner they understood in the inmates' files at inmate or during orientation.

Corrective Action Taken (a): The facility expanded the PREA Policy to include procedural direction on how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) offenders will be provided opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment including education. Documentation also included an Offender Education Program form documenting education materials was read to an offender identified with special needs; a Sexual Violence Assessment Tool Reassessment conducted with an offender that was deaf who was able to read as noted on the form; and a Sexual Violence Assessment Tool Reassessment conducted with an offender that was that was blind and noted the staff member read the questionnaire to the offender and the offender answered the questions.

Did Not Meet (b): The facility's policy does not address how limited English proficient offenders are provided 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. The limited English proficient (Spanish) offenders interviewed stated they did not receive PREA information in a manner they understood. One stated information was provided in English in which he could not read, one stated he did not receive any information. Also, the offenders stated they are not provided with anyone to help them understand the PREA information. The Auditor could not verify the issue of the Spanish PREA pamphlet or handbook in the offenders' files at intake or the PREA education at orientation in a manner they understood.

Corrective Action Taken (b): The facility expanded the PREA Policy to include procedural direction on how limited English proficient offenders will be provided opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment including education. Documentation also included a Sexual Violence Assessment Tool Reassessment form in Spanish that was conducted with a LEP offender (Spanish) as noted on the form. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

The facility's policy did not address the limited circumstances where an offender interpreter, reader, or other types of offender assistants may be used. The facility's policy 17.001 Sexual Abuse Prevention was expanded to state, "Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations." Random staff interviewed stated they would communicate with LEP inmates through a staff interpreter or a language line interpreter. Although the PAQ noted there were no instances of an inmate interpreter used, Staff interviewed stated offender interpreters are used in the intake receiving area for offenders that are limited English proficient. During the corrective action period, the facility conducted training with staff on the policy language and procedures for proper utilizing of an offender interpreter. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff.

Did Not Meet (c): The facility's policy does not address that the facility documents the limited circumstances where an offender interpreter, reader, or other types of offender assistants may be used. Staff interviewed stated offender interpreters are used in the intake receiving area for offenders that are limited English proficient.

Corrective Action Taken (c): The facility expanded the PREA Policy to include the limited circumstances where an offender interpreter, reader, or other types of offender assistants may be used. The policy states offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations. The facility met substantial compliance with the standard.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall not hire or promote anyone (who may have contact with offenders) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community. The facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with offenders. The facility shall ask all applicants and employees who may have contact with offenders directly about previous sexual abuse misconduct as part of its hiring and promotional processes." The Human Resource Specialist interviewed stated the three administrative adjudication questions are part of the application form. The applicant must answer the questions on the application forms. The Auditor reviewed ten staff, one volunteer, and five contractors' personnel files. The file review verified that the three administrative adjudication questions are asked of individuals before hiring or enlisting for services on the application forms. Two of the staff were promoted and had forms in their files documenting the three administrative adjudication questions are asked as part of the promotion application process. If an applicant had an affirmative answer to one of the questions would not be hired or enlisted for services. The facility considers prior incidents of sexual harassment when determining to hire, promote, or enlist an individual for services. This information is collected as part of the background

check. The Human Resource Specialist stated the Facility Administrator makes the final decision whether to hire, promote, or enlist for services if there were prior incidents of sexual harassment based on the information provided and obtained through the background check on a case-by-case basis.

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every year." The Human Resource Specialist stated the applicant must complete release of information forms for background checks and drivers license check. These forms along with the applicant's fingerprints are sent to IDOC to complete the background checks. The Indiana State Police completes the background investigation and informs the IDOC there was "no criminal record." Then the IDOC informs the facility in writing that the applicant had no criminal record and was cleared for hiring or enlisting for services. GEO also runs a background check on the applicant through an outside vendor Career Builders. The facility hired 62 new employees during the audit year. The PAQ noted that background checks were completed on all new hires. Of the ten employee files reviewed, two were of new hires and both had completed background checks before hiring. The PAQ noted five contractors were enlisted for services during the audit year, the Auditor reviewed four of their personnel files and all had completed backgrounds checks prior to hiring.

The facility's policy 17.001 Sexual Abuse Prevention states, "Background checks shall be repeated for all employees at least every year." The Human Resource Specialist stated the facility completes annual background checks on all staff, contractors, and volunteers on an annual basis. These are completed by GEO through Career Builders. The staff members must complete a release of information and provide fingerprints for the background check to be completed. The review of the personnel files verified the annual background process.

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall ask all applicants and employees who may have contact with offenders directly about previous sexual abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. The facility shall also impose upon employees a continuing affirmative duty to disclose any such conduct." The Human Resource Specialist stated during the yearly annual review the staff member complete the PREA form asking the individual the three administrative adjudication questions. The staff have the responsibility to report immediately any law enforcement contact to Human Resources who forwards the information to the Facility Administrator. This information is provided to staff through training and within policy. Depending on the offense, the employee may be placed on paid administrative leave until an internal investigation is completed and the Facility Administrator makes the final decision on any outcome. The employee can be disciplined, up to termination based on the outcome of the investigation. The Auditor reviewed the personnel files of employees, contractors, and volunteers and all files verified the three administrative questions asked annually.

The facility's policy 17.001 Sexual Abuse Prevention states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the facility shall 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." The Human Service Specialist stated GEO provides a

number that other agencies can call to verify employment. GEO will only share if the individual is hireable or non-hireable.

Through the interview with the Human Resource Specialist, review of the personnel files, and the policy, it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks. The facility exceeds the standard with the annual background checks of employees, contractors, and volunteers and the process of asking contractors and volunteers about previous misconduct on an annual basis.

Standard 115.18: Upgrades to facilities and technologies

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance its ability to protect offenders from sexual abuse." From the Agency Head interview, the Vice President of Risk Management stated, GEO is the world leader in

providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assesses the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. Enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team works closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. The security and safety of our inmates and staff is at the forefront of every decision made by our company. GEO fully understands the intent and language within the PREA guidelines. GEO has a zero tolerance for any sexual abuse within our facilities and does everything possible to design and run facilities which protect inmates from abuse. Since the release of the federal PREA standards, GEO has allocated funds to privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. GEO acquires facilities which are, at times, older in construction and not optimally designed by today's standards. GEO's leadership spends the money needed to make proper modifications to enhance safety. GEO's corporate PREA team works very closely with the corporate project development team. If design issues are detected during internal or external site visits, GEO uses a team approach to address and correct the issue. He further noted GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry, and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. Corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities. The company monitors events at both the local and national level to identify patterns where improvements can be made. This monitoring has been made possible through software applications and systems implemented nationally where audit results and events can be more easily tracked and compared. Examples include camera systems, security monitoring systems, the SIR system, software applications, improvements in communication technology such as radios, and emergency response practices. If design issues are detected during internal or external site visits, GEO uses a team approach to address and correct the issue. The New Castle Correction Facility has not made any substantial expansions or modifications to the existing facilities during the audit period. The Facility Administrator stated the facility had a camera expansion. The Facility Administrator and PREA Compliance Manager shared offender safety is considered when any modifications are made within the facility. Changes would be discussed during the monthly PREA meeting regarding offender safety.

The facility has an electronic video surveillance system that provides constant monitoring and control capabilities for all the movements of inmates, visitors, and staff inside and out of the building. The cameras are strategic placed inside the secure perimeter in corridors, visiting area, sallyport, intake, housing units, and within the mental health cells. The cameras are viewed by the main control center and administration. The housing unit officer can view the cameras for that specific housing unit. The facility installed cameras in the kitchen including within the side prep, wash room, and baking room; in the L unit; annex interior, and annex exterior. Cameras were replaced within the mental health cells. The electronic video surveillance system has recording capabilities.

Recommendation: The facility should maintain meeting minutes or other forms of documentation to demonstrate offender sexual safety was considered when installing or updating monitoring technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

The New Castle Correctional Facility is responsible for administrative investigations and criminal investigations are conducted by a IDOC correctional police officer. The facility's policy 17.001 Sexual Abuse Prevention states, "When the Facility Administrator or designee receives a report of actual or threatened sexual abuse, the Facility Administrator or designee shall order that an investigation be conducted. This investigation shall be conducted by either the facility's specialized PREA investigator, staff from the specialized PREA investigator section in IDOC Central Office, or staff from the GEO Corporate Office of Professional Responsibility. All allegations of sexual abuse or sexual harassment shall be referred for investigation to the IDOC correctional police officer, unless the allegation does not involve potentially criminal behavior." The Investigator interviewed stated a specialized trained staff member from the facility will conduct the administrative investigations and all potential criminal investigations are referred to the IDOC correctional police office. The random staff interviewed stated the offenders are separated and under constant observation to protect evidence, offenders are requested not to destroy any evidence (not to shower, brush teeth, use the restroom, change clothes), secure the area as a crime scene until an investigator clears the scene, preserve any evidence, and contact a supervisor. The alleged offender victim is taken to medical and if needed sent to the local hospital for a forensic exam. Staff receive training on first responder responsibilities and protecting evidence as part of the initial and annual PREA training. Physical evidence is collected by the IDOC investigator, The IDOC PREA Coordinator stated the agency utilizes evidence protocols as outlined in policy and procedure that were adapted from the recent edition of the DOJ's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations. The facility has a memorandum of understanding (MOU) with the Office of the Henry County Prosecuting Attorney. Within the MOU it states, "NCCF will collect and retain evidence, ensuring the use of proper techniques and maintaining the appropriate chain of custody in accordance with Indiana Department of Correction (IDOC) Administrative Police and Procedure (AP). Evidence will be maintained in a secure location; if this is ever a concern, NCCF will work with the Prosecutor's Office to determine a proper location Pursuant to Indiana state law there will be times when evidence can be photographed and released, NCCF's CPO will contact the Prosecutor's Office to ask for assistance if the nature of the offense is such that a forensic investigation is needed." The interview with the Investigator confirmed the PREA investigation practices including the uniformed evidence protocols.

The facility's policy 17.001 Sexual Abuse Prevention states, "Medical staff can aid in the preservation of evidence by instructing the offender not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE or SAFE at a local hospital at no cost to the offender." The medical staff interviewed stated if a forensic exam is required the alleged victim is sent to the local hospital, Anderson City Vincent. The medical staff call the hospital to ensure a Sexual Abuse Nurse Examiner (SANE) is available. If a SANE is not on duty, the hospital calls a SANE to report to the hospital for services. An interview with an emergency nurse from Anderson City Vincent regarding SANE services, she stated the hospital has SANEs on staff if one was not scheduled or on duty, a SANE would be called in to conduct the exam. The facility does not have an MOU with Anderson City Vincent hospital. There were four forensic medical exams conducted during the audit period.

The facility through IDOC has a contract with the Indiana Coalition Against Domestic Violence to provide emotional support services to offenders. This contract covers emotional support services after an incident of sexual abuse including follow-up services and referrals. The MOU agreement requires the organization

meets the victim advocate qualifications. The PREA Compliance Manager stated the facility had problems with the speediness of the organization providing victim advocates since they are located in Indianapolis. Once this was identified, the facility has trained staff as victim advocates to accompany the offender through the forensic exam and provide emotional support. A victim advocate will be provided to the inmate upon request to provide emotional support during the forensic medical examination and investigation interviews through facility staff. The facility provides a trained staff member for victim advocacy services for an offender victim during the forensic exam and investigatory interviews. The PREA Compliance Manager stated mental health staff are utilized as victim advocates. The facility has four specialized trained victim advocates. The staff receive training from the Indiana Coalition Against Domestic Violence. The facility provided the lesson plan Victim Advocacy which is completed by the staff victim advocates along with training documentation of the staff. The offenders interviewed that reported sexual abuse stated support services were offered through the mental health department and only one offender accepted the services. The other offenders stated they declined services.

Did Not Meet (d): The facility utilizes mental health staff as victim advocates, including at the hospital. The facility could not provide the training of the mental health staff to qualify them as victim advocates.

Corrective Action Taken (d): The facility expanded the PREA Policy to include the facility shall attempt to make available to the victim a community victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services with a qualified facility staff member. The qualified staff member shall be staff trained as a SART first responder that demonstrates an understanding of the role of a victim advocate from the SART victim advocate curriculum. As requested by the victim, the community victim advocate, qualified SART first responder shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The facility provides training to staff on the Sexual Assault Response Team (SART) through the Lesson Plans Sexual Assault Response Team (SART) and Victim Advocacy that addresses the victim advocate's role during the forensic exam. Documentation of staff training was provided through Training Attendance Record forms with staff signatures. The facility submitted an incident report of an offender taken to the hospital for a SANE exam for documentation with a SART member accompanying the offender to the hospital for victim advocacy services for the inmate. The facility met substantial compliance with the standard.

The investigations are conducted by the facility and IDOC investigators. The IDOC is a PREA certified agency that follows the investigative requirements of the PREA standards.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The New Castle Correctional Facility is responsible for administrative investigations and criminal investigations are conducted by a IDOC correctional police officer. The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall ensure that all allegations of sexual abuse or harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations and appropriately documented, unless the allegation does not involve potential criminal behavior. When the Facility Administrator or designee receives a report of actual or threatened sexual abuse, the Facility Administrator or designee shall order that an investigation be conducted. This investigation shall be conducted by either the facility's specialized PREA investigator, staff from the specialized PREA investigator section in IDOC Central Office, or staff from the GEO Corporate Office of

Professional Responsibility. All allegations of sexual abuse or sexual harassment shall be referred for investigation to the IDOC correctional police officer, unless the allegation does not involve potentially criminal behavior.” The Vice President of Risk Management stated administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. This is required by corporate and local facility policies. Based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). GEO has designated staff at each facility that have received PREA Specialized Investigations training. GEO also utilizes local, state, or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. The Investigator stated the facility completes all administrative investigations and criminal investigations are completed by the IDOC correctional police officer. It was also shared they share an office and work together well. All sexual abuse allegations are referred to the IDOC. IDOC will accept or decline the investigation. If declined the investigation will be completed by a facility’s investigator. Of the sixteen cases reviewed, seven were referred to IDOC and six were declined and the investigation was completed by a trained facility investigator. The interview with the Investigator confirmed the PREA investigation practices and was knowledgeable of the investigation process. The GEO’s website states, “All cases of alleged sexual conduct shall be promptly, thoroughly, and objectively investigated upon substantiation of any allegation of sexual conduct; appropriate disciplinary actions will be taken against the employees, contractor, volunteer, or individual in a GEO facility or program. Those actions may include possible criminal prosecution. If the allegation potentially involves criminal behavior, the GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The review of the investigative files verified the facility documents all referrals for investigation in a timely manner, usually the same day. All referred investigations are completed utilizing the PREA Investigation Report format.

Did Not Meet (a): The facility’s policy does not address the facility ensures that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.

Corrective Action Taken (a): The facility provided the expanded policy language that addresses administrative investigations. The policy states that the facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall be conducted by staff designated by the Facility Administrator. The facility met substantial compliance with the standard.

There were sixty-six (66) allegations reported of sexual abuse and sexual harassment during the audit period. Twenty-one reported allegations were inmate-on-inmate sexual abuse, nine were staff-on-inmate sexual abuse, twelve were inmate-on-inmate sexual harassment, eighteen were staff-on-inmate sexual harassment, five were staff-on-inmate voyeurism, and one was a report of inmate-on-inmate sexual abuse reported by another agency to New Castle Correctional Facility. Of the twenty-one inmate-on-inmate sexual abuse, the investigative outcomes were four unfounded, ten unsubstantiated, three substantiated, and four open investigations. Of the nine staff-on-inmate sexual abuse, the investigative outcomes were four unfounded, two unsubstantiated, two substantiated, and one open investigation. Of the twelve inmate-on-inmate sexual harassment, the investigative outcomes were one unfounded and twelve unsubstantiated. Of the eighteen staff-on-inmate sexual harassment, the investigative outcomes were four unfounded, seven unsubstantiated, and seven substantiated. Of the five staff-on-inmate voyeurisms, the investigative outcomes were all unfounded. The one allegation reported to New Castle

Correctional Facility from another facility was inmate-on-inmate sexual abuse, the investigative outcome was unsubstantiated. Two sexual abuse cases were criminal in nature and referred to Indiana Department of Correction for investigation; one was an inmate-on-inmate and the other a staff-on-inmate case. Both cases were referred by the IDOC for prosecution, the prosecutor's office declined both cases. A review of sixteen investigative files was conducted by the Auditor.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "As a part of the new employee orientation (NEO), pre-service academy, and annual in-service training, all staff shall receive training in the following: the agency's zero tolerance policy for sexual abuse and sexual harassment; how staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; offenders right to be free from sexual abuse and sexual harassment; the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the 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 offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. This training shall include an explanation of inappropriate contact with offenders as described in IDOC AP 04-03-103, Information and Standards of Conduct for Departmental Staff, GEO 3.2.2, Standards of Employee Conduct, and the prohibitions against sexual contact with offenders as stated in the Indiana Code (IC 35-44.1). As a part of this training, staff shall be provided with a brochure created to assist staff in identifying incidents of sexual abuse and sexual harassment. All training shall be tailored to the offender population of NCCF. Annual in-service training shall be conducted each year thereafter for all employees. Annual in-service training shall include updates to sexual abuse and sexual harassment policies.” The facility utilizes the IDOC Prison Rape Elimination Act Lesson Plan for PREA staff training. The training lesson plan covers the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the facility; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; an individual’s right to be free from sexual abuse and sexual harassment; the right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; and how to avoid inappropriate relationships with inmates. The training is tailored to both male and female inmates, although the facility only house adult males at the facility. Staff receive training first during pre-service and then annually at in-service. The annual in-service training is a classroom setting with a PowerPoint presentation conducted by the PREA Compliance Manager. Staff interviewed acknowledged receiving PREA education training through the annual in-service training and during roll calls. Staff interviewed were knowledgeable about their responsibilities in prevention, detection, reporting, and responding to sexual abuse and sexual harassment. They were able to explain their first responder duties. The wide knowledge of PREA policies and procedures by staff confirms the continuous training that occurs through annual in-service and refresher training. The staff are issued and required to carry a PREA informational card. This card outlines the first responder duties.

