

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** November 29, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> May 24-26, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Plainfield Correctional Facility			
<b>Facility physical address:</b> 727 Moon Rd., Plainfield, Indiana, 46168			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (317) 939-2513			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Stanley Knight, Superintendant			
<b>Number of staff assigned to the facility in the last 12 months:</b> 341			
<b>Designed facility capacity:</b> 1694			
<b>Current population of facility:</b> 1661			
<b>Facility security levels/inmate custody levels:</b> Level 2			
<b>Age range of the population:</b> 18-90			
<b>Name of PREA Compliance Manager:</b> Michael Arthur		<b>Title:</b> Administrative Assistant 4	
<b>Email address:</b> MEArthur@idoc.in.gov		<b>Telephone number:</b> (317) 839-2513 ext 2222	
<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 302 West Washington St. Rm E-334, Indianapolis, Indiana, 46204			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (317) 232-5711			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bruce Lemmon		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

Plainfield Correctional Facility is located at 727 Moon Road, Plainfield Indiana. Plainfield Correctional Facility is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of May 24-26, 2016. Following coordination, preparatory work and collaboration with management staff at Plainfield Correctional Facility, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

#### PRE-AUDIT PHASE

On April 10, 2016, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from the Plainfield Correctional Facility PCM confirmed placement of the audit notice. Notices were to be posted in areas accessible to both offenders and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from IDOC- Plainfield Correctional Facility in May, 2016.

Pre-audit section of the compliance tool: In May 2016, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. This auditor did not receive any letters from offenders at the facility prior to arrival at the institution.

#### ON-SITE PHASE

On May 24, 2016, the audit team arrived at Plainfield Correctional Facility. The audit team consisted of Ray Harrington, retired Correctional Administrator for CDCR, who has been assigned to the PREA team and has applied to attend the formal auditor training, and myself, certified auditor.

On May 24, 2016, the audit team met with the Superintendent Stanley Knight, PREA Compliance Manager (PCM) Ty Robbins and the management staff of Plainfield Correctional Facility for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Upon arrival at Plainfield Correctional Facility, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. Plainfield Correctional Facility custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The auditor informed the PCM that audit teams would compile lists of custody staff and offenders selected randomly for interviews. The list did not specifically identify offenders according to all of the seven categories. However, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories, a complete list was later supplied.

On-site Review: The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility with a list of all buildings and areas that offenders have access to. The Superintendent, Deputy Superintendent, PCM and custody staff escorted the audit team. The team toured the entire facility, including all of the housing units, medical, mental health, main kitchen, warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, and chapel. As the tour moved through the facility, the auditors would make a notation on the map indicating that that area had been visited.

Additionally staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, audit team members asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms and showers to identify potential cross gender viewing concerns. In offender dayrooms, audit team members tested offender phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In offender work areas, audit team members assessed the level of staff supervision and asked questions to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

**PREA Management Interviews:** The audit team members split up the interviews of the Superintendent (Warden or designee) and the PCM. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand.

**Specialized Staff Interviews:** Using the list of specialized staff received from the PREA Compliance Manager, the audit team members utilized the conference room or private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Medical and Mental Health (Corizon contractor)
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Classification Staff
- Case Workers
- Investigations and Intelligence Staff (facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Segregated Housing Staff
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisors
- Aramark Contractor
- Religious Volunteers
- First Responders
- Training Director

During interviews with investigative staff, the team learned that offender grievances against staff are forwarded to the grievance coordinator; Investigations and Intelligence (I&I) may investigate where appropriate or may just track the progress of staff's response to the offender. The members of the audit team interviewed four investigators and questioned designated staff about the process for logging and tracking cases assigned and offender grievances received by the division. Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standard. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

**Random Staff Interviews:** The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 19 random staff interviews were conducted.

**Random Offender Interviews:** The auditor determined that at least one offender from each housing unit would be interviewed. One audit team member was assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from their assigned housing units and selected other offenders while in the housing units. The audit team member completed the interviews in private interview rooms in the housing unit. The audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 15 offenders were interviewed as part of the random offender interviews.

**PREA-Interest Offender Interviews:** One audit team member was assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender and Intersex Offenders (None Currently at Facility)

- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization (None Currently at Facility)
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team member selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team member was escorted to the offender's housing unit. The interviews were conducted in a private office in the housing unit. The auditor introduced himself, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. The audit team member interviewed two limited English proficient (Spanish) offenders, three offenders who were identified as being gay, two offenders who reported prior sexual abuse and one offender who reported sexual abuse. A total of 8 offenders were interviewed based upon these interview categories. Facility staff did not identify offenders in any of the other categories.

Document Reviews: The document review process was divided up between the two auditors. Both auditors reviewed all documents related to allegations of sexual abuse (including investigation files). One auditor reviewed all training records, personnel records, contractor and volunteer records, while the other auditor reviewed the records maintained through the offender intake process, offender records and relevant medical documentation. These auditors collected copies of documents to support the audit findings. The training records reviewed included a computer printout of all staff and contactors who have taken the required training over the past fiscal year and a list of all staff that have not. 12 training files were reviewed at random to verify compliance the IDOC PREA training procedure. 15 personnel files (four contract staff and eleven IDOC employees) were reviewed randomly for compliance with the hiring/promotional requirements.

