

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 13, 2016

Auditor Information			
Auditor name: David K. Haasenritter			
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Telephone number: 540 903 6457			
Date of facility visit: 7 – 9 March 2016			
Facility Information			
Facility name: New Castle Correctional Facility			
Facility physical address: 1000 Van Nuys Road, New Castle, IN 47362			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 765 593 0111			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Keith Butts			
Number of staff assigned to the facility in the last 12 months: 663			
Designed facility capacity: 3,196			
Current population of facility: 3,167			
Facility security levels/inmate custody levels: Medium Security/Minimum-Maximum Custody levels			
Age range of the population: 18-71			
Name of PREA Compliance Manager: Jacob Pruis		Title: Compliance Administrator	
Email address: jpruis@geogroup.com		Telephone number: 765 593 0111	
Agency Information			
Name of agency: The GEO Group Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Park Place, Suite 700, 621 Northwest 53 rd St., Boca Raton, FL 33487			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 561 999 5827			
Agency Chief Executive Officer			
Name: George C. Zoley		Title: Chairman of the Board, Founder, CEO	
Email address: gzoley@geogroup.com		Telephone number: 561-893-0101	
Agency-Wide PREA Coordinator			
Name: Phebia L. Moreland		Title: Director, Contract Compliance; PREA Coordinator	
Email address: pmoreland@geogroup.com		Telephone number: 561 999 5827	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the New Castle Correctional Facility was conducted on March 7 – 9, 2016 by Mr. David Haasenritter (lead) and Mr. Charles Kehoe. Approximately three weeks prior to the audit, the auditors received the Pre-Audit Questionnaire and additional documents through a disk. The documents and questionnaire were well organized, highlighted, and tabbed. This along with providing the information three weeks in advance of the audit enabled the audit to move forward very efficiently. The night before the audit the institution provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff by duty position and shifts that were used to identify inmates and staff to be interviewed (random and specific category).

The lead auditor contacted Just Detention International (JDI) in reference to any information previously submitted by inmates at the New Castle Correctional Facility and reviewed both the GEO website and Indiana Department of Corrections prior to the audit. The GEO website is very informative and one of the easiest to find PREA information of all agencies this auditor has audited. GEO PREA page is very informative and has information and links on: general information on PREA; agency zero tolerance policy; how to report; how employees can report; information on investigations; and where questions and inquiries can be forwarded to the PREA Coordinator (phone number, email, and mailing address). It also has a number of links to include: PREA standards; GEO basic and investigative PREA policies; GEO facility PREA audit reports; and GEO's current annual PREA Report.

Following the entrance meeting with staff, the auditors toured the entire institution on March 7, 2016 and went back to certain areas in the institution on March 8 - 9, 2016. While touring, random inmates and staff were informally interviewed (not counted in interview count) and questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditors reviewed staffing; logs; physical plant; sight lines; camera coverage; tested the inmate phone system for reporting allegations and for emotional support services; and institution operations. Following the tour, the auditors began the formal interviews, review of investigations, checking of cameras, and random checks of personnel, medical, and training records. A total of 34 staff was formally interviewed in the course of the audit (ten random, four contractor/volunteers, and 20 specialized staff). The interviews of the Agency Head/Designee had been previously completed by another auditor and the notes from those interviews were shared with the auditors prior to the on-site visit. The PREA Coordinator was also previously completed by another auditor and this auditor also previously interviewed her. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. GEO has continued to build a culture of zero tolerance. The lead auditor also discussed PREA with the Indiana Department of Corrections PREA Coordinator who was present for the audit.

A total of 66 inmates were formally interviewed: 50 random (at least one from each housing unit); and 16 specialized (LGBTI, disabled; non-English speaking; who disclosed sexual victimization during screening; and who reported sexual abuse while confined). Majority of the inmates interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and inmates handbooks) outlining the agencies zero tolerance policies towards sexual abuse; knew the reporting procedures; and reported staff of the opposite gender announced when entering a housing area. All inmates who were asked stated they felt safe at the institution. The auditors found the inmates very aware of PREA.

The auditors reviewed 35 investigations of sexual abuse and sexual harassment at New Castle Correctional Facility during the audit cycle and interim report writing period. There were 13 inmate-inmate allegations: one inmate-on-inmate sexual harassment substantiated; three inmate-on-inmate sexual harassment under investigation; two inmate-on-inmate sexual abuse substantiated; two inmate-on-inmate sexual abuse unsubstantiated; one inmate-on-inmate sexual abuse unfounded; and two inmate-on-inmate sexual abuses under investigation. Two consensual sexual activity cases also were investigated.

There were 22 staff-on-inmate allegations: one staff-on-inmate sexual harassment substantiated; six staff-on-inmate sexual harassment unsubstantiated; two staff-on-inmate sexual harassment unfounded; four staff-on-inmate sexual harassment under investigation; three staff-on-inmate sexual abuses unsubstantiated; and one staff-on-inmate sexual abuse unfounded; and five staff-inmate sexual abuses under investigation.

One case was investigated as staff-on-inmate sexual harassment. That finding was unsubstantiated as a PREA case, but the employee was disciplined for unprofessional conduct.

When the on-site audit was completed, the auditors conducted an exit meeting. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO, Indiana Department of Corrections, and New Castle Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

During the interim report writing and corrective action period, the auditor reviewed modified policies, and additional documents. The GEO and Indiana PREA Coordinators was very helpful in coordinating all the additional documentation.

DESCRIPTION OF FACILITY CHARACTERISTICS

New Castle Correctional Facility is a 3,196 medium security adult male facility located in Henry County, Indiana. The count on the first day of the audit was 3,167 inmates. The New Castle Correctional Facility became the first privately-managed state correctional facility in Indiana. The contract was awarded on September 28, 2005 to the GEO Group, Inc., with a commencement date of January 2, 2006. The facility houses security levels minimum through maximum adult male offenders for the Indiana Department of Corrections. All of the inmates assigned to the facility are legally committed to the Indiana Department of Corrections and have been processed into the Indiana system prior to being assigned to New Castle Correctional Facility. Most of the employees are full time GEO employees who provide secure care and program services at the facility. New Castle Correctional Facility contracts with Liberty, Corizon, and Aramark to provide sex offender management/monitoring, medical, and food services respectively.