The facility’s policy 17.001 Sexual Abuse Prevention states, “Staff shall document through signature on both the GEO and IDOC PREA Training Acknowledgment forms that they understand the training they have received. This form shall be used to document both pre-service and annual in-service PREA training.” The IDOC form Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention requires the staff member to acknowledge understanding “with all department of Corrections Policies and Procedures, it is my responsibility for maintaining familiarity with and adhere to this policy and its procedure; questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor; and procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with the Department of Correction and facility policy, procedures, and directives.” The GEO Prison Rape Elimination Act (PREA) Basic Training Acknowledgment requires the staff member to acknowledge “I acknowledge on this date, I received and understood the training on Prison Rape Elimination Act (PREA). I understand that the GEO Group Inc maintains a zero-tolerance policy in regards to sexual

abuse and sexual harassment in a GEO Facility or program and I have a statutory obligation and affirmative duty to report all forms of sexual abuse and/or sexual harassment whether in a GEO facility or not.” The Auditor reviewed ten employee files that demonstrated that initial PREA training prior to assignment. Some of the staff received facility training first and others received CIT training first. All records verified that staff received initial PRE training and annual PREA in-service training.

The facility exceeds the training standard of PREA training every two years by requiring PREA training annually with refresh training through emails and roll calls.

Standard 115.32: Volunteer and contractor training

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*)

The facility’s policy 17.001 Sexual Abuse Prevention states, “All volunteers, interns, and contractual staff shall receive training on the facility’s sexually abusive behavior prevention and intervention program prior to assignment. All volunteers, interns, and contractual staff who have contact with offenders shall be trained on their responsibilities under the facility’s sexual abuse and harassment prevention, detection, and response policies and procedures. Volunteers, interns, and contractual staff shall document through

signature on both the GEO and IDOC PREA Training Acknowledgment forms that they understand the training they have received. This form shall be used to document both pre-service and annual in-service PREA training. Volunteers, interns, and contractual staff shall be advised that any form of sexual abuse and sexual harassment with an offender, whether consensual or not, shall be strictly prohibited and that any volunteer, intern, or contractual staff found to have engaged in such conduct shall be removed from the facility, not allowed to return and may be subject to criminal prosecution. Information about substantiated cases of sexual abuse shall be forwarded to the appropriate licensing body for review where applicable. Contractors providing services who have direct contact with offenders shall be obligated to comply with applicable PREA standards and shall be monitored to ensure compliance with these PREA standards.” All contractors receive the same training as facility employees prior to the enlisting of services. The facility utilizes the IDOC Prison Rape Elimination Act Lesson Plan for PREA for contractor training also. The training lesson plan covers the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the facility; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; an individual’s right to be free from sexual abuse and sexual harassment; the right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; and how to avoid inappropriate relationships with inmates. Contractors interviewed acknowledged receiving PREA training as part of the orientation training prior to working with offenders. The training is documented through the IDOC Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form that requires the contractor to acknowledge understanding “with all department of Corrections Policies and Procedures, it is my responsibility for maintaining familiarity with and adhere to this policy and its procedure; questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor; and procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with the Department of Correction and facility policy, procedures, and directives.” The facility utilizes contractors from five companies to provide offender services. The facility must maintain a core base of contractors (84) for operations, listed as embedded contractors per the contract language. The five companies are Aramark for food service; Oakland City University (IVY Tech) educational instructors; Midwest Psychological for various positions in programming, case management, and administrative clerks; Action Temporary for laundry, mail room, and case management; and Centurion for medical and mental health staff. Contractors stated they receive annual PREA training during in-service training with facility staff. They shared the training covers how to report, signs to look for, how to file an incident report, how to detect sexual abuse, what to do if a sexual abuse was reported to them, preserving evidence, the zero-tolerance policy, transgressions, report any allegation, who to report to, and steps to take when an incident occurs. The contractors stated they would report an allegation to a supervisor and/or the PREA Compliance Manager immediately. The Auditor reviewed five contractors training files, all the files documented initial PREA training prior to assignment and annual PREA training as part of annual in-service.

The facility has 197 volunteers approved to provide services within the facility. Volunteers complete the Indiana Prison Rape Elimination Act Volunteer Training prior to entering the facility. The training covers prevention, detection, reporting, and responding to sexual abuse; the purpose of PREA; zero-tolerance policy, dynamics of sexual abuse; reactions of victims; avoiding inappropriate relationships; laws for reporting and consent; and procedures based on population. The training is documented through the IDOC Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form that requires the contractor to acknowledge understanding “with all department of Corrections Policies and Procedures, it is my responsibility for maintaining familiarity with and adhere to this policy and its procedure; questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor; and procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with the Department of Correction and facility policy, procedures, and directives.” The Auditor interviewed two volunteers who explained they received initial training through a training PREA slideshow presented by the Program Director. They also receive training annually with a PREA section included. They shared the training included what is PREA, zero-tolerance, how to report, whom to report to, signs to detect sexual abuse, what for change in offenders’ attitudes, what is abuse, report to supervisor, and involvement with an offender would be criminal since volunteer has power over an offender. They stated they would report an allegation to a supervisor, Chaplain, or nearest correctional officer. The Auditor reviewed one volunteer’s training file. The volunteer received initial training prior to enlistment of services and has completed annual training every year thereafter.

The facility exceeds the standard with annual training for volunteers and contractors.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The New Castle Correctional Facility provides a comprehensive PREA education to the inmate population beginning at intake into the facility. The facility's policy 17.001 Sexual Abuse Prevention states, "During the intake process, within twenty-four (24) hours of the offender's arrival at the facility, he/she shall be provided written information (e.g. handbooks, pamphlets, etc.) on the facility's zero (0) tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and/or sexual harassment. In addition, all offenders housed at the facility shall receive as part of their orientation to the facility an educational segment regarding sexual abuse and sexual harassment prevention. The offender shall be provided with verbal and written information regarding the facility's zero tolerance of any sexual abuse and sexual harassment; the offenders right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; self-protection; reporting sexual abuse and sexual harassment; treatment and counseling available to offenders who are victims of sexual abuse; and facility policies and procedures for responding to such incidents. As part of this education program, the offenders shall be advised that any offender who engages in any type of sexual abuse and sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Additionally, the offenders shall be advised that all such cases shall be referred to the IDOC correctional police officer for criminal prosecution and to child protective services as appropriate." PREA information is first available to offenders at intake through the distribution of the Indiana Department of Correction (IDOC) Offender Handbook and the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure. The offenders are provided the written materials as part of the intake process. The Sexual Abuse Prevention and Reporting Offender/Student Information Brochure outlines the zero-tolerance policy; what should be reported; definitions; how to report sexual abuse and sexual harassment; tips for prevention; treatment and counseling; and contact information for the Indiana Department of Correction. The Offender Handbook has a section on Sexual Assault Prevention and Reporting that covers the zero-tolerance policy, all incidents of sexual abuse will be investigated; disciplinary action and possible criminal prosecution will be pursued; how to report an incident; and victims will be offered counseling and assistance from victim advocates. Offenders are informed reports can be made to any staff member, by dialing #80 on the offender phone system, through the electronic kiosks via the Sexual Abuse contact, or by family/friends through the Sexual Assault Hotline on the IDOC website. The intake area has PREA posting on the walls available for the offender to view and read. The poster informs the offender they can report a sexual assault by telling any staff person, dialing #80, and filing a grievance, or having a family/friend report on their behalf. An email address is provided for the Indiana Department of Correction PREA office and a phone number. Twenty-five of the fifty offenders interviewed acknowledged receiving PREA information at intake. The remaining offenders except for one, acknowledged receiving PREA information during orientation. The intake staff interviewed stated education is provided to offenders through an intake packet that includes the Offender Handbook and the PREA brochure. They also stated the inmates are informed of how to report, the reporting methods available, and then ask the inmate if they have any questions. The Auditor observed an inmate's intake. The inmate was handed the Offender Handbook and PREA pamphlet with no explanation and told to sign paperwork acknowledging receiving the PREA information. One intake staff interviewed stated the PREA information is provided to the offender usually within 10-15 minutes and the other intake staff member stated within 3 hours. Both acknowledged the offender receives the information prior to

leaving the intake area for their housing placement. The facility processed 1,356 offenders through intake during this audit period and the PAQ noted all inmates were provided PREA education at intake. The Auditor reviewed fifteen offender files; twelve offenders had intakes during the audit cycle. Of those twelve, eight offenders received intake information on the day of arrival, one offender two days after arrival, two offenders within three days of arrival, and one had no information noted. The three offenders with intakes prior to 2013, each had their initial PREA education in 2013. Documentation of the PREA information received at intake is through the offender's signature on the PREA Acknowledgement form.

Recommendation (a): Staff need to take time to explain the PREA information at intake to ensure the offenders understand the PREA information that is provided. Half of the inmates interviewed stated they did not receive PREA education at intake and were not aware of receiving the PREA information at intake. The Auditor observed an inmate's intake. The inmate is handed the inmate handbook and PREA pamphlet with no explanation and told to sign paperwork acknowledging receiving the information.

The facility's policy 17.001 Sexual Abuse Prevention states, "In addition, all offenders housed at the facility shall receive as part of their orientation to the facility an educational segment regarding sexual abuse and sexual harassment prevention. The offender shall be provided with verbal and written information regarding: the facility's zero (0) tolerance of any sexual abuse and sexual harassment; the offenders right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; self-protection; reporting sexual abuse and sexual harassment; treatment and counseling available to offenders who are victims of sexual abuse; and, facility policies and procedures for responding to such incidents. As part of this education program, the offenders shall be advised that any offender who engages in any type of sexual abuse and sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Additionally, the offenders shall be advised that all such cases shall be referred to the IDOC correctional police officer for criminal prosecution and to child protective services as appropriate. As a part of the offender's orientation, the offender shall be given a brochure created by the IDOC advising the offender of the potential dangers of sexual abuse and sexual harassment and the IDOC's zero (0) tolerance for such behavior. Additionally, staff shall supplement the information in the brochure by providing information specific to the operation of the facility. This information shall also be included in the facility's offender handbook. Staff shall address any questions the offenders might ask regarding sexual abuse and sexual harassment." The Classification Program Director explained the offenders receive initial information at intake and then receive orientation within seven days of intake. During the orientation, the offenders watch the video PREA What You Need to Know, staff discuss PREA with the offenders and answer any questions, and then the offender signs the PREA Acknowledgement Form. The offenders interviewed acknowledged the orientation process and receiving PREA information during orientation. The Classification Program Director explained that during the period of COVID protocols, the offenders completed the orientation program after the 14-day quarantine. The orientation is completed by the case managers within the specialized housing units. The PREA information is also available to the offenders on the Kiosk and tablets. During the facility tour, the Auditor asked an offender to demonstrate the accessibility of the PREA information on the Kiosk and tablet. The PREA information was not loading on the Kiosk. The offender acknowledged seeing the information previously on the Kiosk. The tablet had available PREA information however the information was not in a specific area of the tablet and the inmate had to hunt for the PREA information on the tablet. There were 1,356 offenders whose length of stay was longer than 30 days for the audit period and the PAQ noted all offenders housed for thirty days received comprehensive education. Through the review of the fifteen offender files, of the twelve offender intakes during the audit

period, eight offenders received comprehensive education during orientation within seven days, one within 14-days (COVID), and two within 30 days (COVID). One offender had no education noted and three offenders whose intake was prior to 2013 had comprehensive education in 2013. The electronic files documented the orientation PREA education.

The facility's policy 17.001 Sexual Abuse Prevention states, "The presentation of this information shall be in a manner that is easily understandable to the offenders, Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education, and classification records in addition to interviewing the offender. Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the facility's sexual abuse prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations." The New Castle Correctional Facility recognizes the need to provide accommodations to those persons who have disabilities or limited reading skills, visual impairments, hearing and /or speech disabilities, and are limited English proficient. GEO's Vice President Risk Management interviewed as Agency Head stated "in all of GEO's facilities we have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us." During the booking process the officers make observations and complete a risk assessment form with the offender to identify and capture disabilities including limited reading skills, visual impairments, hearing, speech disabilities, and if the inmate is limited English proficient. The most prominent second language of offenders is Spanish. The PREA Compliance Manager stated accommodations may be made using a Braille version of the offender PREA brochure, an American Sign Language interpreter, showing the PREA video with closed captioning, and reading the offender PREA brochure. Mental health or education staff may assist with communicating with offenders who have developmental disabilities. Written materials that communicate the sexual abuse prevention program will be provided in English and Spanish. Interpretive services, in-person and telephonic, are available to offenders with limited English proficiency through a language line interpreter. Staff interviewed stated communication with deaf and hard of hearing offenders are through written materials (PREA brochure, posting in housing units, Offender Handbook, and information on the tablets), captioned PREA video, and sign language; blind or low vision offenders can listen to the video and staff would read the PREA information to the offender; and offenders with low cognitive skills would be communicated with on a level they could understand with reaffirming they understand the information. Assistance from medical, mental health, and/or education staff may be used to assist in communicating with offenders with low cognitive skills. On behalf of the New Castle Correctional Facility, the Indiana Department of Correction has a contract with Language Training Center Inc for interpretative services with an effective date of January 8, 2021. The facility has written PREA informational materials in English and Spanish; Sexual Abuse Prevention and Reporting Offender Information Brochure, the Offender Handbook, and the GEO Zero-Tolerance handout. The facility has two staff Spanish interpreters. The PREA Compliance Manager stated written materials that communicate the sexual abuse prevention program will be provided in Spanish through interpretive services, either in-person and/or telephonic.

Staff shared communication with limited English proficiency offenders would be through the languages line interpreters and staff interpreters, and written materials in Spanish. On the first day of the audit, the facility housed thirteen limited English proficient offenders; four offenders who were blind or with a significant visual impairment; and twelve offenders with a hearing impairment. The Auditor interviewed three offenders who had vision impairment and four limited English proficient offenders whose primarily language is Spanish. The interviews with the Spanish offenders were through an interpreter. The three vision impaired offenders, one was blind, one legally blind, and the other with a significant vision impairment. The offenders stated they had received PREA information through a staff explaining the information in a classroom setting and one indicated he received the information at IDOC before his blindness. They also shared they have an inmate companion that assists them as needed including completing paperwork and reading information to them. All three knew how to report an incident through the hotline number, talk to staff, and through the tablet or KIOSK with assistance from their inmate companion. Of the four Spanish offenders, two offenders stated they received information in Spanish, and it was explained to them and the other two stated they received information in English. One of the offenders stated although he received the written materials in English, a staff member explained the PREA information to him. He can understand English but cannot read or write English. Three Spanish offenders stated they obtain assistance from other offenders that are bilingual, staff are not responsive to assist. One Spanish inmate stated his case manager assists him through a dictionary. The Auditor reviewed their files to determine if information was provided in a language they understood. There was not a notation of how the information was provided to the Spanish offenders in a manner they understood. Three of the four Spanish offenders new how to report through the hotline number, email family, submitting a request slip, and telling a staff member. The facility provided the Auditor further documentation during the corrective action period that demonstrated a form, PREA Offender Education Program, that is used to capture how the PREA information is provided to an offender with a special need. The form has a section where staff write the accommodation used to provide the PREA information to the offender, the example shared noted written materials were read to the limited English proficient offender. The staff member and the offender sign and dates the form. Another example was a Sexual Violence Assessment Tool (SVAT) completed with a Spanish offender; on the form it noted the questions were completed in Spanish. The facility held staff training on disabilities and limited English proficient offenders to ensure accommodations are made to ensure they receive PREA information in a manner the offender understands. Documentation on the staff training through the Training Attendance Form and staff signatures was provided to demonstrate compliance.

Did Not Meet (d): The facility's policy does not address how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) offenders are provided 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. The sight impaired/blind inmates stated they did not receive PREA information in a method they understood. They stated they must rely on their Inmate Companions to assist with any information. The Auditor could not verify how the offenders were provided the PREA information in a manner they understood in the inmates' files at inmate or during orientation.