The PREA Compliance Manager provided Sexual Incident Report (SIR) for all 15 allegations received during the previous twelve-month period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for each case reviewed and provided additional relevant information in the space provided for additional notes. A total of 15 cases were reviewed. Three cases were sexual harassment and 12 were sexual abuse. Four cases involved staff-on-offender allegations (two were sexual harassment) and eleven involved offender-on-offender allegations (one was sexual harassment).

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Either team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Superintendent and his staff on May 26, 2016. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

#### POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report. The auditor, as a probationary certification, has 21 days to turn the interim report in to the department of justice, which has 10 days to review it. The probationary auditor then has 10 days to consider the department of justice's suggestions and provide the interim report to the facility by July 7, 2016 (total of 41 days). This information was also provided to the agencies PREA Coordinator via the probationary certification template letter.

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager.

This auditor documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the

PREA Compliance Manager and sent the requests between June 1, 2016 and June 6, 2015. Requested information was returned to the auditors within one or two days.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the “overall determination” section at the end of the standard indicating whether or not the facility’s policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility’s policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility’s policies and procedures exceed, meet, or does not meet the standard. The interim report was submitted to the PREA Resource Center for review/approval on June 10, 2016. On June 30, 2016, the interim report was approved by the PREA Resource Center staff and posted on their web site. The interim report was then forwarded to the Superintendent of Plainfield Correctional Facility, the State of Indiana PREA Coordinator and the PREA Compliance Manager at Plainfield Correctional Facility.

On July 25, 2016, a telephone conference was held between the Superintendent of Plainfield, the PCM of Plainfield and this auditor to discuss a corrective action plan to bring Plainfield Correctional Facility to 100% compliance with the Prison Rape Elimination Act. It should be noted that Michael Arthur was assigned as the new PCM at Plainfield Correctional Facility, replacing Ty Robbins, on May 30, 2016. Between July and November of 2016, information was shared with this auditor to demonstrate corrections that had been made to come into compliance. From August 8, 2016, through November 9, 2016, the documents requested were forwarded to this auditor for review via e-mail. The documents provided were reviewed for completeness and to verify that they meet the requirements per PREA. The final report was written to include any corrective actions that took place to correct any deficiencies. A copy of this document was forwarded to the Indiana Department of Corrections PREA Coordinator and the Superintendent of Plainfield Correctional Facility on November 29, 2016. The final report was posted on the PREA website on November 29, 2016.

In the Standard-by-Standard portion of this report, the following acronyms will be utilized for easier reference:

- Indiana Department of Corrections - IDOC
- PREA Compliance Manager – PCM
- Policy and Procedure – PAP
- Offender Access to Courts – PAP 00-01-102
- Office of Investigations and Intelligence – PAP 00-01-103
- Offender Grievances – PAP 00-02-301
- Adult Offender Classification – PAP 01-04-101
- Staff development and Training – PAP 01-05-101
- Protective Custody – PAP 02-01-107
- Administrative Restrictive Housing – PAP 02-01-111
- Sexual Abuse Prevention – PAP 02-01-115
- Searches and Shakedown – PAP 02-03-101

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Plainfield Correctional Facility is located at 727 Moon Rd. Plainfield, Indiana. Plainfield Correctional Facility was commissioned by the Indiana General Assembly in 1963. Construction was completed and the facility was opened in 1969. Originally it was named Indiana Youth Center (IYC) and was used to house young adult offenders (ages 18-30). Since that time the facility has had several different mission changes. Because Indiana Department of Corrections has several facilities with the initials PCF, Plainfield is still referred to as IYC. Currently Plainfield Correctional Facility is the Regional Training sight for Indiana Department of Corrections and provides extensive training for newly hired employees as well as veteran staff.

The prison is designated a “level two” medium security facility, which houses offenders with short term sentences or close to release. There are 7 housing units inside the secure parameter. Four are open dorms and one is celled housing for general population. Two housing units are for special placement: One is the segregation building and the other is used for protective custody offenders waiting to transfer and offenders with mental health concerns. There is additional temporary housing in the medical building.

Plainfield Correctional Facility is comprised of an indoor gym/recreation, administration building, a medical/mental health services building, education building, chapel, food services, maintenance shops and a prison industries area. The industries area has a supply warehouse and laundry facility. In the supply warehouse, offenders fill canteen orders for all of the institutions in IDOC. There are several PEN Products employees and custody staff supervising the offenders working in this warehouse. The facility has a commercial laundry area which is staffed by custody staff and PEN Products laundry supervisors. The laundry area contains large commercial washers and dryers.