The New Castle Correctional Facility has ten general population buildings, each with four housing units; one general population housing building with two housing units; one mental health, segregation, and infirmary units; one minimum housing building (outside of fenced perimeter); and two maximum custody buildings each with four housing units known as the STAND Unit. The STAND unit (Striving Towards A New Direction) houses 256 maximum security Protective Custody inmates and 256 maximum security inmates transitioning off long term restrictive housing status. New Castle Correctional Facility is the only facility in the State of Indiana that can house maximum security, acute or chronic extreme mentally ill inmates in its 128 bed psychiatric unit.

Healthcare services for the New Castle Correction Facility are provided by Corizon. The services are provided for the general population, infirmary, mental health unit, and the adjoining annex population. The health care services are provided 24 hours a day, seven days a week. The infirmary consists of 27 beds.

It is the mission of New Castle Correctional Facility to provide a full range of correctional services including dental, medical and psychological services, sex offender programming, education, vocational training and work programs that are at least equal to services provided by the Indiana Department of Correction in comparable facilities, but at a lower cost. In addition to the education, vocation, and work programs, New Castle Correctional Facility provides substance abuse education, general counseling, life skills, and transition planning designed to assist offenders upon re-entry into the community and to reduce recidivism. New Castle Correctional Facility is committed to the Continuum of Care mission of the GEO Group in preparing offenders for release. The facility is accredited through ACA, the Joint Commission and NCCHC.

SUMMARY OF AUDIT FINDINGS

On March 7-9, 2016, the on-site visit was completed. Within a week of the audit being completed, the auditor provided a list of not met standards, and standards requiring additional information. During the 30 day interim report writing period, three standards were identified as requiring corrective action. All correction action plans were completed and standards met on August 16, 2016. The final results of New Castle Correctional Facility PREA audit is listed below:

Number of standards exceeded: 8

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

GEO operates the New Castle Correctional Facility to house Indiana Department of Corrections inmates. GEO has very good written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are GEO Policy 5.1.2, Sexual Abuse Behavior Prevention and Intervention Program (PREA); GEO Policy 5.1.2-A, Sexual Abuse Behavior Prevention and Intervention Program (PREA for Adult Prison, Jail, and Adult Community Confinement Facilities); and GEO Policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA). Other agency policies supplement these main PREA policies. New Castle Correctional Facility policy 17.001 Sexual Assault Prevention, Investigations, Victim Support, and Reporting is the facility supplement to implement PREA. Agency and facility policies and procedures were very well organized. It is clear to the auditor that the Prison Rape Elimination Act is part of the GEO fabric. In some cases, New Castle Correctional Facility uses applicable Indiana Department of Corrections policies, mainly Indiana Department of Corrections policy 02-01-115 Sexual Abuse Prevention.

GEO employs an upper-level, agency-wide facility PREA Coordinator and a PREA Compliance Manager. Ms. Phebia Moreland is the PREA Coordinator. She is very knowledgeable of PREA standards and is one of the top PREA Coordinators I have met. Ms. Moreland has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, consistently sending updates to facilities, especially as FAQs are posted on the PREA website. She conducts training and meetings to keep unit PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. Reviewed the GEO organization chart which demonstrates she is in a position of authority and have observed her develop, implement and oversee compliance during this and other audits I have conducted. Indirectly supervises 80 compliance managers (Prisons and Jails, Community Corrections, Lockups, and Juveniles) through three regional corrections coordinators, one community corrections coordinator, and one juvenile coordinator. She often goes directly to the compliance managers to coordinate changes, provide updates, conduct training, and on-site during audits. For New Castle Correctional Facility, she also works with the Indiana Department of Corrections PREA Coordinator.

Mr. Jacob Pruis is the New Castle Correctional Facility PREA Compliance Manager who reports directly to the Warden and GEO PREA Coordinator. He was very knowledgeable of PREA standards and was actively involved in PREA activities. Mr. Pruis claimed to have enough time to perform his PREA duties. He coordinates and conducts training, provides info to staff at staff calls, contacts GEO and Indiana Department of Corrections PREA Coordinators for clarification and coordinates with facility leadership. The auditors reviewed the New Castle Correctional Facility organizational chart that demonstrated that he is in a position of authority to make changes and discuss issues with the Warden. Mr. Pruis is one of

the more knowledgeable GEO PREA Compliance Managers; and one of the better PREA Compliance Manager the lead auditor has had an opportunity to work with.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards. It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards. These requirements are required to be in the contracts. Indiana Department of Corrections contract requires compliance with PREA standards. The auditors were provided a copy and reviewed the contract between GEO and Indiana Department of Corrections. There is an Indiana Department of Corrections on-site client monitor responsible for ensuring compliance. GEO is a private provider and does not contract with other agencies for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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

GEO ensures each institution it operates develops documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse by monitoring and reviewing the staffing plans. GEO Policy 5.1.2-A establishes procedures to develop and monitor staffing plans uses the criteria found in standard 115.13 (a) to include generally accepted 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 institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. New Castle Correctional Facility policy 17.001 also addresses supervision and monitoring.

New Castle Correctional Facility had 481 (460 analog/21 digital) cameras located throughout the facility. In 2015, 21 digital cameras were installed. There are also cameras in the transportation vehicles and transportation vehicles are tracked during travel. Camera videos are recorded for up to 30 days.

The auditors reviewed the New Castle Correctional Facility staffing plan and 2015 annual review and found it to be very complete. The staffing plan is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. GEO has established a good form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. All findings and corrective action is documented by the PREA Coordinator. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the inmate population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The Warden provided documentation that New Castle Correctional Facility assesses, determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. Additional cameras have been added as a result of the reviews. Additionally New Castle Correctional Facility policy 17.001 requires the PREA Compliance Manager and other designated staff to conduct quarterly tours and reviews of staffing and electronic surveillance. The signature of the PREA Coordinator on the Annual Review confirmed that this was done in consultation with her.

By policy the facility documents all deviations to the plan and it is reported to GEO. Per the Pre-audit questionnaire and interview of the Warden and PREA Compliance Manager; and review of manning sheets; there were no deviations from the plan. The facility authorizes overtime to fill all positions.