Corrective Action Taken (d): The facility expanded the PREA Policy to include procedural direction on how disabled (blind, sight impaired, hearing impaired, deaf, low cognitive skills, intellectual and psychiatric disabilities) offenders will be provided opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment including education. Documentation also included an Offender Education Program form documenting education materials was read to an offender identified with special

needs; a Sexual Violence Assessment Tool Reassessment conducted with an offender that was deaf who was able to read as noted on the form; and a Sexual Violence Assessment Tool Reassessment conducted with an offender that was that was blind and noted the staff member read the questionnaire to the offender and the offender answered the questions. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

Did Not Meet (d): The facility's policy does not address how limited English proficient offenders are provided 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. The limited English proficient (Spanish) offenders interviewed stated they did not receive PREA information in a manner they understood. One stated information was provided in English in which he could not read, one stated he did not receive any information. Also, the offenders stated they are not provided with anyone to help them understand the PREA information. The Auditor could not verify the issue of the Spanish PREA pamphlet or handbook in the offenders' files at intake or the PREA education at orientation in a manner they understood.

Corrective Action Taken (d): The facility expanded the PREA Policy to include procedural direction on how limited English proficient offenders will be provided opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment including education. Documentation also included a Sexual Violence Assessment Tool Reassessment form in Spanish that was conducted with a LEP offender (Spanish) as noted on the form. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

The facility's policy 17.001 Sexual Abuse Prevention states, "Additionally, it shall be noted in each offender's record that the offender received the brochure and was made aware of all appropriate information regarding the facility's zero (0) tolerance for all sexual abuse and sexual harassment, including how to report it and how to obtain treatment if he/ze becomes a victim. The offender shall sign an acknowledgment form indicating that this information was provided and understood. The acknowledgment form shall be filed in section three (3) of the offender's facility packet. This offender education program shall be completed within seven (7) days of intake or transfer." The Auditor reviewed fifteen offender files that demonstrated PREA information was provided to twelve offenders as part of intake and orientation during the audit period. One offender had no information in his offender's file and three offenders had intakes prior to 2013 and had their PREA education in 2013.

The facility provides continuous written PREA information to the offenders through posters located throughout the facility, the Offender Handbook, on the KIOSK and tablets, and the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure. The offenders interviewed were able to explain how to report an incident and were aware of the zero-tolerance policy.

Recommendation: The facility utilizes tablets and Kiosks to ensure offenders have continuously and readily available PREA information. The facility should place a PREA tab on the tablets that includes all the PREA information. The offenders had a hard time finding the PREA information on the tablet since it is mixed with other information. The Kiosks would not upload the PREA information when checked by the Auditor in two different locations. The facility needs to ensure the PREA information is available on the Kiosks.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The GEO agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "Investigators shall be trained in conducting investigations of Sexual Abuse in confinement settings. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigators shall receive this specialized training in addition to the training mandated for Employees in Section F (1). Facilities shall maintain documentation of this specialized training." The Investigator interviewed stated a specialized trained staff member from the facility will conduct the administrative investigations and all potential criminal investigations are referred to the IDOC correctional police office. The facility currently has three specialized trained investigators. The facility provided training certificates for all investigators documenting the Specialized Training: Investigating Sexual Abuse in a Correctional Settings. This course is a four-hour webinar through GEO Corporate and addresses the investigation process in a confinement setting and all the elements within the standard. The investigators also completed the general facility PREA training through the facility's annual in-service training as documented through training records.

The Investigator interviewed was knowledgeable of the investigation process. He acknowledged the training covered techniques for handling investigations, interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. He explained techniques for interviewing sexual abuse victims including treating everyone the same, not as a suspect, being understanding, and being careful with asking open questions. He understood the difference between Miranda and Garrity warning Miranda being criminal and Garrity being administrative/an internal investigation. He also stated GEO only investigates administrative cases. He stated sexual abuse evidence collection covered what to collect including physical evidence (clothing, bedding, objects, video), discussed the forensic exam process, chain of custody, dry vs wet evidence collection guidelines, and control of evidence. The Investigator also stated that 51% of evidence, preponderance, is required to substantiate a case.

The GEO agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "Where the Facility does not conduct Sexual Abuse investigations and an outside Agency is responsible for investigating these type incidents, the Facility shall request documentation from the Agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the Facility." All potential criminal investigations are referred to the IDOC correctional police office for investigation.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

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

Auditor Overall Compliance Determination

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

The GEO agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment. Note: training is to be completed during newly hired employee pre-service orientation. Medical and Mental Health Care Practitioners shall receive this specialized training addition to the training mandated for Employees or Contractors depending upon their status at the Facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. Facilities shall maintain documentation of this specialized training." The facility has 50 medical and mental health staff contracted through Centurion. The medical and mental health staff and the PREA Compliance Manager interviewed stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender. The facility medical staff do not conduct forensic examinations.

Through interviews with the medical and mental health staff, they acknowledged receiving PREA training annually through the facility the same as facility staff. They also acknowledged they had not received specialized medical and mental health training. Although the healthcare staff had not completed specialized training, the staff were able to explain and provide examples for how to detect and assess signs of sexual abuse and sexual harassment; how to preserve evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. Upon review of the training files for the medical and mental health contractors, the files did not demonstrate specialized training completed. During the corrective action period, the facility developed a process to ensure all medical and mental health staff receive specialized training by having all medical and mental health staff receive specialized training when they attend their New Employee Orientation. All current medical and mental health contractors completed the Specialized Medical and Mental Health PREA Training through a GEO lesson plan that addresses all the components of the standard. The training is a PowerPoint presentation. Documentation of the training was provided through the Training Attendance Record forms with the medical and mental health staff signatures.

Did Not Meet (a): Medical and mental health staff acknowledged during interviews they have not completed the specialized training for medical and mental health staff. The training files of the medical and mental health did not demonstrate completed training.

Corrective Action Taken (a): The facility developed a process to ensure all medical and mental health staff receive specialized training by having all medical and mental health staff receive specialized training when they attend their New Employee Orientation. The facility provided documentation of the specialized training through Training Attendance Records sheets with signatures of medical and mental health staff. The facility met substantial compliance with the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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 N/A

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate’s risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate’s risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The facility’s policy 17.001 Sexual Abuse Prevention states, “Within twenty-four (24) hours of an offender’s admission into the facility, staff shall assess the offender through interviews and reviews of the offender’s record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim. This assessment shall utilize the Intake Sexual Violence Assessment Tool (SVAT). For intakes received Monday through Friday (prior to 12:00 PM) of each week, the intake assessment shall be completed by the designated intake unit casework manager. For intakes received after 12:00 PM Friday through Sunday of each week, the intake assessment shall be completed by a ranking custody staff member designated by the chief of security. Staff completing the intake SVAT shall submit, on the same day as completion, the completed intake SVAT form to the PREA compliance manager for review and recording. Any SVATs received improperly completed shall be returned to the offender’s assigned unit team manager for correction and resubmission.” An initial risk assessment is

conducted on all new intake and transferred inmates during the intake process utilizing the form Adult Sexual Violence Assessment Tool (SVAT). The staff interviewed stated once the offender completes the intake process the offender is moved to the K housing unit and the initial risk assessment is completed within 24 hours. The interview is a one-on-one interview with a case manager and held in a private setting to provide confidentiality. If the offender arrives after Friday afternoon, a Sergeant will complete the initial risk assessment within 24 hours. The PAQ noted 1,356 were screened for risk of sexual victimization or risk of sexually abusing other inmates, which was 100% of the intakes. Of the fifty offenders interviewed, thirty-nine offenders acknowledged receiving a risk screening upon intake or the next day. Eleven of the offenders stated they had not received an initial risk screening or could not remember. The Auditor reviewed fifteen offender files; twelve offender intakes were within the audit period. Of the twelve, six of the initial risk screening occurred the day of intake, four on the next day, one three days later, and one file had no risk assessment. All but one of the risk assessments were within the 72-hour requirement of the standard, four risk assessments were outside the facility's policy requirement of 24 hours.

The facility utilizes an objective screening instrument, the Adult Sexual Violence Assessment Tool (SVAT) form. The facility's policy 17.001 Sexual Abuse Prevention states, "Utilizing the IDOC developed Sexual Violence Assessment Tool (SVAT), this assessment shall typically be conducted at three (3) pre-determined intervals: intake, follow-up, annual classification review." The Adult Sexual Violence Assessment Tool (SVAT) form has five sections: potential victim factors, potential aggressor factors, assessment type, offender PREA flag, and assessment review. The form requires the staff signature and date upon completion of the initial risk assessment and after the reassessment review. The form directs the staff member to complete the assessment by gathering information from the offender record, court documents, medical and mental health screenings, and an interview with the offender using the SVAT questionnaire. The potential victim factors questions capture whether the offender has prior victim of sexual abuse during incarceration; prior victim of sexual abuse in the community; identifies as or perceived to be LGBTI or gender nonconforming; youthful age under 21 or elderly over 65; conviction for sex offense against a child or adult; small stature/build that would appear to be vulnerable; current developmental disability /mental illness; physical disability; offender has concerns about vulnerability to sexual abuse; first time in a correctional facility; and criminal history nonviolent only. If the inmate answers yes to the question of prior victim of sexual abuse during incarceration or yes to six or more factors the inmate is flagged as a likely PREA victim. The potential aggressor factors questions capture whether the offender was a perpetrator of sexual abuse during incarceration; conviction for sexual offense against an adult; prior or current conviction for sexual offense; history of assaultive conduct in IDOC in the past five years; and institutional conduct history for sexual behavior. If the inmate answers yes to the questions of perpetrator of sexual abuse during incarceration and/or prior or current conviction for violent offenses, and/or if the offender answers yes to three or more questions of this section, the offender is flagged as a likely PREA aggressor. The Assessment Type sections captures the type of assessment being completed, if the assessment is an intake, transfer, annual review, or reassessment. The Offender PREA Flag section is marked to identify if the offender screened as a likely victim, likely aggressor, or has no flag. The Adult SVAT Questionnaire is used by staff to interview the offender. The offender is informed that responses are confidential and not required. The questions are: have you ever been a victim of sexual abuse in a correctional institution; have you ever been a victim of sexual abuse outside of a correctional institution in the community; do you identify as lesbian, gay, or bisexual, have you ever been diagnosed by a doctor as intersex; have you been diagnosed with a mental, physical, or developmental disability; do you have concerns about being vulnerable to sexual abuse during incarceration; and have you ever been a perpetrator of sexual abuse of another offender while incarcerated. The staff are required

to interview the offender and write the responses on the form. The form is maintained in the confidential offender record. This process conforms to the PREA standards.

The Auditor observed the intake and screening process of an offender. The Auditor had the case manager explain the risk screening assessment process from the receiving of the offender at the facility to the completion of the screening process. On the offender's arrival at the facility, the intake process is completed, and the offender is moved to the reception unit (K). Either before the offender leaves the intake area or once in the K housing unit, the case manager completes the initial risk screening through an interview with the offender utilizing the Adult SVAT Questionnaire. The case managers interviewed stated the information from the questionnaire, offender record, court documents, medical and mental health screenings, and any other information gathered is utilized to complete the Adult Sexual Violence Assessment Tool (SVAT). The case manager started the interview with the offender by asking if the offender understood English. The offender acknowledged he could read, write, and spoke English. The case manager started the risk screening process and told the offender the information was confidential and that he could refuse to answer any of the questions. The case manager completed the risk assessment with the offender and the offender had no flags. The case manager explained if an offender is flagged as a likely victim and/or likely aggressor, this information would be considered when making a housing placement. The risk screening observed by the Auditor was of a male offender that scored with no designation and did not identify as LGBTI. If an offender reports prior victimization or previously perpetrated sexual abuse, the offender is referred to medical and mental health through the PREA referral process.

The facility's policy 17.001 Sexual Abuse Prevention states, "Within thirty (30) days of an offender's admission into the facility, an offender's assigned casework manager shall reassess his/hers risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment. This assessment shall utilize the Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) and be documented in the offender's case management notes utilizing the Offender Case Management System (OCMS). Staff completing the Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) shall submit, on the same day as completion, the completed Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) form to the PREA compliance manager for review and recording. Any SVATs received improperly completed shall be returned to the offender's assigned unit team manager for correction and resubmission. Upon receipt of the completed Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT), the PREA Compliance Manager shall retrieve the corresponding offender's Intake Sexual Violence Assessment Tool (SVAT) and compare the answers provided in each assessment to answer the following questions and document the answers in the thirty (30) Day Review section of the Intake Sexual Violence Assessment Tool (SVAT): Has the offender previously experienced sexual victimization; Does the offender fear for his/hers own personal safety; Does the offender identify as LGBTI; and Has any new information been received that changes an answer on any risk factor since the last assessment? If on the Intake Sexual Violence Assessment Tool (SVAT) the offender did not indicate experiencing prior sexual victimization or previously perpetrating sexual abuse, but on the Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) the offender did indicate experiencing prior sexual victimization or previously perpetrating sexual abuse, then the PREA compliance manager shall make the appropriate referrals. If upon review of the Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) and answering of the questions outlined in this policy and procedure by the PREA compliance manager, the Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) indicated a change in the offender's flag status, then the PREA compliance manager shall present said change to the PREA committee for review and update the offender's flag

status in OIS.” The case managers interviewed stated a 30-day reassessment is conducted with the offender usually within 3 to 4 weeks of intake. They also shared if any answer changes on the reassessment from the initial risk screening, the information is shared with the PREA Compliance Manager. If the offender’s risk of likely victim and/likely aggressor changes, the change is made in the OIS and housing placement is reconsidered for appropriate separations. Of the fifty offenders interviewed, thirty offenders acknowledged staff completing a reassessment within a few weeks and twenty offenders stated a reassessment was not completed or they could not remember. The Auditor reviewed fifteen inmate files which included five inmates that stated a risk assessment was not completed. Of the offender files reviewed, three offender intakes were before 2013. Of the remaining twelve files reviewed, seven reassessments were completed within 21 days, three within 30 days, and two had no reassessments. Upon discussion with staff, the reassessment process had delays during COVID protocols and by COVID protocol some reassessments were completed by phone with the offender. The PAQ noted that all offenders (1,356) received a PREA reassessment within 30 days of admission to the facility.

The facility’s policy 17.001 Sexual Abuse Prevention states, “Annually, as part of the offender’s annual classification review an offender’s assigned casework manager shall reassess his/hers risk of victimization or abusiveness considering any additional information received by the facility since his/hers follow-up assessment or previous annual classification review assessment. This assessment shall utilize the Follow-Up, Annual, & Re-Assessment Sexual Violence Assessment Tool (SVAT) and be documented in the offender’s case management notes utilizing OCMS.” Most offenders that acknowledged the reassessment process also noted a PREA reassessment is conducted by the case manager during the annual review. The case manager interviewed also shared a reassessment is conducted annually with the offender. The offender files documented the annual reassessments. The facility exceeds the standard by conducting an annual PREA reassessment with the offender.

The facility’s policy 17.001 Sexual Abuse Prevention states, “An offender’s risk level shall also be reassessed at any time when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abuse. These assessments shall be conducted in the same manner as the annual classification review assessment.” These reassessments are called Ad Hoc Assessments. Two of the offenders interviewed acknowledged reassessments conducted after reporting a PREA incident and one offender noted a reassessment during the retaliation monitoring. The PREA Compliance Manager stated when an offender reports an incident, he will notify the case manager who will complete an Ad Hoc Assessment with the offender. Documentation of the process and examples of Ad Hoc Assessments were provided for the Auditor’s review. The assessments were completed timely after the reported incident.

The facility’s policy 17.001 Sexual Abuse Prevention states, “An offender’s refusal to provide information to assist with establishing the aggressor/victim likelihood on the SVAT shall not result in disciplinary actions against the offender.” The case manager informed the offender the information was confidential and that he could refuse to answer any of the questions. The case manager stated if the offender refused to answer any of the questions, staff then review the offender’s file for previous SVATs, read the Pre-Sentence Investigation, and review other records to complete the Adult Sexual Violence Assessment Tool (SVAT). The staff member will note if the offender was uncooperative or refused to complete the risk screening.