Plainfield Correctional Facility offers several training programs available to the offenders including barbering, landscaping, recycling, housekeeping, and warehousing. Education classes range from basic academics to GED education. Offenders are offered substance abuse treatment programs, anger management, and parenting courses. Vocational courses include business technology and auto body repair. The main entrance to the facility allows for the screening of all visitors. All staff, visitors and their property are screened by metal detector and x-ray. In addition, all staff and visitors are pat-searched upon entering the facility. There is a central control booth sally port which all must pass through to enter the visiting room and the facility.

The facility has a commercial kitchen, which facilitates the daily feeding of the offender population. The kitchen is staffed by correctional staff and contracted cooks on each shift. The kitchen has a dry storage room, cold storage areas, bakery and freezers. There is a scullery area, a serving line area, and an area for storage of rolling carts which carry food to the steam-line. There is also a secure back dock and trash storage/removal area.

Plainfield Correctional Facility offers activities to all offenders. These activities include voluntary education, recreational library, music room, religious services, self-help counseling groups, dayroom activities with television viewing, and an outdoor recreation yard and indoor gym. The facility has education, law library, a barbershop, and a chapel.

## SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Superintendent, PREA Compliance Manager and the entire staff at Plainfield Correctional Facility.

Overall, it is evident that Plainfield Correctional Facility staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- There is a good working relationship between the offenders and the staff. It appears that the offenders would feel comfortable going to staff to report any safety issues.
- PREA posters were in place in all housing units, visiting and offender work/recreational areas.
- Supervisory and management staff have a clear understanding of the policy.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training had been completed. All of Plainfield staff, contractors and volunteers are trained on PREA every year.
- Staff has already begun to address issues that the audit team identified during the site review.
- Classification staff has taken ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.
- Human Resources staff were well prepared and able to quickly provide the needed information.
- The PREA Committee minutes are very thorough. In addition to reviewing reported sexual assault cases, this committee monitors offenders who are at high risk for sexual victimization.

Some of the areas of general concern include:

115.13 Supervising and Monitoring:

(a) (5) The agency shall ensure that each facility that it operates shall...protect inmates from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: All components of the facilities physical plant (including "blind spots" or areas where staff or inmates could be isolated).

115.15 Limits to cross-gender viewing and searches:

(d) The facility shall implement policies and procedures that enable inmates to shower, preform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except exigent circumstances or when such viewing is incidental to routine cell checks.

115.67 Agency protection against retaliation:

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported 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...

(d) In the case of inmates, such monitoring shall include periodic statues checks.

115.68 Post-allegation protective custody: Any use of segregated housing to protect an inmate who is to have alleged to have suffered sexual abuse shall be subject to the requirements of section 115.43.

115.71 Criminal and administrative agency investigations:

(c) Investigators shall gather and preserve direct and circumstantial evidence, including...interview witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach all copies of all documentary evidence where feasible.

115.73 Reporting to inmates:

(a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

On July 25, 2016, a telephone conference was held between the Superintendent of Plainfield, the PCM of Plainfield and this auditor to discuss a corrective action plan to bring Plainfield Correctional Facility to 100% compliance with the Prison Rape Elimination Act.

- This auditor requested that the institution eliminate the blind spots in the three areas of concern that were observed by this auditor. The following blind spot locations were discussed: The blind spot in the four man dorms toilet area in the Hospital Building. The blind spot in the mop room connected to the scullery in the main kitchen. The blind spot in the hallway between the weight room and the gymnasium. This auditor requested that proof be provided in the form of photographs of these three areas.
- This auditor requested that the institution eliminate the areas where cross gender viewing is likely to occur. There were seven locations that this auditor had a concern with in regards to cross gender viewing. The following modifications were discussed to help prevent cross gender viewing: Provide modesty screens in the clothing room toilet area. Provide modesty screens in the PEN Products laundry toilet area. Provide modesty screens in the Individual Housing Unit (IHU) I and J Wing shower area. Provide modesty screens in the North Dorm and South Dorm shower area as viewed from the main corridor. Provide modesty screens in the PEN Products Warehouse toilet areas. Develop a method to notify that a strip search is in progress in the PEN Products Warehouse work change area, so that female staff do not enter the area while a strip search is in progress. Provide modesty screens in the negative pressure rooms in the Hospital Building. This auditor requested proof of modifications is provided in the form of photographs and signed procedures via e-mail.
- To help prevent retaliation, this auditor requested that the institution utilize the IDOC Retaliation Monitoring Procedure and the PREA Retaliation Monitoring form. Additionally the staff need to be trained in the procedure and proper use of the form. The supervisors should do periodic checks to insure compliance with the procedure. This auditor requested that the PREA Retaliation Monitoring forms from the next five cases, as well as proof of training, be provided.
- This audit requested that the institution provide housing placement documents of the next five victims to insure that post allegation protective custody policies were complied with. Also requested were the documents that address programs and privileges for any alleged victim, that was placed in segregation, to insure proper access to programs and timely processing and transfer.
- This auditor requested the summaries of the next five PREA investigations to insure compliance with thorough and complete investigations. Additionally to insure that proper conclusions were reached as a result of the information discovered during the investigation. This auditor also requested that the institution staff re-evaluate the conclusions of their previous investigations and determine if the allegation is substantiated, unsubstantiated or unfounded. If the staff comes to a different conclusion, then the offender shall be notified of the proper conclusion.
- This auditor requested copies of the notices to the previous four alleged victims who had not been notified at the conclusion of the investigation (pre-audit). Additionally this auditor requested that the institution provide copies of the next five notices of investigation conclusions as to demonstrate compliance with this standard.