Throughout the site review, the auditors saw evidence that intermediate and higher level supervisors (Assistant Wardens and others) conduct and document unannounced rounds on all shifts to deter and identify staff sexual abuse and sexual harassment. Staff and inmate interviews further confirmed the unannounced rounds by supervisors. PREA unannounced rounds are documented in housing unit logs and a memorandum by the supervisor of his checks during the week. Three housing unit logs and one memorandum were provided prior to the audit. The memorandum documented things checked reference PREA to include questioning of staff and inmates in reference to PREA. The auditors checked the logs while on site for announced PREA rounds. Staff is also prohibited from alerting other staff that unannounced rounds are being conducted. Supervisors prevent alerting by going to housing and program areas at different times throughout the shifts.

Standard 115.14 Youthful inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

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

New Castle Correctional Facility is not contracted to house youthful offenders; therefore this standard is not applicable. GEO policy 5.1.2.A does cover all parts of the standards for GEO facilities that do confine juveniles. Per contract with Indiana Department of Corrections New Castle Correctional Facility does not house juveniles.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Based on review of GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001, review of training material, interview of staff and inmates, and observation it was determined the facility limits cross-gender viewing and searches. New Castle Correctional Facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex inmates to determine inmates' genital status. The facility provided memorandum stating no cross-gender strip searches or cross-gender visual body cavity searches, the auditors checked inmate search log located in the intake area and there were no recorded cross-gender strip searches or cross-gender visual body cavity searches.

Standards 115.15 b and part of c does not apply as New Castle Correctional Facility is a male only facility.

Based on review of GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001, review of training material, interview of staff and inmates, and observation it was determined inmates are able to shower, perform bodily functions, and change clothes without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. There were a few showers curtains or other items used to block observation had to be adjusted so inmates were able to shower without non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Some were replaced immediately during the audit; others were adjusted following the audit. The auditors either viewed the changes on site or through pictures following the audit. Most inmates interviewed stated they could

shower and change clothes without being observed by female staff. Based on review of GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001, review of training material, interview of staff and inmates, review of logs, and observation it was determined female staff announce their presence when entering an inmate housing unit.

Review of training records and lesson plans demonstrated staff had been trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Prior to the audit, training documents were provided to the auditor demonstrating staff had been trained on searches of transgender and intersex inmates. New Castle Correctional Facility asks transgender inmates whether they want to be searched by a male or female staff. Interviews of staff demonstrated staff was unsure of the proper procedures to conduct pat down searches of transgender and intersex inmates. Some staff interviewed said they were not trained. Transgender inmates interviewed said some staff used the palms on their hands when doing pat searches. A Corrective Action Plan was developed to retrain staff on the definition of transgender; and how to conduct searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible. The auditors reviewed the training material (which included the PREA Resource Video) and training sign in rosters; and found New Castle Correctional Facility as having met the standard.

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

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

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

GEO policies 5.1.2-A and 12.008 and New Castle Correctional Facility policy 17.001 ensure inmates with disabilities and who are limited English proficient have access to PREA information and programs. GEO, Indiana Department of Corrections, and New Castle Correctional Facility has taken appropriate steps to ensure that inmates who are limited English proficient or disabled 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. Indiana Department of Corrections has a contract with Language Training Center Inc., to provide foreign language translation, and American Sign Language and assistance. PREA handouts and inmate handbooks are in English and Spanish. English and Spanish PREA posters are posted throughout the institution for inmates and staff to see. Staff and inmates interviewed stated inmates are not used as interpreters when addressing sexual abuse and sexual harassment allegations. The Pre-Audit Questionnaire (PAQ) stated no inmate interpreters had been used.

Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmate to understand the GEO and Indiana Department of Corrections zero

tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For inmates who are hearing impaired, the facility has a Teletype (TTY) machine available for inmates who are hearing impaired. Provisions can be made for inmates who may be visually impaired, though those with limited vision are assisted by some of the posters having been printed in larger print. For inmates with a mental disability, staff spend time to ensure they understand the PREA basics of definitions and reporting.

Standard 115.17 Hiring and promotion decisions

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 outlines policy and procedures to ensure staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 also requires the institution to 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. Prior to the audit reviewed two employee application packets and one contractor packet; and during the audit reviewed eight additional employee application packets and eight contractor packets. Through review of staff and contractor records and staff interviews it was determined New Castle Correctional Facility staff and contractors are not hired or promoted who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion. The documents and interviews also demonstrated GEO and the facility considers 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.

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires background checks for staff; and 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. Prior to the audit reviewed one background check of an employee. During the audit reviewed 24 additional background checks and employee application packets that demonstrated background checks were done

prior to employment, and none had a background check more than five years old. Interviews of Human Resource staff and employees, and review of application packets also demonstrated contact with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks include checks through ACCURATE Inc.; Indiana Department of Corrections System Criminal law check; and finger print checks.

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires criminal background records check before enlisting the services of any contractor who may have contact with inmates. Reviewed one contractors background check prior to the audit, and eight during the audit. Interviews of Human Resource staff and contractors, and review of contractor packets demonstrated background checks were conducted.

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states shall ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct. GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires information be provided 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. Prior to the audit received two staff applications, and one annual review demonstrating they addressed previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Both of these policies were confirmed through interviews and review of additional personnel documents to include examples of employee annual affirmation during the audit. During the audit reviewed 24 additional employees files that demonstrated employees who may have contact with inmates directly are asked about previous sexual misconduct as described in PREA standard 115.17 (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and imposes upon employees a continuing affirmative duty to disclose any such misconduct.

GEO policy 5.1.2-A establishes the procedures to conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates. Prior to the audit and during the audit reviewed background checks conducted on employees and contractors. All had a background check less than five years old, most done between 2015 and 2016. Interviews of Human Resource staff demonstrated the process of conducting background checks every five years were in place, though it did not start till 2015.

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination.

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews of personnel staff and one request for information demonstrated they provide the information.

Standard 115.18 Upgrades to facilities and technologies

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

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

Through review of GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001, and interviews of the Agency Head representative, PREA Coordinator, PREA Compliance Manager, and Warden it was determined that the GEO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

During the review of the staffing plan, the video monitoring system is also reviewed to ensure coverage enhances the ability to protect inmates from sexual abuse. Review of the staffing plan and camera plan demonstrated information from the PREA allegations was used to assist in the assessment. New Castle Correctional Facility had 481 (460 analog/21 digital) cameras located throughout the facility. In 2015, 21 digital cameras were installed. There are also cameras in the transportation vehicles and transportation vehicles are tracked during travel. Camera videos are recorded for up to 30 days.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and New Castle Correctional Facility policy 17.001 outline evidence protocols for administrative proceedings and criminal prosecutions; requirements for forensic medical exams; and when requested by the victim, a victim advocate to accompany and support the victim through the forensic examination, investigatory interviews, emotional support, crisis intervention, information, and referrals. New Castle Correctional Facility investigator handles all the administrative proceedings regarding PREA allegations. Criminal investigations are conducted by the Indiana State Police. There is a uniform evidence protocol that

maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The protocols were reviewed and found to be in line with DoJ's National Protocol for Sexual Assault Medical Forensic Examinations. Majority of the staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse. One of the auditors conducted interviews with New Castle Correctional Facility investigator, and he had a good understanding of the investigative procedures and responsibilities and evidence protocols.