The facility's policy 17.001 Sexual Abuse Prevention states, "The results of this assessment shall be considered confidential and filed in the offender's facility packet accordingly. The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders." The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is protected. The PREA Compliance Manager and the case managers stated the risk screening is maintained in the confidential section of the offenders' files. They shared only staff with authorization to review the confidential section of an offender's file are the case managers, PREA Compliance Manager, classification staff, Assistant Wardens, and the packet room staff. The PREA Coordinator stated only those who need to know to make housing, work assignments and programming/education decisions have accessibility to the information. All staff receive training on confidentiality and any employee who fails to follow these basic rules of confidentiality shall be disciplined, up to and including termination.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall utilize information from risk screening to aid in the assignment of offender housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender. The facility's master locations/count office shall maintain an electronic roster of all offenders housed within the facility. This roster shall provide a visual representation of all housing units within the facility and the offenders assigned therein and enable the graphical mapping of offenders assigned to the institution. The roster shall clearly identify those offenders identified by the SVAT as either victim likely, aggressor likely, or both victim and aggressor likely." The facility utilizes an objective screening instrument, the Adult Sexual Violence Assessment Tool (SVAT) form. The form has a section to identify if an offender is flagged as a likely victim, likely aggressor, or has no flag. The case manager explained if an offender is flagged as a likely victim and/or likely aggressor, this information would be considered when making a housing placement. Policy 17.001 further states, "The PREA Compliance Manager and PREA committee shall review the record and history of those offenders receiving a SVAT flag of potential aggressor or potential victim as a recommended override by staff completing the assessment. The committee shall then reach a consensus on the PREA flag status of those offenders in question. Offenders identified as likely PREA aggressors may be considered for housing in administrative restrictive status housing. Offenders who are identified as a likely PREA aggressor shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a likely PREA victim. Offenders who have been identified as a likely PREA victim shall not be housed in the same cell as or in a bed adjacent to an offender identified as a likely PREA aggressor and may be housed in protective custody or other assignment that reduces the likelihood of sexual victimization. PREA flags shall be reviewed for all work and program assignments in accordance with IDOC AP 01-04-101, Adult Offender Classification. The facility shall ensure that all IDOC procedures regarding the evaluation and assessment of cell/dormitory assignments are followed, such as the evaluation for placing offenders in two (2) or more person cells/living areas." The PREA Compliance Manager stated the Offender PREA Flag designation dictates where an offender can be housed, and staff consider the safety and any special considerations of the offender when making housing and program assignments. The offender management system has blocks which will not allow offenders with victim or predator designates to house together. The system also blocks offenders that have keep separates noted in the system from housing with each other. The case managers interviewed stated the PREA flag is noted in the offender management system and does not allow a victim/potential victim to be housed with an aggressor/potential aggressor. If housing is within one of the dorms, the offenders flagged as victim/potential victim and an aggressor/potential aggressor are housed at different ends of the dorm and always must have at least one bed separating flagged offenders. During the on-site audit, the facility had 288 offenders that had a designation of a potential PREA victim or predator. The Auditor reviewed fifteen offender files to follow the classification process paperwork and decisions from intake through housing placement. Fourteen of the fifteen files demonstrated the facility is utilizing information from the risk screening instrument to make individualized determination about housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive including transgender inmates. One file had no offender information in the file to review. The review of the fourteen files demonstrated the facility is making individual placement decisions based on the offender's safety and needs.

The facility's policy 17.001 Sexual Abuse Prevention states, "In making housing and program assignments for transgender or intersex offenders, the facility shall consider on a case-by-case basis

whether the placement would present management or security problems. If for security reasons, general population housing is not assigned after intake process, and involuntary restrictive status housing is used. If unable to assign to general population housing after the intake process, transgender and intersex offenders may be housed in medical for up to seventy-two (72) hours (excluding weekends, holidays, and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC). Placement into involuntary restrictive status housing due to an offender's identification as transgender or intersex shall be used only as a last resort and when no other viable housing options exist. If transgender offenders are housed in RHU (or medical isolation for non-medical or disciplinary reasons), the Transgender Care Committee (TCC) met to determine appropriate housing decisions within seventy-two (72) hours of placement into isolation." The Transgender Care Committee reviews the transgender housing placement if there is a security and/or safety concern for housing in general population. The Committee will review and make appropriate housing placement based on the security and safety of the offender and facility. The Transgender Care Committee may consult with the PREA Coordinator at GEO Corporate, if needed. The TCC members include staff from the facility administration, security, case management, classification, medical, mental health, and the PREA Compliance Manager. The transgender or intersex offenders complete the Transgender Care Form with the PREA Compliance Manager at intake as shared by the case managers, the PREA Compliance Manager, and the transgender offenders interviewed. The Transgender Care Form considers housing decisions, mental health concerns, and classification concerns. The offender is asked: what housing areas you would feel most comfortable in; how do you identify; what name do you go by in the community; preference for pat-down searches; shower preference, and other classification questions. The interview format provides a process for offenders to be asked about their view of their own safety and security when making a housing placement in the least restrictive housing possible. The form covers the offender's gender identification, name preference, pronoun preference, staff gender preferred for searches, and shower preference. The PREA Compliance Manager stated the Transgender Care Form is completed at intake and every six months with the offender and the offender is asked about safety concerns. The goal is to ensure housing and program placements are to keep the offender safe and feel safe during the offender's incarceration. A transgender or intersex offender's views are considered. During the on-site audit, there were twelve transgender offenders housed at that facility, the Auditor interviewed seven transgender offenders. Five offenders noted there were asked about their safety and housing preferences by the PREA Compliance Manager at arrival to the facility by completing a form. One offender noted the PREA Compliance Manager met with her two months after arrival and completed the Transgender Care Form. And the last transgender offender noted she did not disclose at intake and disclosed to mental health about a month after arrival. Once disclosed the PREA Compliance Manager discussed with the offender's concerns for safe housing placement. The Auditor reviewed four transgender offender files and all the files had the completed Transgender Care form as well as notes regarding the housing placement decisions made for the offender's safety while giving consideration of the offender's concerns.

The facility's policy 17.001 Sexual Abuse Prevention states, Offenders self-identifying as intersex or transgender shall receive an initial placement and programming assessment with subsequent reassessment conducted every six (6) months at the PREA committee meetings. Serious consideration shall be given to such an offender's own views with respect to his/hers own safety. The TCC shall be the sole mechanism for conducting and documenting these assessments. When conducting the assessment, the TCC shall consider, at a minimum: the offender's documented criminal history and past/present behavior; the offender's physical, mental, medical, and special needs; the offender's self-assessment of his/her safety needs (e.g. do they feel threatened or at risk of harm); privacy issues, including showers, available beds, and/or housing; all records and prior assessments of the effects of any housing placement

on the offender's health and safety that has been conducted by a medical or mental health professional; and, those offenders with a diagnosis of gender dysphoria through mental health staff shall be approved for hormone therapy as determined by IDOC treatment policy 3.01A section VB and afforded a sports bra. The TCC shall attempt to reach consensus on all decisions. The TCC shall meet as a subset of the PREA committee, as needed upon identification of any transgender or intersex offenders, but not less than once every six (6) months. TCC minutes shall be documented in the PREA committee meeting minutes; in addition, a Transgender Care Committee Summary shall be completed for each offender discussed during the TCC meeting. A copy of the Transgender Care Committee Summary shall be retained in the offender's packet and a copy forwarded to the GEO PREA coordinator upon completion." Although the policy notes the six-month review is completed by the TCC, the PREA Compliance Manager completes the six-month reviews. The PREA Compliance Manager stated he meets with the transgender offender every six months, and this was also shared by the case managers interviewed. The PREA Compliance Manager reviews the Transgender Care Form with the offender to discuss and concerns and to identify any changes that may be requested or changed. The four transgender offender files reviewed documented six-month reviews completed with each transgender offender.

The facility's policy 17.001 Sexual Abuse Prevention states, "Offenders self-identifying as intersex or transgender shall be offered a preference to shower separately from other offenders." The facility has a process in place that allows the transgender or intersex offender the opportunity to shower separately from other offenders. The offender can shower in the housing units that have single showers with shower doors that provide privacy. If the offender prefers or is uncomfortable showering in the housing unit with other offenders, the PREA Compliance Manager stated a schedule would be created to allow the offender to shower when the rest of the housing unit is locked down. The case managers interviewed stated a shower schedule would be created for the transgender offender if requested. The seven transgender offenders interviewed noted were asked about their showering preference. Two offenders noted they were offered a showering schedule but felt comfortable showering at normal times in the shower stalls with privacy curtains. The other five offenders noted they shower at a determined time based on their shower schedule when other offenders are in cells, locked down, and/or during count.

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated units solely on the basis of such identification or status." The facility does not have a consent decree, legal settlement or legal judgment requiring a dedicated housing unit or wing. The PREA Coordinator stated, no GEO facilities are under a consent decree or other legal judgment and this practice is prohibited by policy and the facility considers each individuals own views about their safety as part of the initial PREA risk screening assessment. The transgender and bisexual offenders interviewed stated they were not housed in housing areas only for gay, lesbian, bisexual, transgender, or intersex offenders. The Auditor reviewed the housing roster for the housing placement of the transgender and bisexual offenders, the offenders were not housed in a dedicated housing unit and the review demonstrated the offenders were housed throughout the facility.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "Offenders at a high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, utilizing the GEO Available Alternatives Assessment form, and a determination has been made that there is no available alternative means of separation from likely abusers. Any such determination shall clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be made." The GEO policy 5.1.2-A Sexually Behavior Prevention and Intervention Program (PREA) states, "Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the Individual in a GEO Facility or Program. If the Facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the "Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessment. All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion." A memo to file and the PAQ noted no offenders at risk for sexual victimization were housed in involuntary segregated housing. The Facility Administrator stated offenders at high risk of sexual victimization would be housed in a safe location for the offender and if needed bed moves could also be made. Facility staff would look at all possible housing options before housing in involuntary segregated housing. The Facility Administrator also stated that if an offender was housed in involuntary administrative segregated housing it would be for the least amount of time until an alternative housing option could be arranged. The Lieutenant who supervises segregated housing stated all other housing options would be reviewed by the Chief of Security, PREA Compliance Manager, and mental health prior to placing an offender at risk for victimization in segregated housing. The Lieutenant and Facility Administrator stated there were no offenders placed in involuntary segregation for risk of victimization.

The facility's policy 17.001 Sexual Abuse Prevention states, "Any offender placed in restrictive status housing for this purpose shall have access to programs, privileges, education, and work assignments to the extent possible. Should any such programs be restricted, the facility shall document the opportunities

that have been limited, the duration, the limitation, and the reasons for such limitations.” The GEO policy 5.1.2-A Sexually Behavior Prevention and Intervention Program (PREA) states, “If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the Facility shall document and justify any restrictions imposed.” The Lieutenant interviewed stated the offender would have the same programs, privileges, and education allotted as the general population. Work opportunities may be limited based on availability of work in areas that would be determined safe for the offender. Programs would include religious services and chaplain visits. Privileges would include phone calls. Recreation, commissary, and visitation. Education would be completed through homework packets and access to the law library. The Lieutenant also stated that programming, privileges, work opportunities, and education would only be restricted based on the offender’s behavior as determined through the disciplinary process after being found guilty of a rule violation and documented through a conduct report. The disciplinary hearing would document the restriction/sanctions, duration, what opportunities were restricted, and the reasons for restriction.

The facility’s policy 17.001 Sexual Abuse Prevention states, “Such assignment shall not ordinarily exceed a period of thirty (30) days. Any assignment exceeding thirty (30) days shall be clearly documented providing justification for such placement. The GEO policy 5.1.2-A Sexually Behavior Prevention and Intervention Program (PREA) states, “Involuntary segregated housing shall not ordinarily exceed a period of 30 days. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the Facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed.” The Lieutenant stated the offender’s placement would only be until a safer housing placement was determined for the offender. The offender is reviewed weekly by a committee. The review team consists of classification, assistant facility administrator, the Lieutenant and/or Captain of the area, unit team manager, internal affairs, mental health, Chief of Security, and the PREA Compliance Manager. Each review will be documented. The Review Team will determine when the offender is no longer at risk and can be released to general population housing or other alternative housing.

The facility has not placed an offender at risk of sexual victimization in involuntary segregated housing during the audit period per the Pre-Audit Questionnaire and the interview with the Lieutenant and Facility Administrator.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No N/A

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*)

The New Castle Correctional Facility has established procedures allowing for multiple internal and external ways for offenders to report sexual misconduct, sexual abuse, sexual harassment, and retaliation. The facility's policy 17.001 Sexual Abuse Prevention states, "Offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct, or staff/offender sexual harassment shall be encouraged to report these situations. Staff shall ensure that offenders are aware of the manner in which reports can be made. The facility shall provide multiple internal ways for

an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a community partnership agreement or another state agency, remaining anonymous if requested. If the offender is not comfortable with making the report to the immediate point of contact (e.g. line staff, etc.), the offender shall be allowed to make the report to a staff person with whom he/her is comfortable speaking about the allegations." Reporting methods are shared with offenders at intake through the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure, the Offender Handbook, and on posters throughout the facility. The Sexual Abuse Prevention and Reporting Offender/Student Information Brochure and Offender Handbook shares with offenders how to report sexual assault, sexual harassment, misconduct of a staff member, and/or retaliation by making a verbal or written report to any staff, file a grievance, call the facility's sexual abuse hotline on the offender phone system, have their family call the IDOC sexual abuse hotline, email IDOC at idocprea@idoc.in.gov, and by sending an email report to the Ombudsman via the sexual abuse button on the JPay kiosk. The brochure also directs offenders if they are in imminent risk of being a victim of sexual assault to go directly to staff for help immediately. The PREA poster, End the Silence, informs the offenders they can report through telling any staff member, dialing #80, filing a grievance, having a family/friend report on their behalf, emailing IDOC, and/or calling IDOC.

During interviews with random offenders, the offenders knew the options available to them for reporting. They shared the reporting information is available on posters throughout the facility. They indicated they could report through calling #80, tell a staff member, write the PREA Coordinator, report on the tablet, call family/friends, write a staff member, letter to Ombudsman, through a request form, file a grievance, use the KIOSK, and submit a medical request form. Also, during the informal interviews with offenders during the facility tour, the offenders knew numerous reporting methods and pointed out the posted PREA End the Silence poster with reporting information. Of the forty offenders interviewed, twenty-seven offenders acknowledged they could report anonymously through a written note, by family reporting, a letter to Ombudsman, and through the phone numbers posted. Most offenders interviewed stated they felt comfortable reporting to the housing unit officer or a security supervisor and felt the staff would manage the situation properly. Although only about half of the offenders knew they could report anonymously, this information is provided to the offender through PREA education and handouts. The inmate reported PREA allegations were reported by through email to staff (7), through an offender note to staff (15), verbally to staff (22), through the hotline (4), to the Ombudsman (3), grievances (6), and through anonymous notes to staff (3). Other incidents were reported through a written note by staff, verbal report by staff, another facility, report through a contractor, and a third part report. The PREA Compliance Manager stated if the Ombudsman receives an incident report and the offender wants to remain anonymous, the Ombudsman office redacts the name from the information provided to the facility for investigation. There was one incident that was reported in this manner during the audit cycle and the investigation was completed for the anonymous report.

Recommendations (a):

- The facility utilizes cell intercoms for inmates to communicate with the housing unit control center including reporting an incident. The Auditor tested a cell intercom, and the control center did not respond to the intercom even after numerous attempts by the Auditor. The facility must provide refresher training to staff on the requirement to respond to the intercom allowing inmate communication to staff.

- The PREA hotline (#80) to the facility through GTL has no message to leave a message. The inmates shared they did not know if the system works since there was no message/directions just a noise. The Auditor tested the phone hotline number and acknowledged there were no directions to leave a message, only a noise beep. The hotline should have a message for inmates to leave a message after the beep to provide directions to the inmates.

The facility's policy 17.001 Sexual Abuse Prevention states, "Offenders shall have access to the outside organization through a toll free hotline, offender email system, or mailing address." The offenders can report outside the facility by emailing IDOC at idocprea@idoc.in.gov and by sending an email report to the Ombudsman via the sexual abuse button on the JPay kiosk. The Auditor tested the reporting numbers posted in the housing unit. The phones allow the offender to call without entering identifying information. A posting informs the offenders, "Offender telephone calls maybe monitored and/or recorded." The PREA Compliance Manager stated offenders can report an incident to the IDOC Ombudsman by letter or tablet which is outside the facility operations.

Recommendation (b): Two inmates stated they reported allegations through tablet to the Ombudsman office and there was no investigation or follow-up. The Auditor reviewed the investigation log, and the allegations were not listed on the log. The Auditor had the offenders show their contact with the Ombudsman. Both were able to show the Ombudsman was contacted, in one case there were four contacts with the Ombudsman. The Auditor could not read the correspondence since the tablet only acknowledges the correspondence was shared and does not show the correspondence after acceptance. The facility and IDOC should create a process to ensure all reports to the Ombudsman are forwarded to the facility for investigation.

The facility's policy 17.001 Sexual Abuse Prevention states, "Staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. All reports of sexual abuse shall be documented in an incident report prior to the end of the shift." Staff are informed through training to report an incident to a supervisor immediately and complete a written report detailing the information by the end of the shift. The random staff interviewed also acknowledged the numerous ways offenders could report an allegation including calling the hotline, verbally to a staff member, a request form, written to a staff member, telling a family or friend, write the Ombudsman, through the tablet, and file a grievance. The random staff interviewed stated they would report immediately to their supervisor and complete an incident report. The offenders reported incidents to staff through email (7), through a note (15), and verbally to staff (22). Upon review of the investigative files, the allegations reported to staff were reported immediately and referred for investigations.

The facility's policy 17.001 Sexual Abuse Prevention states, "Staff reporting sexual abuse shall be afforded the opportunity to privately report such information to the shift supervisors, specialized PREA investigator investigator(s), PREA compliance manager, or the IDOC Executive Director of PREA via the IDOC sexual assault hotline." The GEO website under PREA informs staff "GEO Employees may report Sexual Abuse or Sexual Harassment information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the internet at www.reportlineweb.com/geogroup or at the toll free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827." The GEO Employee Handbook also directs the staff that "if you have a complaint regarding sexual harassment, workplace harassment, or hostile work environment, we encourage you to make the complaint directly to the

employee hotline, which is an independent, professional service that may be contacted 24 hours per day, 7 days a week on the internet at www.reportlineweb.com/geogroup or at the toll free phone number (866) 568-5425." Staff can report an allegation privately through the GEO or IDOC sexual assault hotline or email. Staff can also anonymously report an allegation through a drop box in the facility's duty office. Most staff interviewed acknowledged they could report privately through the hotline, drop a note in the PREA box, to the Ombudsman, and by calling the state police.