All six requests made during the conference call were concurred with by the Plainfield Correctional Facility management staff. By November 16, 2016, all of the documents requested were forwarded to this auditor for review. Each of the corrective actions are discussed in the standard section of this report.

There are a total of 43 standards for adult correctional facilities and jails.

Number of standards exceeded: 0

Number of standards met: 41(95.4%)

Number of standards not met: 0

Number of standards not applicable: 2 (4.6%)



### **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.**

Indiana Department of Corrections (IDOC) Policy and Administrative Procedures (PAP) 02-01-115, Sexual Abuse Prevention, page 2, section II, states "The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors, or other offenders." The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

IDOC's PREA Coordinator is Bryan Pearson, Executive Director. Mr. Pearson was present during portions of this audit.

Plainfield Correctional Facility (IYC) PREA Compliance Manager (PCM) is Ty Robbins, Classification Supervisor. Mr. Robbins was assigned the PCM on March 19, 2016, according to the memorandum signed by Stanly Knight, Superintendent, IYC. The memorandum provided to this auditor gives Mr. Robbins the authority and time to coordinate compliance with the PREA standards. Mr. Knight and Mr. Robbins toured the facility with the audit team and provided input during the audit. Both appeared knowledgeable on the PREA policies and committed to compliance with PREA.

### **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.**

PAP 02-01-115, page 7, section IV, requires that all agencies and organizations that house offenders of IDOC are made aware of the Department's policy on zero tolerance of sexual abuse and sexual harassment. During inspections of any facility that houses IDOC offenders, the inspector is required to ensure the agency or organization has a mechanism in place to address sexual abuse and sexual harassment. This section of the policy also requires that when a new contract is being prepared with agencies/organizations that house offenders of IDOC, a provision shall be included to insure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse or sexual harassment.

A copy of an amendment to a contract with GEO Group dated November 13, 2014, was provided to the auditor. Section B, Item 8 of the amendment requires the contractor (GEO Group) to comply with the PREA Act. Additionally, it allows for PREA compliance monitoring by the State of Indiana.

Plainfield Correctional Facility does not contract with any other agencies or private firms to house their offenders.

## 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.**

This auditor was provided a copy of the 2016 staffing plan. A review of the staffing plan and staff interviews revealed that custody posts and supervisory posts are determined by the IDOS Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association (ACA) standards and the principles of the Indiana Justice Model. Plainfield Correctional Facility has been an ACA accredited institution for over 15 years. The staffing plan is re-evaluated every January or more frequently as necessity dictates. During the interview with the superintendent, he stated that they may change the staffing plan based on new programs being added, change in mission for the institution, a number of assault in certain areas of the facility or recommendations from the PREA committee. PAP 01-01-115 requires each institution to consult with the PREA Coordinator every January to address the staffing plan. Included with the staffing plan was an e-mail dated January 8, 2016, addressed to the IDOC PREA Coordinator, Bryan Pearson.

According to the 2016 staffing plan, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. During interviews with the PCM and Superintendent, both stated that Plainfield Correctional Facility's staffing plan is developed by IDOC, as a result of an onsite analysis. This analysis was completed by National Institute of Corrections trained staff and included ACA standards, and best practices. A memorandum dated May 24, 2016, signed by Superintendent Stanley Knight, states that Plainfield Correctional Facility has not fallen below the minimum staffing levels in the past 12 months. Even though Plainfield has several vacant staff positions the facility has been able to maintain sufficient security coverage by use of overtime, closing non-essential programs and redirecting staff, and borrowing staff from the Indiana State Reception Center next door. If the facility falls below a predetermined minimum staffing level, the institution would write an incident report. When asked, this auditor was told that there are no incidents of this nature in the past year.

During the facility tour, the auditors observed sufficient staffing to insure safety of the offender population. In every living area, work area, recreational area or program area that offenders had access to, there were staff present.

Currently Plainfield Correctional Facility has 195 cameras to augment their security and aid in investigations. There is a plan to add an additional 40 cameras in locations that were found to be potential locations for criminal behavior. The monitors were viewed by the auditors to insure safety while providing modesty to the offenders.

Supervisory staff make random unannounced rounds through the housing units several times a week on all different shifts. These rounds are documented in a log book in the housing unit and logged on the "Captain's Log". This auditor observed at least one supervisor in each of the housing units while touring the facility. Each housing unit log was reviewed by the audit team as well as the "Captain's Log". Documentation in the log book demonstrated that supervisors and managers complete tours of the housing units routinely, during random times. Some of the housing unit log books dated over two years old.

During the tour there were a few areas that created blind spots that could result in offender victimization. They were discussed with management staff at Plainfield and there already appears to be corrective action taking place.

The following corrective measure(s) were recommended to bring the Agency/Facility into compliance with this standard.