GEO Policy 5.1.2-E requires all victims of sexual abuse are provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate, by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. New Castle Correctional Facility sends inmates to St. Vincent Regional Hospital for a forensic exam. Two inmates were sent for a forensic exam in the last 12 months. Prior to the audit, the auditors reviewed documents from one of the forensic exams performed. Review of documentation demonstrated the victims of alleged sexual abuse were offered an appointment with the Qualified Mental Health Professional.

GEO Policy 5.1.2-A requires the facility to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. New Castle Correctional Facility is covered under the Indiana Department of Corrections contract with the Indiana Coalition Against Domestic Violence for victim advocate services. New Castle Correctional Facility also has trained 25 staff as victim advocates in case no victim advocate is available. The auditor interviewed one of the trained staff who described his training and role as a victim advocate. Inmates can also call Indiana Coalition Against Domestic Violence to provide emotional support, crisis intervention, information, and referrals telephonically. The auditor telephonically called the Indiana Coalition Against Domestic Violence hotline during the audit and following the audit to validate services provided.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

GEO Policy 5.1.2-E, Indiana Department of Corrections policy 02-01-115, and New Castle Correctional Facility policy 17.001 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, that all allegations of sexual abuse or sexual harassment are referred for investigation by the appropriate authority. Investigations can be conducted by the New Castle Correctional Facility Investigator, Indiana Department of Corrections Internal Affairs, or GEO Corporate Office of Professional Responsibility. Criminal investigations are conducted by the Indiana

State Police. Based on review of the investigative paperwork, and interview of staff and inmates; an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. GEO's Investigative policy is available on the GEO Web site.

The auditors reviewed 35 investigations of sexual abuse and sexual harassment at New Castle Correctional Facility during the audit cycle and interim report writing period. There were 13 inmate-inmate allegations: one inmate-on-inmate sexual harassment substantiated; three inmate-on-inmate sexual harassment under investigation; two inmate-on-inmate sexual abuse substantiated; two inmate-inmate sexual abuse unsubstantiated; one inmate-on-inmate sexual abuse unfounded; and two inmate-on-inmate sexual abuses under investigation. Two consensual sexual activity cases also were investigated.

There were 22 staff-on-inmate allegations: one staff-on-inmate sexual harassment substantiated; six staff-on-inmate sexual harassment unsubstantiated; two staff-on-inmate sexual harassment unfounded; four staff-on-inmate sexual harassment under investigation; three staff-on-inmate sexual abuses unsubstantiated; and one staff-on-inmate sexual abuse unfounded; and five staff-inmate sexual abuses under investigation.

One case was investigated as staff-on-inmate sexual harassment. That finding was unsubstantiated as a PREA case, but the employee was disciplined for unprofessional conduct.

Standard 115.31 Employee training

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 addresses PREA staff training requirements. New Castle Correctional Facility employees receive PREA training annually through scheduled training and roll call. The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates 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 inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory

reporting of sexual abuse to outside authorities. Employees have to acknowledge they understood the training. Staff interviewed were well versed in the GEO zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation. On-site the auditor reviewed 20 staff training records which documented PREA training since 2013 as applicable and acknowledging understood the PREA training in writing since 2015.

Standard 115.32 Volunteer and contractor training

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

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

All contractors and volunteers 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. GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001, and the PREA training curriculum outline training requirements for volunteers and contractors who have contact with inmates. Prior to the audit, reviewed contractor and volunteer PREA training material; and five contractor and one volunteer training records and memorandum stating they understood the training that was provided. The PREA Pre-Audit Questionnaire stated 41 contractors and volunteers had received the training during the last 12 months. While on-site the auditor randomly reviewed eight contractor/volunteer training records, each have signed they understand the PREA training they received. Three volunteers and one contractor were interviewed. Interviews of the contractor and volunteer demonstrated their knowledge of PREA, their responsibilities, and the agency zero tolerance policy. They also stated they felt safe at the facility.

Standard 115.33 Inmate education

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires that all inmates receive PREA information upon arrival and PREA education within 30 days of intake (within 10 days by institutional policy). During intake inmates are provided information through a Indiana Department of Corrections PREA handout and New Castle Correctional Facility inmate rule book (both available in English and Spanish) that explains both agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at New Castle Correctional Facility. The staff covers basic PREA information verbally. During institution orientation (within 30 days of arrival) they receive additional training which expands on the previous information provided. Most inmates receive the comprehensive education within seven days. Inmates acknowledge receiving the PREA information in writing. Inmate handbooks are provided to inmates in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. GEO and Indiana Department of Corrections posters are posted throughout the facility in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. Information on the posters and in the handouts include: zero tolerance policy; inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation, and posters displayed throughout the institution. The inmates interviewed definitely knew the zero tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. Prior to the audit, the auditor reviewed two examples of an inmate documenting training; and randomly reviewed 16 additional inmate records onsite which demonstrated inmates received PREA information upon arrival, training within 30 days of arrival, and acknowledged through signature they have received the training and handouts; and understood the Indiana Department of Corrections PREA zero tolerance policy.

Standard 115.34 Specialized training: Investigations

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires the facility investigator receives specialized training in addition to the general education provided to all employees. GEO PREA Coordinator attended the Moss Group "Train the Trainers Specialized Training; Investigating Sexual Abuse in Corrections Setting" sponsored by the PREA Resource Center. She then tailored the program for GEO investigators and is the instructor for all GEO investigator training. The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include:

techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. New Castle Correctional Facility investigators were trained in 2015. New Castle Correctional Facility maintains documentation that the investigator has received both the general and investigative PREA training. All current investigators are trained. The lesson plans, slides and sign in sheets were reviewed and interview of the investigator demonstrated good understanding of how to conduct a sexual abuse investigation in a confinement setting.