Recommendation (d): Not all staff were unaware how they could report privately report sexual abuse and sexual harassment of inmates and stated they would report through the chain of command. GEO has email and a hotline available to staff to report allegations or suspicions of sexual abuse and sexual harassment. The facility should provide refresher training with all staff on how they could report privately report sexual abuse and sexual harassment of inmates.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention Section 4.16 Exhaustion of Administrative Remedies address the administrative procedure for offender grievances regarding sexual abuse and the procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The grievance process is shared with the offender through the PREA education, the Offender Handbook, and the grievance procedures available on the tablet. The facility's policy 17.001 Sexual Abuse Prevention states, "There shall be no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Offenders shall have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievances shall also not be referred to a staff member who is the subject of the complaint. Offenders shall not be required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievances. The facility

may claim an extension of time to respond (for good cause), of up to seventy (70) days and shall notify the offender of the extension in writing. At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.” The offenders are informed of the sexual abuse grievance process through an addendum to the Offender Handbook. The Offender Handbook states, “An offender may file a grievance regarding sexual abuse at any time after the alleged incident. (No time limit on reporting sexual abuse/harassment.) Offenders may submit grievances regarding sexual abuse/harassment to anyone other than the alleged abuser. Third parties (e.g. other offenders, employees, family members, attorneys, or outside advocates) may assist an offender in filing a grievance related to sexual abuse or file the grievance on behalf of an offender. The alleged victim must agree to have the grievance filed on their behalf, however they are not required to personally pursue any subsequent steps in the administrative remedy process. Offenders are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse/harassment. A final decision shall be issued to the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The facility may claim an extension of time to respond for good calls, of up to 70 days, and shall notify the offender of the extension in writing.” Offenders interviewed acknowledged they could report an allegation through the grievance process. There were four sexual abuse allegations reported through a grievance during the audit period. All the allegations were referred for investigation immediately and investigations were completed. Two of the investigations were completed within 90 days and the final decision was provided to the offender. Two of the investigations involved extensions beyond the initial 90 days. The offenders were notified through a written memo by the PREA Compliance Manager of the extension and the estimated decision date. The offender signs the notice of extension. In one case the offender signed the notice and the other offender refused to sign the notice. It is then noted that the inmate refused to sign the extension notice. The PREA Compliance Manager also signs and dates the extension notice to the offender. One of the investigations regarding staff misconduct went beyond the 70-day extension, the offender was notified of the second extension with an estimated decision date. The investigation outcome was unfounded. Of the interviews with offenders that reported sexual abuse, none of the offenders reported through the grievance process.

The facility’s policy 17.001 Sexual Abuse Prevention states, “Third parties (e.g. fellow offenders, employees, family members, attorneys, and outside advocates) may assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and may file such a request on behalf of offenders. The alleged victim must agree to have the request filed on his behalf; however, he/she shall not be required to personally pursue any subsequent steps in the administrative remedy process. Third party reports shall not be informed of the outcome of the administrative process or, if an investigation results, the investigation of the allegation.” There were no grievances filed on behalf of the offender by a third-party during the audit period or where an offender was assisted by a third-party.

The facility’s policy 17.001 Sexual Abuse Prevention states, “An offender may file an emergency grievance he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the offender shall be required within forty-eight (48) hours and a final decision shall be provided within five (5) calendar days.” There were no emergency grievances filed by an offender during the audit period. The PREA Compliance Manager stated if an emergency grievance is received which is PREA related, the grievance

is submitted immediately for investigation and the offender may be moved to different housing for safety if needed during the investigation.

The facility's policy 17.001 Sexual Abuse Prevention states, "Offenders may receive a disciplinary report, consistent with IDOC AP 02- 04-101, The Disciplinary Code for Adult Offenders, for filing a grievance relating to alleged sexual abuse in bad faith." There were no offenders disciplined for filing a false allegation during the audit period. This was confirmed by the interview with the PREA Compliance Manager and the Pre-Audit Questionnaire.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting including filing a grievance.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall ensure that adequate emotional support services related to sexual abuse are available to victims of sexual abuse immediately following a reported incident and during their transition from incarceration to the community. Additionally, offender victims of sexual abuse shall be provided access to outside victim advocates and/or mental health professionals for support services related to sexual abuse, whether or not they report the abuse. The IDOC and/or the facility shall make arrangements for these services through agreements with the victims advocate. The contact information for community victim advocates shall be posted throughout the facility and provided in PREA education materials. Offenders shall be informed of the extent to which any calls and correspondence shall be subject to monitoring for mandatory reporting purposes where applicable. Counselors from victim advocacy groups shall be allowed access to the offender as a special visit arranged through the PREA Compliance Manager in accordance with procedures in IDOC AP 02-01-102, Offender Visitation. The reason for this visit shall be kept confidential and limited to the coordinator. At no time shall victim advocates, absent a court order compelling production, be given access to investigative documentation regarding the offender or the incident. The PREA Compliance Manager and other appropriate staff shall work with community resources to ensure that adequate victim advocacy support services are available to victims of sexual assault. If requested by the victim of sexual assault, the PREA Compliance Manager shall work with the facility release coordinator to help arrange victim counseling or treatment in the community upon the offender's release." The facility provides emotional support service information to the offender through the Sexual Abuse Prevention and Reporting Offender/Student Information Brochure and a posting of Additional Services for Victims of Sexual Abuse. The brochure informs the offenders that "persons who have been sexually abused assaulted, either while incarcerated or before, will have counseling and treatment made available to them. This counseling and treatment will be provided by facility mental health staff or qualified persons trained to provide counseling to victims of sexual assault. The counseling is confidential, and arrangements can be made, at your request and prior to your release, to continue the counseling outside of the facility. Victims may request counseling by submitting a health care request form or writing to an outside victim advocacy organization at the address the facility provided to you." The posting outlines "In addition to counseling provided by a mental health professional at your facility victims of sexual abuse, either during or prior to incarceration, can receive emotional support services from a victim advocate at the Indiana Coalition Against Domestic Violence (ICADV). ICADV will provide the victim a person they can talk to about what happened to them confidentially for crisis intervention, provide the offender a plan to address the trauma caused by the sexual abuse, and provide referrals to services that provide ongoing support during and after release" The posting directs the offender to call the hotline from the offender phone system or write to ICADV. The address and hotline number are provided to the offender on the posting. The posting also informs the offender that phone calls will not be routinely monitored, however can be reviewed for possible disciplinary action if there is a suspected or misuse of the service.

The facility through IDOC has a contract with the Indiana Coalition Against Domestic Violence to provide emotional support services to offenders. This contract covers emotional support services after an incident of sexual abuse including follow-up services and referrals. The MOU agreement requires the organization meets the victim advocate qualifications. The PREA Compliance Manager stated the facility had problems with the speediness of the organization providing victim advocates since they are located in Indianapolis. Once this was identified, the facility has trained staff as victim advocates to accompany the offender through the forensic exam and provide emotional support. A victim advocate will be provided to the inmate upon request to provide emotional support during the forensic medical examination and investigation interviews through facility staff. The facility provides a trained staff member for victim advocacy services for an offender victim during the forensic exam and investigatory interviews. The PREA Compliance Manager stated mental health staff are utilized as victim advocates. The facility has four specialized trained victim advocates. The staff receive training from the Indiana Coalition Against Domestic Violence. The facility provided the lesson plan Victim Advocacy which is completed by the staff victim advocates along with training documentation of the staff to demonstrate meeting the victim advocate qualifications for staff. The offenders interviewed that reported sexual abuse stated support services were offered through the mental health department and only one offender accepted the services. The other offenders stated they declined services.

The random offenders interviewed were not aware of services available outside of the facility for emotional support services. However, the facility provides the emotional support services information with contact numbers and addresses to the offenders in numerous methods as demonstrated through the brochure, postings, on the tablet, and through PREA education. Of the five offenders interviewed that reported sexual abuse, three stated they were offered emotional support services through mental health and a phone number to call. Two of the offenders stated they were not provided emotional support services, however through the investigative file review, they were offered mental health services and declined.

The New Castle Correctional Facility does not house offenders solely for civil immigration purposes.

Standard 115.54: Third-party reporting

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Third party reports by family, friends, and other members of the public may be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephone (toll free) the IDOC sexual assault hotline at 1-877-385-5877. This contact information shall be posted in visiting rooms and on the IDOC website." The GEO's agency's website <https://www.geogroup.com/PREA> outlines how to report an allegation of sexual abuse and/or sexual harassment of someone in a GEO facility or program. The website directs an individual "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 or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator directly (see contact information below). It is critical that you provide as many details as possible to help us investigate the allegation: the names and locations of alleged persons involved; individual's register/booking number (if known); date, time and location of where the alleged incident occurred; the names of any witnesses to the alleged incident; a brief description of the alleged incident; and your contact phone number and address if you wish to do so." The webpage provides the address, email address, and the phone number for the GEO's PREA Coordinator. The offenders can use the facility or the IDOC hotlines for third-party reporting as well as any other method of reporting available to them. The brochure also informs the offender that a family member can call the IDOC sexual abuse hotline or email IDOC to report as a third party for the offender. The Auditor tested the phone lines and was able to contact the outside organizations to make a test report.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Any staff person, volunteer, or contractor that has reason to believe that actual or threatened sexual abuse has occurred, whether or not it occurred in the facility shall have a duty to immediately report this information to the shift supervisor on duty, the PREA Compliance Manager, facility executive staff, or the IDOC Executive Director of PREA. Staff shall immediately report retaliation against an offender or staff for reporting an incident of sexual abuse and any staff neglect or violation duty to report that may have contributed to an incident of retaliation. Staff reporting sexual abuse shall be afforded the opportunity to privately report such information to the shift supervisors, specialized PREA investigator investigator(s), PREA Compliance Manager, or the IDOC Executive Director of PREA via the IDOC sexual assault hotline. The shift supervisor shall immediately

notify the Facility Administrator, specialized PREA investigator, PREA Compliance Manager, or other designee.” Staff are informed through training to report an incident to a supervisor immediately and complete a written report detailing the information by the end of the shift. The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of offenders. Staff interviewed stated they were aware of the methods available to report sexual abuse and sexual harassment. They indicated in the interviews upon receiving a verbal report and/or written report of sexual abuse or sexual harassment, they would report immediately to a supervisor and complete a written incident report to the supervisor. The offenders reported alleged allegations to staff through email (7), through a note (15), and verbally to staff (22). Upon review of the investigative files, the allegations reported to staff were reported immediately and referred for investigations.

The facility’s policy 17.001 Sexual Abuse Prevention states, “Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than the PREA compliance manager or staff involved with investigating the alleged incident.” Staff indicated they would share information only with the supervisor and any staff that has a legitimate reason to know like medical and the investigator. This information is confidential and only shared with those you need to know. Confidentiality regarding reporting an allegation is covered in the staff training. The staff are issued and required to carry a PREA informational card, which outlines the first responder duties.

Medical and mental health practitioners are trained in mandatory PREA reporting procedures. The healthcare providers interviewed stated they are required to report an allegation as soon as possible to the Health Services Administrator/Director of Nursing and a security supervisor in total confidentiality that occurred within the facility. The healthcare providers acknowledged they obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur within the facility and the informed consent would be documented in a progress note. There was one allegation reported to a healthcare provider and the healthcare provider reported the allegation that occurred in the facility to the security supervisor immediately as documented in the investigation file.

The facility’s policy 17.001 Sexual Abuse Prevention states, “if the alleged sexual conduct involves an offender under eighteen (18) years of age or an endangered/vulnerable adult, the incident shall be reported to the child protective services.” THE GEO PREA Coordinator stated unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Facility Administrator shared the facility does not house anyone under the age of eighteen and there is no state reporting requirement for a vulnerable adult. He also acknowledged that notifications to IDOC and GEO Corporate would be made if an incident occurred with a vulnerable adult.

The facility’s policy 17.001 Sexual Abuse Prevention states, “Staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility’s designated investigators. Upon receipt of a report of an actual or threatened nonconsensual sexual act, staff sexual misconduct or harassment, the Facility Administrator and/or PREA Compliance Manager shall ensure that the facility’s specialized PREA investigator is contacted immediately so that an investigation may be started. An investigation shall be conducted on all reports of actual or threatened nonconsensual sexual

acts.” The Facility Administrator stated any allegation reported is assigned for investigation through a facility trained investigator or an IDOC investigator. The review of the investigation files documented that staff promptly reported the allegations to a security supervisor or to the PREA Compliance Manager and documented the verbal report in a written format. The allegations were referred for investigation immediately on the day the allegation was reported including a third-party report and three anonymous reports of an allegation.

Standard 115.62: Agency protection duties

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*)

The facility’s policy 17.001 Sexual Abuse Prevention states, “when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in protective custody, administrative restrictive status housing, or any other appropriate action.” First responders interviewed outlined the process taken to ensure the safety of the offender by removing the offender from the threat to a safe location. The Vice President of Risk Management (on behalf of the Agency Head) stated GEO takes immediate action to protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc). The Facility Administrator stated if an offender is subject to a substantial risk of imminent sexual abuse staff would follow-up immediately. Staff would remove the offender from the area, conduct an interview for any further information, and make a safe housing placement for the offender. The housing placement may include placing the offender back into the housing unit if threat is removed, a bed move, housing in a different housing unit, or place in the restricted housing unit if no other housing options are available. Most random staff interviewed were not aware of the actions to take if an offender is subject to a substantial risk of imminent sexual abuse and the action taken to protect the offender. They all addressed when a sexual abuse incident occurs but not if there was a substantial risk of imminent sexual abuse. The common answer of staff was to watch the offender.

Did Not Meet: Staff were not aware of the actions to take if an offender is subject to a substantial risk of imminent sexual abuse and the action taken to protect the offender in the housing units by removing the offender from the situation to a safe area during the investigation.

Corrective Action Taken: The facility provided the expanded policy and procedure language and a training slide that outlines the actions to take if an offender is subject to a substantial risk of imminent sexual abuse to ensure the offenders safety. The facility provided documented staff training through Training Attendance Records sheets with signatures of staff. The facility met substantial compliance with the standard.

A memo to file and the PAQ noted there had not been any offender reported feeling at imminent risk of sexual abuse, or any staff reported that an offender was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.63: Reporting to other confinement facilities

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "When the facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the allegation shall notify in

writing the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document it has provided such information. The facility head that receives such notification shall ensure that the allegation is investigated.” A memo to file and the PAQ notes there were no offenders who reported sexual abuse allegations that occurred at another facility during the audit period. This was also confirmed with the PREA Compliance Manager.

The facility’s policy 17.001 Sexual Abuse Prevention states, “When the facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the allegation shall notify in writing the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document it has provided such information. The facility head that receives such notification shall ensure that the allegation is investigated.” The Vice President of Risk Management (on behalf of the Agency Head) stated PREA allegations should be reported to the Warden of the facility where the allegation is alleged to have occurred. Regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA Coordinator is also informed of all allegations of this type via email. Facilities are required to enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The Facility Administrator shared when an allegation is reported to the facility, an investigation would be started. There was one allegation reported to the facility from another confinement facility during the audit period. The allegation was forwarded to the investigator who began an investigation the day the allegation was reported to the facility. The investigation was completed with a finding of unsubstantiated.

Standard 115.64: Staff first responder duties

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "First responders shall ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of assault and any evidence collected, in coordination with specialized PREA investigator investigators, is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns. They must inform the victim not to take any actions that could destroy physical evidence before an investigator or other member of the SART arrives. They shall also arrange for the removal of any suspected perpetrator. Each custody shift shall have two (2) on-duty staff persons identified and trained as responders. If the first responder is a non-custody staff, the responder shall request the offender not take any actions that could destroy physical evidence and notify custody staff as soon as possible." The facility provides staff with a PREA information card that outlines the first responder responsibilities upon learning of an allegation of sexual assault or sexual abuse, the first security staff to respond shall separate the alleged victim and abuser; notify the security supervisor; preserve and protect the crime scene, do not allow the alleged victim or perpetrator to do anything to destroy evidence and provide medical attention. The first responder responsibilities are also shared with staff during PREA training and by policy. Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff were knowledgeable in the steps as a first responder. There were 44 alleged allegations reported to staff or contractors. The review of the investigation files documented that the alleged victim and abuser was removed from the housing area, taken to medical, and moved to alternative housing during the investigative process. The facility shared through the PAQ that four of the allegations reported to staff were within a time period that allowed the collection of physical evidence.