1. Eliminate the blind spot in the four man dorms toilet area in the Hospital Building while still providing modesty to offenders using the restroom.
2. Eliminate the blind spot in the mop room connected to the scullery in the main kitchen.
3. Eliminate the blind spot in the hallway between the weight room and the gymnasium.

This auditor received photographs of the locations of the blind spots and corrected policies on August 29, 2016, and August 19, and 20, 2016, via e-mail. A review of the documentation demonstrates compliance with this standard. The toilet area door in the hospital now has a window in it that allows for staff to see in the restroom without compromising the offender's modesty. The facility maintenance staff placed a lockable steel mesh gate on the mop room in the scullery to limit offender access. Lockable steel mesh doors were placed at the ends of the hallway between the weight room and the gymnasium to limit offender access.

### 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.**

Indiana Department of Corrections does not house youthful offenders at Plainfield Correctional Facility. There are other facilities in the state designated for housing youthful offenders sentenced as adults. This standard does not apply.

### 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.**

PAP 02-03-101, Searches and Shakedown, page 8, section XI, states “Except during an emergency as declared by the superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender.” Any strip search conducted by a staff member of the opposite gender must be documented on an incident report and submitted to the custody supervisor. Plainfield Correctional Facility has not had any cross gender strip searches in the past 12 months according to the memorandum signed by the Superintendent provided to this auditor. During the offender interviews and informal discussion with the offender population, none of the offenders claimed to have been strip searched by a female employee. Both formal and informal interviews with staff indicated that cross gender strip searches are not allowed unless it is an emergency situation.

PAP 02-01-115, page 22, section XIV, forbids staff to search or physically examine an offender for the sole purpose of determining their genital status. Offenders received at Plainfield Correctional Facility are already classified as male in the reception center process. If an offender does not agree with this assessment he or she may file a grievance. There were no transgender/intersex offenders housed at Plainfield at the time of the audit. The PREA Committee tracks the housing of transgender/intersex offenders. According to the minutes of the PREA Committee, the last time that a transgender offender was housed at Plainfield Correctional Facility was in December 2015.

This section of the policy also requires that offenders be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Additionally, the PAP requires opposite gender to announce their presence when they enter a housing unit. During the tour this auditor found several areas of concern where offenders could not shower, perform bodily functions or change clothes while being provided modesty. Cross gender announcements were observed during the tour and, based on the interviews with offenders and staff, this appears to be a normal operating practice.

According to training documents reviewed and interviews conducted, staff have been properly trained on how to conduct a cross-gender pat-down search and searches of transgender and intersex offenders. At the time of the audit Plainfield Correctional Facility did not have any transgender/intersex offenders housed at the facility.

The following corrective measure(s) were recommended to bring the Agency/Facility into compliance with this standard.

1. Provide modesty screens in the clothing room toilet area.
2. Provide modesty screens in the PEN Products laundry toilet area.
3. Provide modesty screens in the Individual Housing Unit (IHU) I and J Wing shower area.
4. Provide modesty screens in the North Dorm and South Dorm shower area as viewed from the main corridor.
5. Provide modesty screens in the PEN Products Warehouse toilet areas.
6. Develop a method to notify that a strip search is in progress in the PEN Produces Warehouse work change area, so that female staff do not enter the area while a strip search is in progress.
7. Provide modesty screens in the negative pressure rooms in the Hospital Building.

This auditor received photographs and policy changes, via e-mail, August 8, 2016, October 12, 2016, and November 4, 2016, demonstrating compliance with this standard. The staff at Plainfield Correctional Facility built portable screens that allow the offenders to move them in place to provide modesty in the clothing room toilet area. The facility staff attached a solid metal plate on the already existing steel mesh wall to provide modesty in the PEN products laundry area. In I and J wing, Facility staff hung shower curtains to provide modesty to the offenders while taking a shower. The shower curtains are designed to allow staff to see if an offender is in the shower as to prevent victimization. In North Dorm and South Dorm the windows looking into the shower and toilet areas were frosted to prevent cross gender viewing. Stalls have been installed in the offender restrooms located in the PEN Products warehouse to provide modesty to the offenders. Signs have been placed outside the strip search room in the PEN Product warehouse to alert staff that a strip search is in progress. This will prevent female staff from entering during a strip search. The lower windows on the negative pressure rooms in the hospital have been frosted over to prevent cross gender viewing. The upper windows remain clear so that staff can still observe the offender while he is in the room.

#### **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.**

PAP 02-01-115, pages 9 and 10, section VII, requires that staff shall determine if an offender is in need of accommodations to assist in making the PREA information easily understandable to the offender. Offenders with limited English language proficiency or disabilities shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policies and procedures. Other offenders shall not be used for this purpose unless there would be an extended delay in obtaining an interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the offender's allegations.

Plainfield Correctional Facility provided this auditor with a copy of a "Quantity Purchase Agreement" with Language Training Center to provide interruptive services. The contact information and contract number is maintained in the Shift Commander's office. Additionally Plainfield has 23 staff members that are qualified interpreters. These interpreters speak 11 different languages, including American sign. Copies of the Sexual Abuse Policy are available in brail for offenders who have vision impairment issues.