Standard 115.35 Specialized training: Medical and mental health care

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 outlines the training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. Training is conducted by using Corizon PREA medical training and a quiz. Prior to the audit, the auditors were provided one medical staff members training records demonstrating specialized medical, and annual basic PREA training in 2016. The auditor checked five additional training records of medical and mental health staff on site; all had received PREA and medical PREA training. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The five medical and mental health staff interviewed felt safe working at the facility. Medical staff does not conduct forensic medical examinations

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A requires facilities to: conduct a screening for risks of sexual victimization and abusiveness within 24 hours of arrival; a follow-up screening for risks of sexual victimization and abusiveness within a set time period, not to exceed 30 days from the inmate's arrival at the facility; and reassesses inmate's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Indiana Department of Corrections policy and New Castle Correctional Facility policy 17.001 states inmates will be screened within 24 hours of an inmates arrival at a designated Indiana Department of Corrections intake unit; assessments are conducted using the Indiana Sexual Violence Assessment Tool; within 24 hours New Castle Correctional Facility reviews the screen from the intake the unit to determine if the inmate was identified as someone at risk for sexual victimization or sexual abusiveness; and within 30 days of arrival at New Castle Correctional Facility a follow-up screen is conducted. New Castle Correctional Facility policy 17.001 also requires an initial screen during admissions if a PREA screen has not been done within the last year. New Castle Correctional Facility uses the Indiana Department of Corrections Sexual Violence Assessment Tool and not the GEO PREA screening tool. The auditor reviewed two inmate screening forms (initial screen and follow-up screen) prior to the audit. One initial screen at the intake unit was done within 24 hours, the other on the seventh day of arrival at the intake unit. On site the auditor randomly selected 16 inmates and reviewed their initial and reassessments within 30 days screening forms. Most had initial screens done at the Indiana Department of Corrections intake unit; some had not had intake screens because they came from facilities other than the intake unit; most had follow-up screens within seven days of arrival to the New Castle Correctional Facility. None of the screens reviewed were completed as an initial screen within 72 hours of arrival at New Castle Correctional Facility. In some cases the follow-up screen may have been done within seven days of arrival of the New Castle Correctional Facility, but still was done more than 30 days from when the initial screen was done at the intake unit. Some also had annual assessments during their time at the New Castle Correctional Facility.

The auditor had three staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done very professionally. Some information is provided through asking the inmate questions, others through review of inmate records. All the criteria referenced in the standard are on the form; and inmates are asked all of the questions required to be asked of the inmate except whether the inmate has a mental, physical or developmental disability, and whether they are intersex. Additionally the screener does not make his/her own assessment of whether the inmate is gender non-conforming. The screening instrument is objective in determining if the inmate is at risk for victimization or abusiveness.

Indiana Department of Corrections PREA Coordinator, GEO PREA Coordinator, and the auditors discussed the issues with the PREA screens. In reference to standard § 115.41 (a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates; (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility; (f) reassess for at risks of sexual victimization or abusiveness within 30 days; the Indiana Department of Corrections believed they were in compliance and was not required to do another screen when the inmate transfers from the Indiana Department of Corrections intake unit. The audit lead provided the guidance from PREA Resource Center and a corrective action plan was developed to do PREA screens on all inmates transferred into the New Castle Correctional

Facility within the timelines in accordance with the standard and GEO policy. The New Castle Correctional Facility would provide the auditor examples over an approximate 90 day period.

In reference to standard 115.41 (d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization to include: (1) whether the inmate has a mental, physical, or developmental disability; and (7) whether the inmate is or is perceived to be intersex, or gender nonconforming; the Indiana Department of Corrections believed they were in compliance with the standard and not have to ask the inmate because they provided a physical during inprocessing. The auditor contacted the PREA Resource Center who confirmed it must be asked, especially if the physical is not done within 72 hours. It was determined they must ask the inmate if they identify as intersex, and the screener had to make a determination if the inmate was gender nonconforming. There was a discussion of using the GEO PREA screening form, but it was determined Indiana Department of Corrections Sexual Violence Assessment Tool would be modified, the corrective action plan was for the Sexual Violence Assessment Tool to be modified, and New Castle Correctional Facility would provide the auditor examples over an approximate 90 day period.

Both corrective action plans were accomplished by first modifying the Indiana Department of Corrections Sexual Violence Assessment Tool to meet the standards, protocols were updated to ensure screens were conducted to meet the initial and follow-up screening time line; screening staff were trained; and 31 inmate initial and follow-up screens from May, June, July, and August were provided to the auditor demonstrating compliance with the standard. New Castle Correctional Facility was found meet standard with 115.41 on 16 August.

Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not released and exploited by staff or other inmates. The screening instrument was restricted to staff making housing, work and program assignments. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. During inmate interviews, most inmates who arrived within the last 12 months remembered receiving the initial screen at the Indiana intake unit; some remember a follow-up screen upon arrival at New Castle Correctional Facility.

Standard 115.42 Use of screening information

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 outlines the use of the screening form to include: using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of

being sexually victimized from those at high risk of being sexually abusive; and making individualized determinations about how to ensure the safety of each inmate. GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states the agency shall consider on a case-by-case basis whether to assign a transgender or intersex inmate to an institution for male or female inmates, housing and programming assignments, based on the inmate's health and safety, inmate's own views with respect to his or her own safety, and whether the placement would present management or security problems; reviewing twice a year placement and programming assignments for each transgender or intersex inmate to review any threats to safety experienced by the inmate; allowing transgender and intersex inmates the opportunity to shower separately from other inmates; and not placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated institution, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Through a review of screening forms, housing and program decisions, inmate and staff interviews, it was determined New Castle Correctional Facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment. The process is clearly defined in the policies and implemented in the use of PREA and classification forms. There is also a PREA committee that reviews the designations and the auditor was provided a copy of the minutes from the committee.