The first responders interviewed outlined the process taken to ensure the safety of the offender that reported an allegation involving another offender including separating the offenders to different housing placements; the victim is taken to medical; and the alleged abuser is placed in restricted housing for investigation. The offenders are asked not to destroy evidence including not to wash, no eating or drinking, and not allow the changing of clothes. The offenders stay under the observation of a staff member until evidence is collected. The non-security (mental health) first responder interviewed was

acknowledgeable on the first responder responsibilities. She stated the offenders would be separated, asked not to destroy any evidence, call for security staff assistance, and then complete an incident report. The process of the first responder actions were documented within the investigation files. The offenders who reported sexual abuse who were interviewed acknowledged they were separated from the alleged abuser by removal from the housing unit or the alleged abuser was moved to restricted housing during the investigation. They also acknowledged they were seen by medical immediately and the same day or the next day were interviewed by the PREA Compliance Manager and/or an investigator.

Standard 115.65: Coordinated response

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*)

The New Castle Correctional Facility utilizes the facility's policies 17.007 PREA Coordinated Response Plan and 17.001 Sexual Abuse Prevention as the written directive for coordinated response for all departments in response to a sexual abuse allegation. The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall develop written plans to coordinate actions taken in response to incidents of sexual abuse. These plans shall coordinate the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility's PREA compliance manager and/or PREA compliance manager assistant shall be a required participant and the GEO PREA coordinator may be consulted as part of this coordinated response." The facility's policy 17.007 PREA Coordinated Response Plan outlines the actions to be taken after a report of sexual abuse including the initial response; notifications required when sexual abuse is alleged; evidence protocol; medical and mental health responsibilities; investigator responsibilities; responsibilities when sexual harassment is alleged; and responsibilities when sexual activity is alleged. The facility utilizes the PREA Incident Checklist for Incidents of Sexual Abuse and Sexual Harassment form (an attachment to the policy) to document the date and time of responsibilities completed during the initial response, incident reporting, and after-action requirements. The form is maintained in the investigation file once completed. The Facility Administrator stated when an allegation occurs the facility follows the policy to ensure all actions are completed by the appropriate staff/departments.

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

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*)

The GEO's agency policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states "employees, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring offender contact pending the outcome of an investigation. Any "no contact" orders shall be documented by facility management via email or memorandum within 24 hours of reported allegation and printed and maintained as part of the related investigative file." The agency's policy ADM 021.03 Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "the agency of facility shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any offender pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted." The Vice President of Risk Management (on behalf of the Agency Head) stated that GEO has a small number of facilities that have collective bargaining agreements and none of our collective bargaining agreements prohibit GEO from removing staff from contact with offenders pending the outcome of an investigation for alleged sexual abuse or harassment. The New Castle Correctional Facility has a collective bargaining agreement between GEO Secure Services LLC (GEO) and the United Government Security Officers of America International Union and its Local #884. The effective date of the agreement is March 3, 2021 through September 1, 2023. Article 14 notes any sexual contact with an inmate (excluding accidental or incidental contact) including sexual contact that is considered consensual by the inmate and the employee constitutes just cause for immediate dismissal.

Standard 115.67: Agency protection against retaliation

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "For at least ninety (90) days following an allegation of sexual abuse, the facility PREA compliance manager, PREA compliance manager assistant, or a designated mental health professional shall monitor and document each week the conduct and treatment of offenders who have reported sexual abuse to see if there are any changes that may suggest possible retaliation by offenders and staff, and shall act promptly to remedy any such retaliation. The monitoring shall include any offender reports of conduct, housing changes, or program changes. This monitoring shall occur on a weekly basis and documented utilizing the GEO Protection from Retaliation Log. Such monitoring may exceed ninety (90) days based on the information gathered during the initial monitoring period. In the case of offenders, the monitoring shall also include periodic status checks. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well.

The facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded." The Vice President of Risk Management (on behalf of the Agency Head) stated when a PREA incident is reported, management staff consider the best options for the victim, things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis. Designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation, and they meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. The facility has designated the PREA Compliance Manager to monitor offenders for retaliation. The Facility Administrator stated if retaliation is suspected or reported an investigation would be started. During the investigation the offenders would be separated which may include housing and bed placement changes. If staff are involved, the staff member would be placed on administrative leave pending the investigation outcome. The PREA Compliance Manager stated he conducts weekly contact with the offender once an allegation is reported. The offender is informed he can contact the PREA Compliance Manager if there are any concerns or retaliation occurs. The weekly meetings are documented on a form with the signature of the PREA Compliance Manager and the offender. The Auditor reviewed fifteen investigation files that contained retaliation monitoring forms. Retaliation monitoring was completed for 90 days after the allegation unless the offender was transferred (1) or the investigation outcome was unfounded (1). For seven of the cases, the offenders refused appointments after a few completed meetings with the PREA Compliance Manager. The monitoring of those cases was completed through paper file reviews to detect possible retaliation (conduct reports, job changes, bed moves, disciplinary) and contact with unit staff. The PREA Compliance Manager stated he would protect offenders from retaliation by making housing and bed changes and starting an investigation. He further stated that retaliation monitoring is for at least 90 days and can be extended if there is a need. The PREA Compliance Manager shared there had been no incidents of retaliation occurring or reported during the audit year. The facility exceeds the standard with the weekly meeting appointment with the offender and the continuous paper reviews to ensure the offender is safe from retaliation.

The facility's policy 17.001 Sexual Abuse Prevention states, "For at least ninety (90) days following an allegation of sexual abuse, the facility human resources manager shall monitor and document each week the conduct and treatment of staff who have reported sexual abuse to see if there are any changes that may suggest possible retaliation by offenders and staff and shall act promptly to remedy any such retaliation." The Vice President of Risk Management (on behalf of the Agency Head) stated designated staff also monitor employees who report staff sexual misconduct for possible retaliation and employees are monitored once a monthly for at least 90 days. The facility has designated the Human Resource Manager to monitor staff. The Human Resource Manager stated she would monitor staff through meetings once a month with the employee and review any personnel changes (shift changes, excessive call-offs, evaluation changes). If retaliation was suspected or reported, an investigation would be started, and the employee would be moved to another shift or position during the investigation. The employee would be asked to complete an incident report recording the retaliation situation occurring. The employee would be offered assistance through the Employee Assistance Program. She further stated that retaliation monitoring is for at least 90 days and would be extended if there was a need. There were no staff monitored for retaliation monitoring during the audit period.

Standard 115.68: Post-allegation protective custody

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "If reassignment is not possible, however, this separation may take place by placing one of the parties in administrative restrictive status housing or protective custody. In the event that the alleged victim is placed in administrative restrictive status housing or protective custody involuntarily, an alternative housing assessment form shall be completed and clearly document the reasons for the involuntary placement. The shift supervisor shall inform, within two (2) hours of the occurrence, the designated staff member on duty in the following areas: Facility Administrator, specialized PREA investigator, medical, and mental health." The GEO policy 5.1.2-A Sexually Behavior Prevention and Intervention Program (PREA) states, "Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the Individual in a GEO Facility or Program. If the Facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the "Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessment. All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion." A memo to file and the PAQ noted no offenders after a PREA allegation were placed in involuntary restricted housing during the audit period. The Facility Administrator stated alleged victims would be housed in a safe location for the offender and if needed housing and/or bed changes could be made. Facility staff would look at all possible housing options before housing in involuntary segregated housing. The Facility Administrator also stated that if an offender was housed in involuntary administrative segregated housing it would be for the least amount of time until an alternative housing option could be arranged. The Lieutenant who supervises segregated housing stated all other housing options would be reviewed by the Chief of Security, PREA Compliance Manager, and mental health prior to placing an alleged victim in segregated housing. The Lieutenant and Facility Administrator stated there were no offenders placed in involuntary segregation after an allegation of sexual abuse.

The facility's policy 17.001 Sexual Abuse Prevention states, "Any offender placed in restrictive status housing for this purpose shall have access to programs, privileges, education, and work assignments to the extent possible. Should any such programs be restricted, the facility shall document the opportunities that have been limited, the duration, the limitation, and the reasons for such limitations." The GEO policy 5.1.2-A Sexually Behavior Prevention and Intervention Program (PREA) states, "If segregated housing is used, the individual shall have all possible access to programs and services for which he/she is otherwise eligible, and the Facility shall document and justify any restrictions imposed." The Lieutenant

interviewed stated the offender would have the same programs, privileges, and education allotted as the general population. Work opportunities may be limited based on availability of work in areas that would be determined safe for the offender. Programs would include religious services and chaplain visits. Privileges would include phone calls. Recreation, commissary, and visitation. Education would be completed through homework packets and access to the law library. The Lieutenant also stated that programming, privileges, work opportunities, and education would only be restricted based on the offender's behavior as determined through the disciplinary process after being found guilty of a rule violation and documented through a conduct report. The disciplinary hearing would document the restriction/sanctions, duration, what opportunities were restricted, and the reasons for restriction.

The facility's policy 17.001 Sexual Abuse Prevention states, "Such assignment shall not ordinarily exceed a period of thirty (30) days. Any assignment exceeding thirty (30) days shall be clearly documented providing justification for such placement. The GEO policy 5.1.2-A Sexually Behavior Prevention and Intervention Program (PREA) states, "Involuntary segregated housing shall not ordinarily exceed a period of 30 days. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the Facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed." The Lieutenant stated the offender's placement would only be until a safer housing placement was determined for the offender. The offender is reviewed weekly by a committee. The review team consists of classification, assistant facility administrator, the Lieutenant and/or Captain of the area, unit team manager, internal affairs, mental health, Chief of Security, and the PREA Compliance Manager. Each review will be documented. The Review Team will determine when the offender is no longer at risk and can be released to general population housing or other alternative housing.

The facility has not placed an alleged victim in involuntary restricted housing during the audit period per the Pre-Audit Questionnaire and interviews with the Lieutenant, PREA Compliance Manager, and the Facility Administrator. From the interviews with staff, review of investigation files, and policy review, the Auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

The New Castle Correctional Facility is responsible for administrative investigations and criminal investigations are conducted by a IDOC Correctional Police Officer. The facility's policy 17.001 Sexual Abuse Prevention addresses the investigation process of an allegation of sexual abuse and/or sexual harassment. The facility's policy 17.001 Sexual Abuse Prevention states, "The facility shall ensure that all allegations of sexual abuse or harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations and appropriately documented, unless the allegation does not involve potential criminal behavior. When the Facility Administrator or designee receives a report of actual or threatened sexual abuse, the Facility Administrator or designee shall order

that an investigation be conducted. This investigation shall be conducted by either the facility's specialized PREA investigator, staff from the specialized PREA investigator section in IDOC Central Office, or staff from the GEO Corporate Office of Professional Responsibility. All allegations of sexual abuse or sexual harassment shall be referred for investigation to the IDOC correctional police officer, unless the allegation does not involve potentially criminal behavior." The Vice President of Risk Management stated administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. This is required by corporate and local facility policies. Based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). GEO has designated staff at each facility that have received PREA Specialized Investigations training. GEO also utilizes local, state, or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. The Investigator stated the facility completes all administrative investigations and criminal investigations are completed by the IDOC Correctional Police Officer. It was also shared they share an office and work together well. All sexual abuse allegations are referred to the IDOC. IDOC will accept or decline the investigation. If declined the investigation will be completed by a facility's investigator. Of the sixteen cases reviewed, seven were referred to IDOC and six were declined and the investigation was completed by a trained facility investigator. The interview with the Investigator confirmed the PREA investigation practices and was knowledgeable of the investigation process. The Investigator stated an investigation is started as soon as the allegation is reported, and the information is received by the Investigator. An investigator will be called in after hours to start a sexual abuse investigation. The same investigative process is utilized for any allegation including third party and anonymous reported allegations. The GEO's policy and website states, "All cases of alleged sexual conduct shall be promptly, thoroughly, and objectively investigated upon substantiation of any allegation of sexual conduct; appropriate disciplinary actions will be taken against the employees, contractor, volunteer, or individual in a GEO facility or program. Those actions may include possible criminal prosecution. If the allegation potentially involves criminal behavior, the GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations." The review of the investigative files verified the facility documents all referrals for investigation in a timely manner, usually the same day as the allegation is reported. The review of the investigation files demonstrated that all the investigations were started the day the allegation was reported. All the investigations were completed in a timely, objective, and thorough manner at the facility level. The investigations appear not to be timely due to the review process with GEO corporate. All referred investigations are completed utilizing the PREA Investigation Report format.

The facility's policy 17.001 Sexual Abuse Prevention states, "Staff conducting such an investigation should be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct." The Investigator interviewed stated a specialized trained staff member from the facility will conduct the administrative investigations and all potential criminal investigations are referred to the IDOC Correctional Police Officer. The facility currently has three specialized trained investigators. The facility provided training certificates for all investigators documenting the Specialized Training: Investigating Sexual Abuse in a Correctional Settings. This course is a four-hour webinar through GEO Corporate and addresses the investigation process in a confinement setting and all the elements within the standard. The investigators also completed the general facility PREA training through the facility's annual in-service training as

documented through training records. The review of the investigation files documented that the investigations were completed by specialized trained facility investigators.

The facility's policy 17.001 Sexual Abuse Prevention states, "The Facility Administrator shall be responsible for ensuring that first responders and investigators under his/her control follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for IDOC disciplinary and criminal proceedings." Physical evidence is collected by the IDOC investigator, The IDOC PREA Coordinator stated the agency utilizes evidence protocols as outlined in policy and procedure that were adapted from the recent edition of the DOJ's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations. The facility has a memorandum of understanding (MOU) with the Office of the Henry County Prosecuting Attorney. Within the MOU it states, "NCCF will collect and retain evidence, ensuring the use of proper techniques and maintaining the appropriate chain of custody in accordance with Indiana Department of Correction (IDOC) Administrative Police and Procedure (AP). Evidence will be maintained in a secure location; if this is ever a concern, NCCF will work with the Prosecutor's Office to determine a proper location Pursuant to Indiana state law there will be times when evidence can be photographed and released, NCCF's CPO will contact the Prosecutor's Office to ask for assistance if the nature of the offense is such that a forensic investigation is needed." The policy further states, "Investigators shall investigate and report the facts of the case. The investigators shall consider the immediate safety of the victim. They shall arrange and conduct victim, suspect, and witness interviews and perform all other duties normally associated with their respective duties. They shall also notify the specialized PREA investigator chief of any need to notify the state police liaison of the assault to request assistance, if needed, and consult with local prosecutors if there is a potential criminal violation. The investigators may not be on grounds when the initial report is made and should be utilized on an on-call basis." The interview with the Investigator confirmed the PREA investigation practices including the uniformed evidence protocols. The Investigator stated the investigation would start immediately by reviewing the allegation, collecting any information, preserving any physical evidence until collection by IDOC, an interview with the alleged victim, identifying individuals involved, and reviewing any video available. The investigation continues with interviews with witnesses identified and the alleged abuser, listening to phone calls, reading correspondence including emails, and reviewing any previous behavior, reports, and complaints of the involved offenders. Evidence collected may include video surveillance, drawings, sexual assault kit, interviews, phone calls, notes, and any other physical evidence. Upon review of the investigations, the Investigators collected video surveillance, phone calls, and emails; conducted interviews with alleged victims, alleged perpetrators, and witnesses; and conducted follow-up interviews as needed for clarification as described in the investigative reports. If the case appears criminal in nature, the case was referred to IDOC for a criminal investigation. The facility's policy also states, "If the IDOC Correctional Police Officer are contacted for assistance, the facility's specialized PREA investigator staff shall work in conjunction with the IDOC correctional police officer. Staff shall ensure that any crime scene or evidence collected is maintained."

The facility's policy 17.001 Sexual Abuse Prevention states, "They [Investigators] shall also notify the specialized PREA investigator chief of any need to notify the state police liaison of the assault to request assistance, if needed, and consult with local prosecutors if there is a potential criminal violation." The Investigator stated if the case appears criminal in nature, it is referred to IDOC for investigation and work with prosecutors on the case. Four investigations were substantiated sexual abuse cases. Two of the substantiated sexual abuse investigation files reviewed documented IDOC presented the case to the prosecutor who declined the cases.

The Investigator stated the credibility of individuals is equal until the evidence proves otherwise. Credibility is based on facts and evidence collaboration. It was also stated that an offender would not be required to submit to a polygraph examination or other truth telling device. The offenders interviewed who reported sexual abuse stated they were not required to take a polygraph test or any truth telling device as part of the investigation. Upon review of the investigative files, there were no polygraph examinations or other truth telling devices used during the investigations.

The facility's policy 17.001 Sexual Abuse Prevention states, "Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a sexual incident report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." The Investigator stated to determine whether staff actions or failures to act contributed to the abuse a staff failure analysis is completed and documented. To determine whether staff action or failure to act contributed to the abuse, the Investigator reviews if staff was following policy and procedures; were rounds completed; was staff attentive to duties; and is there a practice identified that needs to be changed. Within the investigative reports reviewed, the investigators considered whether staff actions or failures contributed to the incident. This is one section required within the report format. Staff actions were identified in three investigations reviewed: staff allowed a blanket to be hung that eliminated visual supervision, staff did not collect clothes for evidence, and a staff member was with an offender in a staff office where no staff were assigned. In three other investigations reviewed it was identified medical/mental health staff did not complete assessments in a timely manner.