During interviews with offenders of limited English speaking abilities, they claimed to have been provided the information on the Sexual Abuse Policy upon arrival through a staff interpreter. During the tour of the facility Spanish versions of the PREA posters were posted in each housing unit and work area. While interviewing intake staff, they explained how they read to policy to offenders who are vision impaired or unable to read English.

#### **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.**

PAP 04-03-103, Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17 (a). Additionally, this PAP requires that during the hiring, promotion, demotion or transfer interview, or application process, that perspective candidates be asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Current employees must have a subsequent background check every four years.

IDOC requires a criminal history background check and fingerprinting on all contractors, volunteers and interns who will have contact with offenders. The contractors, volunteers and interns who will have contact with offenders must answer and sign a Mandatory Pre-Service PREA Questions document addressing any prior sexual abuse in a correctional setting.

PAP 04-03-102, Human Resources, section X, has a mechanism in place for other agencies that house offenders to verify previous history of a current or former employee relative to any substantiated incidents involving sexual abuse/harassment for hiring purposes. If another agency inquire about previous employment with Plainfield Correctional Facility, and that former employee has a sexual abuse/harassment case in their background, the inquiring agency is referred to IDOC human resources. The information is requested by human resources from the IDOC PREA Coordinator and forwarded to the inquiring agency.

Documents provided by Plainfield Correctional Facility, to this auditor, included samples of background checks through Indiana Department of Motor Vehicles, the Indiana State Police and NCIC (National Crime Information Center) on new employees, promotional employees, contract staff and volunteers.

A random sample of personnel files and additional documentation provided, confirms that background checks are done on all staff, volunteers, and contractors. All current employees have had a background check within the last four years. None of the files reviewed, or documentation, provided reflected that any staff, volunteers, or contractors had engaged in sexual abuse in a confinement setting in the past.

During the interview with the Human Recourse Manager, she explained the background screening process. This includes the criminal background check, reference checks with previous employers (including all previous employment that involved working with offenders) and checks with the PREA Coordinator in the event of promotion from another facility.

During the interview with the superintendent, he explained, that in the event that a contractor is no longer allowed on grounds or access to offenders due to violation of sexual abuse policy, their name is placed on a statewide list. This list is reviewed when completing security clearances for new contractors or employees. This helps prevent contractors with prior sexual misconduct from having access to offenders.

**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.**

There has not been any new construction, nor is any planned, at Plainfield Correctional Facility. Plainfield has 195 cameras to aid in the protection of the offenders. There are plans to install an additional 40 cameras in the near future to further enhance the safety of the institution.

### **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.**

PAP 00-01-103, The Operations of the Office of Investigations and Intelligence, section XII, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. This includes discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. IDOC and Plainfield Correctional Facility utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently Plainfield Correctional Facility has an agreement with Terre Haute Regional Hospital to conduct all forensic exams. The memorandum provided by Terre Haute Regional Hospital states that a Forensic Nurse is available 24 hours a day.

IDOC policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. Plainfield Correctional Facility uses a coordinated team approach to respond to reports of sexual assault. They provide access to a victim advocate, and provide immediate medical care. All allegations are investigated. Plainfield Correctional Facility utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victims confidentiality in mind.

IDOC has a community Partnership Agreement with Indiana Coalition Against Domestic Violence (ICADV) in place to provide victim advocacy services to the victims of sexual assault. The copy of the contract provided is dated June 10, 2015. The offenders have direct access to ICADV via offender phone system. Attempts were made by Plainfield Correctional Facility to utilize the services of the local rape crisis center, however, the crisis center declined to enter a contract with the facility. Plainfield has 7 trained victim advocates on staff in the event that ICADV cannot respond.

A review of the investigation files demonstrated that ISP follows their evidence collection policy. Offenders were sent to the contract hospital for SANE exams. According to the interviews conducted with offenders, and staff and review of investigative files, offenders are offered victim advocates.

### **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.**

PAP 02-01-115, section XVI, states “All allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department’s employment, or are no longer under the Department’s authority.” This section of the policy governs the conduct of sexual abuse investigations. When the Superintendent or designee receives a report of actual or threatened sexual abuse, the Superintendent or designee shall order that the investigation be conducted. A check of the IDOC website includes the information that all allegations of offender-on-offender sexual abuse and staff sexual misconduct will be investigated.

IDOC employees trained peace officer staff that have the authority to conduct sexual abuse/sexual harassment investigations. During the audit tour, we reviewed 15 cases of offenders reporting sexual abuse/sexual harassment. Twelve cases were sexual abuse and three cases were sexual harassment. All 15 investigations were completed, resulting in a finding of substantiated, unsubstantiated or unfounded. During the interview with the Superintendent, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He insures that every allegation received is investigated completely. All staff interviewed knew their responsibility to report any allegation of sexual abuse/sexual harassment. This auditor could not find any evidence that indicated that an investigation was not opened when a report of sexual abuse/sexual harassment was received.