Inmates interviewed who identified as transgender or gay acknowledged they were treated with respect; were not housed in dedicated housing area; and transgender inmates were offered an opportunity to shower separately. GEO, Indiana Department of Corrections, New Castle Correctional Facility policy do not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. Transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration when making housing, programs and other decisions; and transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Standard 115.43 Protective custody

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states inmates at high risks for sexual victimization shall not be placed 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; if placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; that the facility shall document any access to programs, privileges, education, or work opportunities that was restricted, duration of restriction and why; and that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews of the Warden, PREA Compliance Manager, and segregation staff verified inmates at high risk of sexual victimization would not be placed in involuntary segregation unless other measures have been assessed. Other measures included moving housing areas or facilities. It was confirmed through Pre Audit Questionnaire; investigative paperwork; and during interviews with the Warden, staff who supervise segregated inmates, and inmates; that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit. GEO documents any review of alternatives using a form that addresses possible alternatives reviewed prior to placing inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing.

Standard 115.51 Inmate reporting

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

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

New Castle Correctional Facility inmate handbook, PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Interviews of inmates and staff verified they knew of the multiple internal and external ways to report incidents of abuse or harassment, and retaliation. Inmates can report verbally and in writing to staff; through JPAY kiosk to the Indiana Ombudsman Bureau; using the grievance system; and through a third party. The auditor called the Indiana Coalition Against Domestic Violence Hotline of which they provided the information to the facility by email within approximately two hours. The Indiana Coalition Against Domestic Violence contract with the Indiana Department of Corrections does not designate them as someone inmates can report to, but they did pass the report to the facility. Additionally, inmates' family members/friends can contact the GEO PREA Coordinator by phone or the Indiana Department of Corrections hotline by phone or website.

The auditors determined New Castle Correctional Facility inmates could not report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request (115.51(b)). Using JPAY kiosk requires an inmate PIN number; and the Indiana Coalition Against Domestic Violence is not contracted for inmates to report to.

Initially New Castle Correctional Facility worked on getting the JPAY kiosk not to require a PIN for access to the Indiana Ombudsman Bureau, but the Indiana Department of Corrections developed a corrective action plan that allowed inmates to write to the Indiana Ombudsman Bureau and they would report it anonymously upon request of the inmate. The Indiana Ombudsman Bureau is considered privilege correspondence under Indiana Department of Corrections policy (policy 02-01-13). In April PREA posters were modified with the information to write to Indiana Ombudsman Bureau anonymously, posted throughout the facility and a copy provided to the auditors. In May the auditor called the Indiana Ombudsman Bureau and confirmed they would send the report immediately upon receiving it and anonymously if requested. The standard was then found to be in compliance.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the GEO 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 Director directly at (561) 999-5827.

Examples of inmate reporting through different means were reviewed when investigative cases were reviewed. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documenting any verbal reports.

No one is detained solely for civil immigration purposes.

Standard 115.52 Exhaustion of administrative remedies

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001, covers the use of administrative remedies/grievances. All requirements of the standards to include timelines, who the grievances can be provided to, and emergency grievances were covered. Prior to the audit, the facility provided a PREA grievance for sexual abuse, which included a request for an extension to complete. The case was reviewed and found to be in compliance with the standard. There were no emergency grievances and one inmate was disciplined for filing a grievance related to a sexual abuse in bad faith.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

GEO policy 5.1.2-A, and New Castle Correctional Facility policy 17.001 states inmates shall be provided 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; and the facilities shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. New Castle Correctional Facility falls under the Indiana Department of Corrections contract with Indiana Coalition Against Domestic Violence who provides a victim access to outside confidential support services. Phone numbers and mailing addresses are provided to the inmate on the PREA fliers provided to the inmate and posters in the facility. Inmate interviews identified some inmates did not know of the confidential support services provided. The auditor tested the number during the on-site audit. The auditors reviewed two examples of services provided on-site. There are signs next to the phones that state telephone calls may be monitored and recorded.

Standard 115.54 Third-party reporting

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. GEO and Indiana Department of Corrections websites outlines GEO and Indiana Department of Corrections methods to receive third party reports of sexual abuse and sexual harassment. GEO website provides a number and mailing address. The Indiana Department of Corrections Website provides a phone number, and email address. Pamphlets at the facility provide the inmates the same information. Discussion with inmates demonstrated they knew how third party reporting could be accomplished.

Standard 115.61 Staff and agency reporting duties

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. New Castle Correctional Facility policy 17.001 addresses incidents involving vulnerable adults. New Castle Correctional Facility does not confine juveniles, nor has there been any incidents involving vulnerable adults. Health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Health practitioners during interviews stated they are required and would report sexual abuse. Review of investigative files; and interviews of staff and inmates verified staff immediately report to the facility's designated investigator any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and that staff does not reveal information related to a sexual abuse report other than to people authorize to discuss the report. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility's designated investigator.

Standard 115.62 Agency protection duties

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires staff to take immediate action to protect any inmate they learn is subject to substantial risk-. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Investigator, PREA Compliance Manager and Warden. Per the interview with the PREA Compliance Manager and Warden, no inmate has reported substantial risk of imminent sexual abuse. The Pre-Audit Questionnaire reported two incidents, but the auditor determined those were not cases of inmates at substantial risks of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires when an allegation that an inmate was sexually abused while confined at another institution, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation; that all sexual abuse allegations reported by another institution regarding any inmate that was confined at the New Castle Correctional Facility be fully investigated. Interviews with the Warden, PREA Compliance Manager, and investigator confirmed their knowledge of the policies and responsibilities to report any allegations and investigate any allegations that may have occurred at New Castle Correctional Facility. The Warden would email to document providing the information. One inmate reported abuse to New Castle Correctional Facility staff while confined at another institution. There was one case which the Warden emailed the Warden of the facility the alleged allegation occurred about the case; copy furnished to the New Castle Correctional Facility PREA Compliance Manager. The PREA Compliance Manager followed up to ensure the facility had the information. New Castle Correctional Facility also received information from another facility of an inmate alleging sexual abuse while at New Castle Correctional Facility; it had been investigated two years prior. During Warden interview he knew the procedures should his staff be told of an allegation at another facility and when another facility contacts him of an incident that has alleged to occur at his facility.

Standard 115.64 Staff first responder duties

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 outlines procedures to respond to an allegation of sexual abuse for both security and non-security staff. There is a GEO Incident Checklists to be used when responding to sexual abuse or sexual harassment. Random interviews with security and

non-security staff confirmed both security and non-security staff were very knowledgeable what to do upon learning an inmate was sexually abused to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. Good training has prepared the staff to properly respond. There were instances of times security and non-security were the initial first responders. New Castle Correctional Facility uses 96 hours from the time of the abuse occurred to do a forensic exam. Two forensic exams were conducted by SANE/SAFE staff in the 12 months prior to the audit.