The Investigator stated a detailed written investigation report is completed for administrative investigations that details the investigation steps taken. The report will contain details of the allegation, background information of offenders involved, investigation data, interview summaries, evidence collected/reviewed (video, phone calls, emails), staff failure analysis, exhibits, the steps of the investigation, summary of the investigation, and outcome finding of the investigation. The investigation is completed by a written report utilizing the PREA Investigation Report format by the Investigator responsible for completing the investigation into the allegation. All reports are forwarded by the PREA Compliance Manager and the Facility Administrator for review and any further action. The investigation report is also forwarded to GEO Corporate for review. The sixteen investigations reviewed by the Auditor had written reports that detailed the investigation process, summary of evidence including interviews, and the outcome of the investigation. The facility's policy 17.001 Sexual Abuse Prevention states, "Reports of investigations of alleged sexual abuse shall be maintained in accordance with all appropriate records retention schedules. Sexual incident reports and investigation reports shall be retained for five (5) years beyond the abuser's incarceration or employment." The Auditor confirmed through interviews and review of PREA files that all written reports are maintained. If the investigation is criminal and completed by IDOC, the Investigator stated a written report is completed and a copy of the report is provided to the facility.

The Investigator stated if at any point the alleged abuser or victim leaves employment or supervision of the facility the investigation is still completed with the same investigation process to an outcome finding. It is not a basis for terminating an investigation. In two investigations reviewed, in one investigation a staff member resigned and in the other investigation a contractor was terminated during the investigation process. Both investigations were completed with outcome findings of substantiated and the other unsubstantiated.

The facility's policy 17.001 Sexual Abuse Prevention states, "If the IDOC Correctional Police Officer are contacted for assistance, the facility's specialized PREA investigator staff shall work in conjunction with the IDOC correctional police officer". The Vice President of Risk Management stated facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes and after-action reviews. Generally, the Facility Administrators/Directors have developed great working relationships with these entities so there is regular dialogue about the status of outstanding investigations. The Facility Administrator stated a IDOC Correctional Police Officer is assigned to the facility and the Officer would provide updates to the Facility Administrator and the facility investigator assigned case. The PREA Compliance Manager stated there is constant contact with the IDOC Correctional Police Officer to maintain status on the case. The Investigator stated the Correctional Police Officer and the investigator work in the same office and have constant communication on ongoing investigation cases. The Investigator stated any support requested by IDOC is provided to assist in the investigation. Of the sixteen investigation files reviewed, seven were referred to IDOC and IDOC declined six of the cases and the investigations were completed by the facility investigators. One case was evidentially conducted by IDOC with the case referred for prosecution. The Prosecutor declined the case.

There were sixty-six (66) allegations reported of sexual abuse and sexual harassment during the audit period. Twenty-one reported allegations were inmate-on-inmate sexual abuse, nine were staff-on-inmate sexual abuse, twelve were inmate-on-inmate sexual harassment, eighteen were staff-on-inmate sexual harassment, five were staff-on-inmate voyeurism, and one was a report of inmate-on-inmate sexual abuse reported by another agency to New Castle Correctional Facility. Of the twenty-one inmate-on-inmate sexual abuse, the investigative outcomes were four unfounded, ten unsubstantiated, three substantiated, and four open investigations. Of the nine staff-on-inmate sexual abuse, the investigative outcomes were four unfounded, two unsubstantiated, two substantiated, and one open investigation. Of the twelve inmate-on-inmate sexual harassment, the investigative outcomes were one unfounded and twelve unsubstantiated. Of the eighteen staff-on-inmate sexual harassment, the investigative outcomes were four unfounded, seven unsubstantiated, and seven substantiated. Of the five staff-on-inmate voyeurisms, the investigative outcomes were all unfounded. The one allegation reported to New Castle Correctional Facility from another facility was inmate-on-inmate sexual abuse, the investigative outcome was unsubstantiated. Two sexual abuse cases were criminal in nature and referred to Indiana Department of Correction for investigation; one was an inmate-on-inmate and the other a staff-on-inmate case. Both cases were referred by the IDOC for prosecution, the prosecutor's office declined both cases. A review of sixteen investigative files was conducted by the Auditor.

Standard 115.72: Evidentiary standard for administrative investigations

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated." The Investigator stated that a preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The interview with the Investigator and review of the investigative reports confirm compliance with the policy and standard.

Standard 115.73: Reporting to inmates

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Following an investigation into an offender's allegation that he/she suffered sexual abuse or sexual harassment by another offender or staff in the facility, the PREA compliance manager shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the PREA compliance manager shall request the relevant information from the investigative agency or facility in order to inform the offender. The offender shall also be informed if the perpetrator has been indicted or convicted on a charge related to the sexual abuse incident. Following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever: the staff member is no longer posted within the offender's unit; the staff

member is no longer employed at the facility; the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or, the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.” The Investigator and Facility Administrator stated the investigation outcome notifications are made by the PREA Compliance Manager and a copy is maintained in the investigation file. The PREA Compliance Manager explained the notification is provided to the offender in writing, then the notification is maintained in the investigation file. GEO created a form for reporting the outcome to the offender, Notification of Outcome of Allegation. The Notification of Outcome of Allegation form provides the investigation outcome definitions of substantiated, unsubstantiated, and unfounded. The form also provides what date the allegation was received and if the investigation was completed by the facility or an outside agency. The next section provides the outcome of the investigation. Another section addresses the abuser status of the offender and/or staff. The offender signs and dates the form as well as the employee issuing the notice. The offender receives the original and a copy is maintained as part of the investigation file. The facility will request the outcome of a criminal investigation conducted by an outside agency. The offender will be informed of the outcome of the case. An updated notification may be needed at the conclusion of a criminal proceeding if the offender is still housed at the facility.

The facility reported only 27 offender notifications were made of the 66 closed investigations. The PREA Compliance Manager stated that notifications were not made when an offender was transferred or released. The other reason for lack of notifications is that the facility cannot notify the offender of the investigation outcome until the investigation is reviewed and approved by GEO Corporate. This is a timely process. Although the facility is completing investigations promptly, the investigations appear not to be timely due to the review process with GEO corporate. This process also creates a concern for inmate notification of outcomes since the inmates are transferred or released before the investigation review process is completed by GEO Corporate.

Of the sixteen investigation files reviewed by the Auditor, notifications were made to twelve offenders. Four offenders were transferred or released prior to notification. All notifications were made within five days of the outcome of the investigation, except for two that were completed by IDOC and referred for prosecution. These notifications were made after the prosecutor declined the cases. Two of the notifications notified the offender that the employee was no longer employed at the facility. Of the five offenders who reported sexual abuse, two stated they were provided with an outcome of the investigation, two stated they were not provided a notification, and one offender stated his investigation was still open. The Auditor reviewed the two cases where the offender stated they had not received a notification, both investigation files contained the notifications one was signed by the offender and the other had a note the offender refused to sign the notification form.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Staff shall be advised that any form of sexual activity between staff and offenders, whether consensual or not, shall be prohibited and that staff who are found to have engaged in any form of sexual abuse and sexual harassment against offenders shall be subject to the appropriate disciplinary action, up to and including, termination from employment and criminal prosecution. All staff terminations for violations of the IDOC and GEO sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal." The PAQ and the Facility Administrator shared that five staff resigned or terminated for violating the facility's sexual abuse/sexual harassment policies. One investigation reviewed by the Auditor documented a staff member resigned during the investigation process. The investigation was completed with an outcome finding of unsubstantiated.

The facility's policy 17.001 Sexual Abuse Prevention states, "All staff terminations for violations of the IDOC and GEO sexual abuse or sexual harassment policies, or resignations by staff who would have

been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal. Any staff member, contractor, or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of IDOC or GEO sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer.” The PREA Compliance Manager and Facility Administrator stated five staff violated facility policies and were terminated during the audit period. The employees were referred to local law enforcement and the IDOC. Two of the cases were referred for prosecution and the prosecutor declined the cases.

Standard 115.77: Corrective action for contractors and volunteers

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Volunteers, interns, and contractual staff shall be advised that any form of sexual abuse and sexual harassment with an offender, whether consensual or not, shall be strictly prohibited and that any volunteer, intern, or contractual staff found to have engaged in such conduct shall be removed from the facility, not allowed to return and may be subject to criminal prosecution. Information about substantiated cases of sexual abuse shall be forwarded

to the appropriate licensing body for review where applicable. Contractors providing services who have direct contact with offenders shall be obligated to comply with applicable PREA standards and shall be monitored to ensure compliance with these PREA standards.” The policy further states, “Any staff member, contractor, or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of IDOC or GEO sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer.” The Facility Administrator stated any violation of the facility’s sexual abuse and sexual harassment policies by a volunteer or contractor would be investigated. During the investigation, the volunteer or contractor would not be allowed within the facility. If the investigation involves a contractor, the contract agency would be notified, and the contractor would be placed on leave. An investigation would be conducted and if the case is substantiated or criminal, the individual would be charged with a criminal offense. There was one investigation involving a contractor. Once the allegation was reported the contractor was removed from the facility and a gate closure was issued restricting the contractor from entering the facility. The allegation was investigated and determined substantiated. It was determined the contractor had an ongoing relationship with an offender. The contractor was terminated. The IDOC completed the investigation, and no criminal charges were warranted. Interviews with contractors confirmed they were aware of the policies and disciplinary measures taken for engaging in sexual abuse or sexual harassment of offenders.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "In those cases where it appears as though sexual abuse and/or sexual harassment has taken place, prompt intervention shall be provided, and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution." The GEO's agency policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and the Offender Handbook outlines the offender disciplinary sanctions. The GEO's agency policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) states, "An offender who is found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions." The Facility Administrator stated the offender would be referred to disciplinary process if determined the offender violated policy and if an investigation was determined substantiated. The sanctions would be based on the disciplinary guidelines for a major case. The Facility Administrator shared the Offender Handbook informs the offender of sanctions. The policies also outline that all steps in the disciplinary process and sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the offender to conform with rules and regulations in the future. The Facility Administrator indicated sanctions are commensurate within the disciplinary process and the sanctions guidelines for

the level of prohibited act. The disciplinary sanctions based on the disciplinary code level would be imposed could include prosecution if warranted. The Offender Handbook under the Sexual Abuse Prevention and Reporting section informs offenders that if the majority of the evidence indicates an incident occurred, disciplinary action and possible criminal prosecution will be pursued. The PREA Compliance Manager receives all copies of disciplinary reports for monitoring purposes. There were three administrative cases of inmate-on-inmate, the three offenders were disciplined and sanctioned through the disciplinary process during the audit period.

The GEO agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) states, "The internal disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed." The facility's policy 17.001 Sexual Abuse Prevention states, "Following an investigation substantiating an incident of offender-on-offender sexual abuse, mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate." The Facility Administrator stated the offender's mental health status would be considered especially with the mental health population of the facility. A referral would be made to mental health and the offender would be screened to determine if mental health issues may have contributed to the behavior. The mental health screening occurs prior to the offender being placed in segregation or as soon as the offender is placed in restricted housing. If mental health determines the offenders' mental health illness contributed to the incident, the disciplinary board will take this information into consideration through the disciplinary process. None of the three offenders disciplined during the audit period had mental health issues that contributed to the incident.

The GEO agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) also states, "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 healthcare staff stated the facility has programming for sex offenders and individual treatment plans for offenders. An offender would be assessed, a treatment plan developed, and the offender would be given the opportunity for mental health counseling. The programs and treatment are voluntary, and the offender has the right to refuse.

The facility's policy 17.001 Sexual Abuse Prevention states, "Sexual acts or contact between offenders and an employee, contractor, or volunteer even when no objections are raised by either party, shall always be forbidden and illegal. Accordingly, except in cases where the employee, contractor, or volunteer is clearly the victim of sexually abusive behavior by an offender, sexual behavior between an employee, contractor, or volunteer and offenders shall always be the employee's, contractor's, or volunteer's responsibility." The GEO agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) states, "Disciplining an individual in a GEO facility for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact." During the audit period, no inmates were disciplined for sexual contact with an employee, volunteer, or a contractor.

The GEO agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) states, "A report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying." The PREA Compliance Manager shared inmates and detainees would not be disciplined for reporting an allegation of sexual abuse made in good faith. During the audit period, no inmates were disciplined for falsely

reporting.

The facility's policy 17.001 Sexual Abuse Prevention states, "Sexual activity between two (2) or more offenders shall be prohibited." The GEO agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) states, "Facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced." The Offender Handbook informs offenders that the department has a zero-tolerance policy for sexual abuse and sexual harassment. This means all sexual activity and sexual harassment by offenders, staff, contractors, and volunteers against offenders are not allowed."

MEDICAL AND MENTAL CARE

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

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "If the assessment indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the PREA compliance manager shall, within twenty-four (24) hours of receiving the completed SVAT, refer the offender to a facility mental health professional for a follow-up meeting within fourteen (14) days of the intake screening." THE PAQ noted that 100% of offenders who disclosed prior victimization during initial risk screening were offered a follow-up meeting with a mental health practitioner. When an offender discloses prior sexual victimization or previously perpetrated sexual abuse, the employee completing the risk assessment will complete an Intake SVAT Mental Health Referral Checklist form. The form notes if the offender has been a victim of sexual abuse in a correctional institution, a victim of sexual abuse in the community, perpetrator of sexual abuse in a correctional institution, and/or convicted of a sex offense in the community. Staff then ask the offender if they would like a referral for mental health services. The offender and employee sign and dates the form. The Intake SVAT Mental Health Referral Checklist form is forwarded to the PREA Compliance Manager. If the offender was a victim of sexual abuse and/or a perpetrator of sexual abuse and requested a referral to mental health services, the PREA Compliance Manager completes a Staff Referral for Medical Services and forwards to mental health. The form contains the reason for referral and the desired action of evaluating the offender within 14 days and return the form to the PREA Compliance Manager documenting the offender was seen. On the form under response, the mental health staff note when the offender was seen by mental health. The Case Managers interviewed stated that the Intake SVAT Mental Health Referral Checklist form is completed with each offender at intake. If there is an affirmative answer to prior sexual victimization or a sexual abuse perpetrator, the offender is referred for mental health services. The offender reviews the form and can accept or decline the referral to mental health. The mental health staff shared the referred offender is seen by mental health within 72 hours.

Of the seven offenders interviewed that disclosed previous victimization at intake, three inmates acknowledged being offered a referral to mental health and were seen by mental health within two weeks. One offender stated he was offered a referral and requested to be seen by mental health but was never seen by mental health. One offender stated he was offered and accepted the referral; he has seen mental

health however mental health did not discuss the prior sexual victimization with the offender. And the remaining two offenders stated they were not offered a referral to mental health. The Auditor reviewed the mental health files for five offenders including the four who disclosed they were not offered a referral or were not seen by mental health. There were no mental health notes regarding a referral for prior sexual victimization for two of the offenders. And three files documented through mental health progress notes the offender was seen by mental health. The Auditor reviewed three additional offender files that were referred, and the Staff Referral for Medical Services form noted mental health seen the offender however, there were no progress notes documenting the offender was seen by mental health.

Did Not Meet (a): Offenders that disclose sexual victimization through the intake process are referred to mental health for a follow-up meeting. The mental health staff are not conducting a follow-up meeting with the offender within 14 days per offenders and staff interviews as well as offender records.

Corrective Action Taken (a): The facility developed a process to ensure offenders that disclose sexual victimization through the intake process are referred to mental health for a follow-up meeting. When the Transfer/Intake risk assessment identifies an offender as being a victim of prior sexual abuse or a perpetrator of sexual abuse, the offender will be offered a referral to Mental Health Services via the Mental Health referral checklist. If the offender requests mental health services on the mental health referral checklist, the PREA Compliance Manager will submit a referral to the mental health clerk and Assistant Health Services Administrator. The offender must be seen within 14 days from arrival for the SVAT Referral. The mental health encounter should be coded as a SVAT MH REFERRAL in the medical record. Once the offender has been seen, the mental health clerk will notify the PREA Compliance Manager of the date the offender was seen by mental health staff. The facility submitted nine offender examples of the referral process through the Staff Referral for Medical Services form and the corresponding mental health notes from the referral. The facility met substantial compliance with the standard.

The facility's policy 17.001 Sexual Abuse Prevention states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law." The healthcare files are maintained securely within the healthcare area. The PREA Compliance Manager and the Health Service Administrator stated the healthcare records are on a need-to-know basis for staff to make treatment plans and security and management decisions. The Auditor observed the secure maintenance of paper (locked in cabinets within medical area) and electronic files (by password).

The facility's policy 17.001 Sexual Abuse Prevention states, "Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen (18)." Three healthcare providers interviewed acknowledged they obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur within the facility and the informed consent would be documented in a progress note. The one healthcare staff interviewed was not sure. The medical and mental health practitioners are trained during in-service training about mandatory PREA

reporting procedures which also covers the requirement of confidential reporting and the responsibility of informing the offender at the initiation of services the duty of staff to report. There was one allegation reported to a healthcare provider and the healthcare provider reported the allegation that occurred in the facility to the security supervisor immediately as documented in the investigation file. The facility does not house offenders under the age of 18.