As of May 24, 2016, Plainfield Correctional Facility has two (2) third party allegations of sexual abuse at Plainfield Correctional Facility in the past 12 months. Both cases were investigated immediately (same day).

### **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.**

PAP 02-01-115, section V, requires that all staff receive training on the PREA policy during new employee orientation and annual in-service training. A review of the In-Services-Training presentation guide confirms that all ten topics required by section 115.31 of the PREA Act are included in the PREA class provided. Once the training is provided, the employees are required to sign an acknowledgement of receipt of training and brochure.

During the interview with the training manager, he explained how he insures staff stay current on the training annually. The training is tailored toward a male offender population.

A review of the training records show that 441 staff, volunteers and contractors have been trained in PREA between July 1, 2015 and May 20, 2016 (the annual training cycle). Plainfield Correctional Facility still had 20 staff that had not completed the annual training with about 6 weeks left in the cycle period. A review of random training files demonstrates compliance with the training policy in that employees sign acknowledgment of the training. Random interviews with staff confirmed that all employees are knowledgeable in the IDOC Sexual Abuse Policy.

### **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.**

PAP 02-01-115, section VI, requires that all volunteers, contractual staff and interns shall be provided the same information as staff in regards to sexual behavior. Training in response to sexual behavior is part of the new employee and annual in-service training that all volunteers, contractual staff and interns must attend. Additionally, they are provided with the same PREA brochure that employees receive. An acknowledgment of receipt of training and brochure are then signed by the volunteer, contractual staff or intern.

A random review of Plainfield Correctional Facility’s training records showed that all contractors and volunteers have received the required training. The acknowledgement of training was present in the four random training files reviewed by this auditor. Additional copies of the acknowledgement forms were provided to this auditor in the pre-audit materials. During interviews with contracted and volunteer staff, they demonstrated knowledge of the sexual abuse sexual harassment policy and their responsibility to comply. All six contractors and volunteers interviewed knew the zero tolerance policy and how to report an allegation of sexual abuse or sexual harassment.

### **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.**

PAP 02-01-115, section VII, requires that all offenders housed in the IDOC shall receive, as part of the orientation package, written and verbal information on the Department’s zero tolerance for sexual abuse and sexual harassment as well as how to report sexual abuse and sexual harassment.

Policy requires that all offenders receive the sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign that they received the information. These brochures are available in English and Spanish. The policy is also in brail for offenders with vision disabilities. IDOC has a contract in place with Language Training Center to provide interpretive services, including American Sign Language for offenders who do not understand English or Spanish. The policy is read to the offender, according to the PCM, if the offender cannot read. Copies of the brochures were provided to this auditor for review. This information is handed out to the offenders within the first three days of arrival. Documentation provided to this auditor, along with random file reviews, confirmed this through offender signed receipts.

All of the offenders interviewed, including limited English speaking offenders, knew the IDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Every offender that this auditor talked to acknowledged receiving the brochure, and received additional information through a video on the institution’s television channel.

All housing units, visiting, medical areas, recreation areas, education and industries had posters visible to the offender population. Additionally the telephone number to report sexual abuse to an outside agency was on posters near the offender telephones.

### **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.**

Plainfield Correctional Facility has its own investigative unit trained to investigate sexual abuse cases as well as other criminal cases. PAP 00-01-103, The Operations of the Office of Investigations and Intelligence, section IX, requires that all investigators receive specialized training for conducting sexual assault and sexual harassment investigations.

This auditor was provided a copy of the classroom presentation guide used to train the investigative staff on sexual abuse investigations. The training includes: techniques for interviewing victims, suspects and potential witnesses; using Maranda and administrative warnings prior to conducting compelled interviews; sexual abuse evidence collection and concerns in a confined setting; and how to prepare a case for prosecution.

A review of training files and interviews with staff showed that the investigative staff utilized for sexual assault investigations have meet this training requirement within the past 12 months. During the interviews with investigative staff they knew the zero tolerance policy and were able to articulate the steps that they would take when responding to a sexual abuse or sexual harassment allegation.

#### **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.**

PAP 02-10-115 requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This does not exclude medical staff. Additionally, all contract medical staff receives additional medically focused PREA training as part of the requirement to work at the facility. The training lesson plan provide to this auditor covered how to detect signs of sexual abuse, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and whom to report allegations of sexual abuse/harassment and the roles and responsibilities of the Sexual Abuse Response Team (SART). The spread sheet provided to this auditor by In-Service Training revealed that the medical and mental health staff received this training within the past year.

Formal interviews conducted with two medical and mental health staff and informal interviews with several other medical and mental health staff confirmed that they had been trained in PREA. During the interview process, these staff were well versed in the PREA policy, including zero tolerance. They were able to demonstrated knowledge in how to appropriately deal with a PREA incident, including: Detecting and assessing signs of sexual abuse/sexual harassment; how to preserve evidence of sexual abuse; how to respond to victims of sexual abuse/sexual harassment; and how to report sexual abuse/sexual harassment.