Standard 115.65 Coordinated response

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

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

GEO policy 5.1.2-A requires New Castle Correctional Facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. New Castle Correctional Facility PREA Coordinated Response Plan was updated in February 2016. The plan was very thorough in describing required actions by security and special staff. Interviews with staff (first responders, medical and mental health practitioners, investigators, and institution leadership), and review of the PREA Incident Checklists for Incidents of Sexual Abuse and Harassment, investigative and medical files confirmed staff were knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities.

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

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

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

GEO Policy 5.1.2-A addresses collective bargaining units and states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. New Castle Correctional Facility policy 17.001 also states in every case remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. New Castle Correctional Facility has no collective bargaining agreement. Review of investigations demonstrates that New Castle Correctional Facility will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the inmate. Review of two cases prior to the audit demonstrated the staff involved in the PREA case was initially moved to a post away from the inmate, usually non-housing unit post, so there would be no contact with the inmate. Interviews of inmates who reported sexual abuse acknowledged they were separated from the alleged abuser (staff or inmate).

Standard 115.67 Agency protection against retaliation

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 require a staff member be designated to monitor for retaliation against staff or inmates who reported or had been sexually abused or harassed; provided multiple protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; monitoring the conduct and treatment of inmates or staff who reported the sexual abuse and 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; and conducting periodic status checks through interviews at least every seven days. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days if the monitoring indicates a continuing need. New Castle Correctional Facility PREA Compliance Manager is responsible for monitoring retaliation of inmates; Human Resource Department is responsible for monitoring staff. Prior to the audit, New Castle Correctional Facility provided two examples of monitoring of the inmates. There is a monitoring log form that is used to monitor inmates from retaliation. Interviews of the Warden, PREA Compliance Manager, and inmates demonstrated monitoring of inmates was being conducted. New Castle Correctional Facility uses 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. For at least 90 days following a report of sexual abuse, New Castle Correctional Facility monitors the conduct and treatment of inmates who reported the sexual abuse; and of inmates who were reported to have suffered sexual abuse. Per the PAQ and interviews there were zero incidents of retaliation.

Standard 115.68 Post-allegation protective custody

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states involuntary segregated housing for inmates who have alleged to have suffered sexual abuse may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the inmate; and use of protective custody to protect alleged victim is only used as a last resort for a very short time. If placed in segregated housing involuntarily they shall have access to programs, privileges, education, and work opportunities to the extent possible; and that the institution shall document any access to programs, privileges, education, or work opportunities that was restricted and that every 30 days, the institution shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. There were no inmates who have alleged to have suffered sexual abuse in protective custody during the audit. Interviews of the Warden, PREA Compliance Manager, staff and inmates, there were no instances of using segregation housing to protect inmates who had alleged to have been sexually abused in the last 12 months. They also stated alternate protective measures would be used in lieu of protective custody and if they had to place an inmate in segregated housing involuntarily they would have access to programs, privileges, education, and work opportunities to the maximum extent possible.

Standard 115.71 Criminal and administrative agency investigations

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

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

Based on review of GEO policy 5.1.2-E, Indiana Department of Corrections policy 02-02-115; New Castle Correctional Facility policy 17.001; investigation case tracking log; the 35 PREA investigations reviewed; interviews of New Castle Correctional Facility Warden, PREA Compliance Manager, and investigator it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. New Castle Correctional Facility conducts its investigations using uniform

evidence protocols. New Castle Correctional Facility investigator starts all investigations and conducts administrative investigations. When criminal conduct is suspected, the New Castle Correctional Facility investigator will notify the GEO Corporate Office and request assistance from the Indiana State Police, who has the legal authority to conduct criminal investigations. GEO's Investigative policy is available on the company's Web site.

The auditors reviewed 35 investigations of sexual abuse and sexual harassment at New Castle Correctional Facility during the audit cycle and interim report writing period. There were 11 inmate-inmate allegations: one inmate-on-inmate sexual harassment substantiated; three inmate-on-inmate sexual harassment under investigation; two inmate-on-inmate sexual abuse substantiated; two inmate-on-inmate sexual abuse unsubstantiated; one inmate-on-inmate sexual abuse unfounded; and two inmate-on-inmate sexual abuses under investigation. Two consensual sexual activity cases also were investigated.

There were 22 staff-on-inmate allegations: one staff-on-inmate sexual harassment substantiated; six staff-on-inmate sexual harassment unsubstantiated; two staff-on-inmate sexual harassment unfounded; four staff-on-inmate sexual harassment under investigation; three staff-on-inmate sexual abuses unsubstantiated; and one staff-on-inmate sexual abuse unfounded; and five staff-inmate sexual abuses under investigation.

One case was investigated as staff-on-inmate sexual harassment. That finding was unsubstantiated as a PREA case, but the employee was disciplined for unprofessional conduct. The auditor found that some of the earliest investigations were not always completed "promptly," but recently the investigations have been completed promptly, thoroughly, and objectively.

The PREA Investigator has received the GEO specialized training for PREA investigators. This is a very extensive training program.

The investigator stated that he collects the appropriate direct and circumstantial evidence, reviews the video tapes, interviews the alleged victim, suspected perpetrators, and witnesses. He also reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witness is always assessed on an individual basis. Polygraphs are not used in PREA investigations.

When conducting administrative investigations, the Investigator always makes a determination whether staff actions or failures to act contributed to the abuse. The auditors read 35 investigation reports and found them to include a description of the incident, the evidence collected, and summaries of interviews.

Investigations are not ended because the victim or the abuser is no longer under the custody of the agency. This would also be the case if the alleged abuser was a staff member and resigned from the facility; the investigation would go on until its conclusion. GEO policy and procedures state that PREA investigation files will retain all written PREA reports for ten years.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

A review of GEO policy 5.1.2-E and New Castle Correctional Facility policy 17.001 and investigations; and interviews with the investigator and administrative staff confirm the New Castle Correctional Facility has no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the investigator was asked what standard of evidence was used in determining if an allegation is substantiated, the agencies policy was recited confirming compliance with the standard.

Standard 115.73 Reporting to inmates

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires facilities to inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if investigated by an outside agency, request the outside investigative agency inform the inmate as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded; if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate be whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Prior to the audit, New Castle Correctional Facility provided copies of two notifications to the inmates. All notifications are done using the GEO notification form. During the audit, the auditors reviewed additional notification forms when reviewing investigative files. Interviews of inmates who alleged sexual abuse were informed of the results.