Standard 115.82: Access to emergency medical and mental health services

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*)

Medical services are provided through a contract with Midwest Psychology and are available 24 hours a day seven days a week within the facility. The Health Services Administrator stated the facility has a large medical department with five nurses on duty at all times and medical providers available five days a week and are on call. The facility's policy 17.001 Sexual Abuse Prevention states, "If an allegation is of actual sexual abuse, the victim shall be referred to the facility's health care staff for examination in accordance with Health Care Services Directive (HCSD) 2.30 and the health care sexual assault manual. Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation. If no qualified medical or mental health staff persons are on duty at the time a report of recent sexual abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor. On-call medical or mental health staff shall be contacted and apprised of the report." The interviews with medical and mental health providers confirmed that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility's policy 17.001 Sexual Abuse Prevention states, "Victims of sexual abuse shall be provided counseling by health care staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse." The Health Services Administrator stated an offender would be seen in medical immediately after an allegation. The medical staff would provide treatment for loss of life and stabilize the offender before being sent to an outside facility for emergency treatment and forensic exams. Mental health staff stated a referral would be made to mental health and the offender would be seen within 24 hours or sooner. There is no cost to the offender for medical treatment regarding an allegation of sexual abuse. The five offenders interviewed who reported sexual abuse all stated they were seen by medical immediately and two offenders stated they were sent out to the hospital for forensic exams. The review of the investigation files and medical records documented the offenders were seen by medical and mental health conducted assessments.

Upon an allegation of sexual abuse, the security supervisor begins the notifications which include medical and mental health services. The medical and mental health providers stated all services provided are made within their professional judgement, within policy, and direction from their supervisor and/or medical provider. Medical staff shared there is a standard of practice and mental health stated the clinic scope of services is followed. The medical staff stated medical treatment starts as soon as the inmate is brought to the medical and if there was a penetration, the offender is transported to the outside hospital for treatment and a forensic exam. A medical assessment includes initial triage, taking vitals, assessing for injuries, stabilizing, treatment for life care, and then transporting to the local hospital for a forensic exam, if needed. The inmate victim is transported to an outside hospital with a SANE program where they will receive essential medical intervention to include preventative treatment for HIV and sexually transmitted diseases and testing, if appropriate. Medical staff stated the hospital will initiate any sexually transmitted infection prophylaxis and the facility healthcare will follow-up with the hospital directive and/or through the medical provider. The Health Services Administrator stated the hospital will send to the facility emergency prophylaxis and the facility will order the prophylaxis for follow-up care. Lab work and testing will be completed at appropriate times as required and determined by the medical provider. The testing is sent out to the state lab for results. Two offenders interviewed that reported sexual abuse stated they were provided prophylaxis treatment and the hospital prescribed medication. The other three offenders

did not require prophylaxis treatment based on the incident. All the offenders stated they were not required to pay for any treatment. Through interviews with the medical staff, the Investigator, and the PREA Compliance Manager, it was stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

The facility's policy 17.001 Sexual Abuse Prevention states, "If an allegation is of actual sexual abuse, the victim shall be referred to the facility's health care staff for examination in accordance with Health Care Services Directive (HCSD) 2.30 and the health care sexual assault manual. Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation. If no qualified medical or mental health staff persons are on duty at the time a report of recent sexual abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor. On-call medical or mental health staff shall be contacted and apprised of the report." The policy further states, "The alleged victim shall be referred to the facility mental health staff for evaluation and counseling, as needed. If determined appropriate, the alleged victim shall be offered counseling and support services, such as psychological services, chaplaincy services, counseling, group therapy, etc. Should the victim refuse or decline such services the victim shall sign a Refusal of Treatment form which shall be documented in the offender case file." The interviews with medical and mental health practitioners confirmed that victims of sexual abuse receive medical treatment, crisis intervention services, and mental health assessments in a timely manner. The Health Services Administrator stated an offender would be seen in medical immediately after an allegation. The medical staff stated medical treatment starts as soon as the inmate is brought to the medical and if there was a penetration, the offender is transported to the outside hospital for treatment and a forensic exam. The medical staff would provide treatment for loss of life and stabilize the offender before being sent to an outside facility for emergency treatment and forensic exams. Mental health staff stated a referral would be made to mental health and the offender would be seen within 24 hours or sooner. There is no cost to the offender for medical or mental health treatment regarding an allegation of sexual abuse. The five offenders interviewed who reported sexual abuse all stated they were seen by medical immediately and two offenders stated they were sent out to the hospital for forensic exams. The review of the investigation files and medical records documented the offenders were seen by medical and mental health conducted assessments. All the offenders stated they were not required to pay for any treatment. Through interviews

with the medical staff, the Investigator, and the PREA Compliance Manager, it was stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the offender.

The facility's policy 17.001 Sexual Abuse Prevention states, "Victims of sexual abuse shall be provided counseling by health care staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse." The inmate victim is transported to an outside hospital with a SANE program where they will receive essential medical intervention to include preventative treatment for HIV and sexually transmitted diseases and testing, if appropriate. Medical staff stated the hospital will initiate any sexually transmitted infection prophylaxis and the facility healthcare will follow-up with the hospital directive and/or through the medical provider. The Health Services Administrator stated the hospital will send to the facility emergency prophylaxis and the facility will then order the prophylaxis for follow-up care. Lab work and testing will be completed at appropriate times as required and determined by the medical provider. The testing is sent out to the state lab for results. Two offenders interviewed that reported sexual abuse stated they were provided prophylaxis treatment and the hospital prescribed medication. The other three offenders did not require prophylaxis treatment based on the incident.

The facility does not conduct forensic exams. The medical staff interviewed stated if a forensic exam is required the alleged victim is sent to the local hospital, Anderson City Vincent. The medical staff call the hospital to ensure a Sexual Abuse Nurse Examiner (SANE) is available. If a SANE is not on duty, the hospital calls a SANE to report to the hospital for services. An interview with an emergency nurse from Anderson City Vincent regarding SANE services was conducted, she stated the hospital has SANEs on staff if one was not scheduled or on duty, a SANE would be called in to conduct the exam. The facility does not have an MOU with Anderson City Vincent hospital. There were four forensic medical exams conducted during the audit period.

The medical and mental health staff interviewed indicated they felt the healthcare services are consistent with the level of care if not better since offenders are seen immediately for care and there is no cost. There are direct services immediately along with sick calls as needed, and follow-up services. Medical staff are available 24 hours a day 7 days a week at the facility. Mental health staff are available during normal operating hours and are on-call if needed. A medical provider is always on call.

The facility's policy 17.001 Sexual Abuse Prevention states, "Following an investigation substantiating an incident of offender-on-offender sexual abuse, mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate." The mental health staff stated mental health will conduct a mental health evaluation on an offender-on-offender abuser when the department is notified. The offender will be offered programming for sex offenders and counseling. The Auditor reviewed one mental health file of an alleged abuser, mental health completed an evaluation, and the offender refused any further treatment or counseling. The PREA Compliance Manager shared the facility started offering perpetrators treatment in August 2021 when identified the services were not being provided.

The facility does not house female offenders.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "The facility PREA committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within thirty (30) days of the conclusions of the investigation. The completed documentation of the review shall be submitted, along with minutes of the corresponding PREA committee meeting, to the IDOC Executive Director of PREA. The review by the facility PREA committee shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable use; assess the adequacy of staffing levels in that area during different shift; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings and any recommendations for improvement and submit the report to the Facility Administrator, the IDOC Executive Director of PREA, and the GEO Corporate PREA Coordinator. The facility shall implement the recommendations for improvement or document its reasons for not doing so." The Facility Administrator stated the team consists of the Facility Administrator, Chief of Security, Classification, PREA Investigator, Assistant Facility Administrators, PREA Compliance Manager, and other staff as deemed necessary. The GEO's agency PREA Coordinator may be consulted as part of the review. The team meets monthly to review incidents and discuss any PREA concerns.

The review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved offenders; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement

supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The review is forwarded to the GEO's agency PREA Coordinator within ten days after the review. The PREA Compliance Manager is responsible for implementing any recommendation for improvement or documenting the reasons for not doing so. The After-Action Review Report is maintained in the investigative file.

The PREA Team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, sexual gender, identity biases, status or perceived status or gang affiliation; or was motivated/otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area of the alleged incident occurred may have enabled abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or improved to assist staff supervision; and prepare a report of its findings not necessarily limited to determinations made with above considerations and any recommendations for improvement. The Incident Review Team members interviewed indicated they review the incident in detail as a team. It was stated the team provides different perspectives based on their work areas and work discipline. Under motivation the staff interviewed stated they review if race, gender identity, payback, love affair, drugs, gang affiliation, ethnicity, and know history may have motivated the case. In reviewing the location of the incident, they consider blind spots, areas blocked with furniture, barriers, and areas off camera. In one review, the team identified the security staff had no line of sight into the bathroom. When assessing staffing, they reviewed coverage for different shifts, lack of staffing on shift, if rounds were completed and the round times varied, staffing levels within the facility, and were staff following policy and procedures and post orders. They review the investigation report section on staff failure analysis. Under monitoring technology, the team reviews camera location, camera coverage, are more mirrors needed, and if there a need to increase surveillance equipment. In one review, the team identified the barbershop needed a camera. The Incident Review Team stated identified trends include that most allegations occur in general population and offenders make false allegations to have staff moved from posts. From the investigation files reviewed, the staff failure analyses identified a staff member allowed a blanket to be hung blocking visual sight lines, a staff member did not collect clothing as evidence, mental health did not complete an assessment, and in three cases the medical and mental health failed to conduct assessments in a timely manner.

The PAQ noted that 18 incident reviews were completed by the facility. The facility had 31 sexual abuse investigations with 8 unfounded and 5 still open. The Auditor reviewed sixteen investigation files and the After Action Review Report within the files. Twelve files had completed After Action Review Reports that were completed within thirty days of the investigation completed. One review identified the motivation was due to race and in another case the motivation was due to gender identity. Three files did not have an After Action Review Report since the investigation outcome was unfounded. One file had no incident review documented; the facility had not received the approval of the investigation from GEO Corporate. This was beyond 30 days of the facility completing the investigation.

The PREA Compliance Manager stated that he is part of the review team. He reviews the After Action Review Report then forwards it to the Facility Administrator for review and signature. The Facility Administrator forwards the report to GEO Corporate for their review. A copy of the report is maintained in the investigation file. If there are any identified issues, the PREA Compliance Manager with the team is responsible for developing a plan of correction for any recommendations. The PREA Compliance

Manager is responsible for ensuring any recommendations are completed or documented as the reason for not doing so. He shared he has the support of the Facility Administrator for recommendations made and the corrective action to be taken.

Standard 115.87: Data collection

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "All reports of nonconsensual sexual acts, abusive sexual contact, staff sexual misconduct and sexual harassment as defined in this policy and procedure shall be reported on a sexual incident report. The PREA compliance manager shall submit a sexual incident report for each allegation that is a PREA related incident via the sexual incident reporting system." The GEO agency's policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PREA Compliance Manager and the facility policy state the PREA Compliance Manager is responsible for compiling data collected on sexual activity and sexual abuse incidents. The statistical report and the Monthly PREA Incident Tracking Log are forwarded monthly to the agency's PREA Coordinator. The PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The data is secured in a locked file cabinet in the PREA Compliance Manager's office, as observed by the Auditor.

The facility's policy 17.001 Sexual Abuse Prevention states, "The IDOC Executive Director of PREA shall maintain sexual abuse data for ten (10) years after collection. Sexual incident reports and investigation reports shall be retained for five (5) years beyond the abusers incarceration or employment." The GEO agency policy also states, upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

The Auditor reviewed the 2018, 2019, 2020, 2021, and 2022 Annual PREA Reports. The Annual Report is divided into sections: reporting period, policy summary, key operational changes, audits and certifications, agency PREA results by facility (number of allegations, type of allegations, outcomes of investigations), definitions, evidentiary standard, annual PREA results (allegations by incident type, comparison of total allegations from previous year), analysis of allegations by facility type, program enhancements, and number of allegations and investigation outcomes by facility. The Corporate GEO PREA office compiles the annual PREA report for the company. The 2018, 2019, 2020, 2021, and 2022 Annual PREA Reports are available for review on the GEO agency's website www.geogroup.com/PREA.

The facility provided data through the Survey of Sexual Victimization 2020 to the Department of Justice.

The facility does not contract for the confinement of offenders.

Standard 115.88: Data review for corrective action

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*)

The facility's policy 17.001 Sexual Abuse Prevention states, "Annually, the Facility Administrator and the PREA Compliance Manager, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and procedure. This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing sexual abuse.

Program and procedural changes shall be made at the facility based upon this evaluation. A copy of the evaluation and a description of any changes being made at the facility shall be submitted to the IDOC Executive Director of PREA and the Executive Director/Inspector General. The Executive Director/Inspector General shall review the evaluation submitted by the facility and make a recommendation regarding any changes in the IDOC's policy and administrative procedures. These recommendations shall be forwarded to the IDOC policy manager who shall comply recommendations and present them to IDOC Executive Staff for review and approval." The GEO agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse." The Vice President of Risk Management (on behalf of the Agency Director) stated facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA Compliance Managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The PREA Coordinator stated the agency reviews the data collected and aggregated in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies and training. Additionally, all of our clients, except USMS, include GEO PREA data in their annual PREA reports. The PREA Compliance Manager stated the facility's PREA Team meets monthly to review cases. The allegation and investigation case information are uploaded in the agency's PREA portal for the agency's PREA Coordinator and office to utilize for the agency's PREA data collection and review. The agency's PREA Division reviews all data collected in order to access and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including; identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility, as well as, the agency as a whole.

The Auditor reviewed the 2018, 2019, 2020, 2021, and 2022 Annual PREA Reports. The Annual Report is divided into sections: reporting period, policy summary, key operational changes, audits and certifications, agency PREA results by facility (number of allegations, type of allegations, outcomes of investigations), definitions, evidentiary standard, annual PREA results (allegations by incident type, comparison of total allegations from previous year), analysis of allegations by facility type, program enhancements, and number of allegations and investigation outcomes by facility. The Corporate GEO PREA office compiles the annual PREA report for the company. The 2018, 2019, 2020, 2021, and 2022 Annual PREA Reports are available for review on the GEO agency's website www.geogroup.com/PREA.

The GEO agency's policy 5.1.2-A states, "The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract." The Vice President of Risk Management (on behalf of the Agency Director) stated our annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO. The Annual Report

no longer contains signatures to document the review and approval by the agency head and/or appropriate divisional authorities.

Recommendation: The GEO agency should provide a method to document the Annual Report is reviewed and approved by the agency head. A statement within the report could outline who reviewed and approved the Annual Report.

The agency's policy 5.1.2-A states, "GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted." The PREA Coordinator stated that GEO only reports statistical data and incident types, excluding personally identifiable. The Auditor's review of the Annual Reports verified that no personal identifiers are included within the reports.

Standard 115.89: Data storage, publication, and destruction

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*)

All PREA data including investigations are maintained on a secure computer system, the PREA Portal, with limited accessibility and all hard copies are maintained in locked cabinets. The Vice President of Risk Management (on behalf of the Agency Director) stated in 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. The facility's PREA data is secured in a locked file cabinet in the PREA Compliance Manager's office and within the agency's electronic PREA portal, as observed by the Auditor.

The GEO agency's policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract." The 2018, 2019, 2020, 2021, and 2022 Annual PREA Reports are available for review on the GEO agency's website www.geogroup.com/PREA as observed and reviewed by the Auditor.

The agency's policy 5.1.2-A states, "GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted." The PREA Coordinator stated that GEO only reports statistical data and incident types, excluding personally identifiable. The Auditor's review of the Annual Reports verified that no personal identifiers are included within the reports. The facility's policy 17.001 Sexual Abuse Prevention states, "The IDOC Executive Director of PREA shall maintain sexual abuse data for ten (10) years after collection. Sexual incident reports and investigation reports shall be retained for five (5) years beyond the abusers incarceration or employment." The Auditor confirmed through interviews and review of PREA files that all written reports and data collection are maintained.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The GEO agency policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) states, "that during the three-year period starting on August 2013, and each three-year period thereafter, GEO Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." The review of the agency's website confirms that PREA audits are conducted on the agency's facilities with audit dates over the last three years. The initial PREA audit of the New Castle Correctional Facility was conducted on March 7-9, 2016, and the second audit in March 2019.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the Agency and facility provided the Auditor requested documents. Private interview space was provided to the Auditor for conducting staff and offender interviews. Staff interviews were held in an administrative

office in the administration section or within offices in the housing units. Offender interviews were conducted in a private setting (an office or program space) within each housing unit.

Posted signs advised offenders they could send confidential information or correspondence to the Auditor. Audit Notices were posted throughout the facility advising staff and offenders they could send confidential information or correspondence to the Auditor. The Auditor received correspondence from six offenders. Four of the interviews were interviewed, one refused an interview and the other offender had been released. The Auditor did not receive any correspondence from staff or outside individuals.

Based on the above information, the agency/facility meets Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

A review of the agency's website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The Auditor observed on the agency's website final reports for the agency's other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings. This is the third PREA audit for this facility, the facility's previous audit report is available on the agency's website.

AUDITOR CERTIFICATION

I certify that:

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

Barbara King

February 15, 2023

Auditor Signature

Date