Standard 115.76 Disciplinary sanctions for staff

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

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

Per GEO policy 5.1.2-E, New Castle Correctional Facility policy 17.001, GEO employee handbook, and interviews with staff: staff are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Prior to the audit two examples were provided where PREA was unsubstantiated but staff misconduct was substantiated and they were disciplined.

Standard 115.77 Corrective action for contractors and volunteers

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

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

GEO policy 5.1.2-E and New Castle Correctional Facility policy 17.001 prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and requires they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Per review GEO policy 5.1.2-E, New Castle Correctional Facility policy 17.001, and interviews with New Castle Correctional Facility staff, inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are 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; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior. Indiana Department of Corrections policy 02-04-101 Disciplinary Process for Adult Offenders provides inmate offense and sanctions for offenses. In the 12 months prior to the audit there have been one substantiated finding and disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The sanctions which included loss of phone and commissary privileges and 180 days in disciplinary segregation were appropriate for the offense. Indiana Department of Corrections prohibits all sexual activity between inmates and discipline inmates for such activity.

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

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires all new inmates receive a PREA screen upon arrival, along with a medical and mental health screen. If any of these identify someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical and mental health follow-up meeting within 14 days. Prior to the audit, the audit reviewed two referrals (inmates who reported prior sexual victimization) within 14 days of the PREA screen. During the audit, reviewed additional PREA screens and medical and mental health records, it was determined inmates who reported prior sexual victimization or previously perpetrated sexual abuse were offered consults with medical and mental health practitioners within 14 days of the screen. Interviews of medical and mental health staff confirmed follow-up meetings would be scheduled and conducted. Interview of two inmates who previously experienced prior sexual victimization reported they were offered medical and mental

health consultation. Interviews of medical and mental health staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is 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.

Standard 115.82 Access to emergency medical and mental health services

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

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

Per GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 states inmate victims of sexual abuse shall 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; inmate victims of sexual abuse while incarcerated shall be 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; and qualified medical practitioners are on duty 24 hours. Upon returning from the hospital a registered nurse evaluates and documents the inmate's health status, and refers the inmate for mental health services. The inmate is prioritized for sick call and if the emergency room does not complete testing sexually transmitted diseases, testing is done at the facility. Per GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires inmate victims of sexual abuse shall receive timely, unimpeded access to outside emergency medical exams without financial costs. The services at no costs are provided regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic exams are done for up to 96 hours since the time of the incident. Interviews of staff and inmate victims of sexual abuse confirmed they received 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. Victims of alleged sexual assaults are sent to medical, there were two inmates sent for a forensic exam at St. Vincent Regional Hospital.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Based on review of GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001; and interviews with staff and inmates; and medical and mental health documentation demonstrate New Castle Correctional Facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. New Castle Correctional Facility provides victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment is at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse.

Standards 115.83 (d) and (e) are non-applicable as New Castle Correctional Facility is a male only facility.

Standard 115.86 Sexual abuse incident reviews

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

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 identifies the minimum members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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 institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed two incident reviews prior to the audit and two more on-site. All elements of the standard are reviewed. GEO has an excellent PREA after action review form that addresses all elements of the standard. Incident review team members were interviewed and were very knowledgeable of the process.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

GEO policy 5.1.2-A and New Castle Correctional Facility policy 17.001 requires the collection of uniform data that provides the minimum data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. GEO collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. GEO facilities provide monthly reports and PREA surveys to GEO headquarters. A monthly PREA Incident Tracking log is used to collect and provide the GEO PREA Coordinator data on sexual abuse and harassment incidents. Per conversation with GEO staff the data is aggregated. Upon request from DoJ, GEO provides the data. The auditor reviewed the New Castle Correctional Facility monthly PREA tracking log, New Castle Correctional Facility PREA report, and GEO 2014 annual PREA report. Review of previous DoJ Survey of Sexual Violence reports, annual agency PREA reports, and data submitted by the institution demonstrated the agency collects uniform data to be used by GEO and Indiana Department of Corrections.

GEO does not contract its inmates to other facilities (115. 87 (e)).

Standard 115.88 Data review for corrective action

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

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

GEO Policy 5.1.2-A requires GEO to review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. It is then provided to the agency contracted with, who produces an annual report with comparisons from previous years and corrective actions, and posted on that agency website. The GEO annual report is very comprehensive in scope, provides data, an assessment of its PREA program and areas of focus, and includes the agency's progress in meeting the PREA Standards. The GEO home page has a PREA link to its PREA page that lists its PREA related policies, reporting information, and the GEO annual report. The auditor previously reviewed the GEO 2013 and 2014 PREA annual reports. The GEO PREA annual report is a very good report with comparison of current and previous year data; and an assessment GEO's effectiveness of its sexual abuse prevention, detection, and response policies and actions to eliminate sexual abuse and sexual harassment. The GEO website PREA tab is easy to find,

and is very informative. Note, during the report writing period, the GEO 2015 annual report was posted on the website; reviewed by the auditor and determined GEO continues to publish one of the better annual reports the audit team has reviewed.

The auditor also reviewed the Indiana Department of Corrections website and 2014 PREA Annual Report. The Indiana Department of Corrections PREA report was a very good report and did include a comparison of current and previous year data; identified problems and corrective action; steps taken by the agency to meet PREA standards; continued needs for compliance; and an overall summary.

Standard 115.89 Data storage, publication, and destruction

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

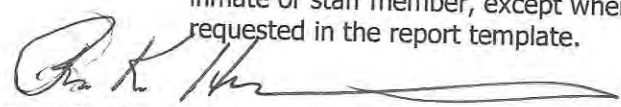
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations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

Review of GEO policy 5.1.2-A, website, storage of documents at the facility, and interviews of staff it is determined data is properly stored, maintained and secured. Access to data is controlled. Aggregate data on all its facilities is available to the public through its website. All GEO institution data is in the annual report and posted on the website, only the last report is posted. GEO maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection in accordance with the GEO Retention Records Schedule. Before making aggregated sexual abuse data publicly available, GEO removes all personal identifiers.

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.



David K. Haasenritter

November 13, 2016

Auditor Signature

Date