Plainfield medical staff do not conduct forensic exams. Plainfield Correctional Facility utilizes Terre Haute Regional Hospital for all forensic exams. This auditor interviewed the SAFE/SANE Nurse via telephone and she confirmed the hospitals responsibility to conduct such exams.

#### **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.**

PAP 02-01-115, section XI, mandates that staff shall assess an offender through interviews and reviews of the offender’s record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim within the first 24 hours of intake. This is also required upon transfer to another facility within IDOC within 24 hours. An additional assessment is completed within 30 days, considering any additional information that may have been received after initial intake.

Plainfield Correctional Facility utilizes the IDOC’s Sexual Violence Assessment Tool – Adult, to conduct an objective screening. This assessment tool includes 9 of the 10 risk criteria as listed in 115.41 (d) of the PREA. Plainfield does not house offenders detained solely for civil immigration purposes. The offender is asked questions relative to their own perceived vulnerability. The screening tool includes questions about prior acts of sexual abuse, convictions for violent offences, and prior institutional violence or sexual abuse. Offender’s refusal to answer the questions or participate in the screening does not result in disciplinary action.

PAP 02-01-115, section XII requires a reassessment whenever referred, requested, sexual abuse incident, or additional information is received that bears on the offender’s risk of sexual victimization or abusiveness.

A review of records, interviews and offender files demonstrated compliance with IDOC Policy. Plainfield Correctional Facility has an intake unit where offenders are housed until properly screened prior to housing, work and program assignment. Offenders are screened within 24 hours of arrival at Plainfield by the Casework Manager of the intake unit. Offenders are usually housed in the intake unit about two to four weeks. Once moved to the regular housing unit (prior to 30 days after arrival), their new Casework Manager interviews the offender and reviews the offender’s records to see if any additional information was received indicating potential victimization or predatory behavior. During the audit tour, while talking to offenders, the offenders told this auditor about the screening process and the PREA training that they received. None of the offenders interviewed expressed concerns for their safety. Plainfield Correctional Facility’s housing criteria does not allow potential victims to be in the same cell or adjacent bunks with potential predators.

#### **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.**

PAP 02-01-115, Section XI, requires that the facility utilize the information on the risk screening form to assign housing, bed, work, education and program with the goal of keeping separate those offenders at high risk of being victimized from those offenders at high risk of being sexually abusive. Additionally, the policy requires the facility to make individual determinations about how to ensure the safety of each offender. PAP 01-04-101, Adult Offender Classification, Section XIII, further protects potential victim offenders from potential abusive offenders while considering double celled housing the offenders.

Plainfield Correctional Facility memorandum dated August 24, 2015, provides the guideline for housing offenders at Plainfield. The

directive does not allow potential victims to be celled with potential predators. Additionally potential victims are not to be bunked adjacent to potential predators in a dorm setting. The memo dictates which beds offenders of either group are to be assigned to.

IDOC policy does not allow institutions to place LGBTI offenders in designated facilities or housing units. Facility staff are required to reassess transgender and intersex offender's cases every 6 months. The offender's views on their own safety are given serious consideration when making program decisions. Plainfield Correctional Facility did not have any transgender or intersex offenders housed at the facility at the time of the audit. The most recent housing of a transgender offender at Plainfield was in December 2015, according to the PREA committee minutes. However a review of the PREA Committee minutes demonstrated compliance with reassessing transgender and intersex offender's safety at least twice a year. When Plainfield has transgender and intersex offenders housed at their facility PREA Committee tracks the offenders housing assignment, job assignment and date of last review. This insures that the offender will be reviewed as required. This auditor did not find any cases where the last review was over 180 days old.

Policy requires that the facility give transgender and intersex offenders the opportunity to shower separately from other offenders. During interviews conducted with the housing unit staff they stated that they have allowed transgender offenders to shower separately when they have been housed at Plainfield.

### **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.**

PAP 02-01-115, section XII, state "Offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status 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." The policy requires the facility to allow the offender access to programs, privileges, education and work assignments to the extent possible. Should any programs be restricted, the facility shall document the opportunities limited, the duration, the limitations and the reason for such limitations.

IDOC policy requires that any placement of this nature extending past 30 days shall be documented providing justification for such placement.

As of May 25, 2016, over the past year, Plainfield Correctional Facility has not had any offenders placed in involuntary isolation/protective custody solely based on risk of sexual victimization. Cross referencing the list of offenders that arrived and classified with potential victimization concerns and the segregation roster, this auditor did not find any offenders that were placed in segregation upon arrival based on risk of victimization. In discussion with facility staff, this auditor was informed that offenders were not placed in segregation based solely on that offender's high risk for victimization.

### **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.**

Plainfield Correctional Facility has several methods for offenders to report sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment. Offenders can contact the Ombudsman through JPay, either telephonically or via e-mail. When reporting an allegation of sexual abuse or sexual harassment via the JPay method, offenders are not required to identify themselves. During the tour, the staff demonstrated this process to the auditors. The offender PREA brochure contains contact information for the IDOC sexual assault hotline. Offenders are informed in this publication on how to report sexual abuse and sexual harassment confidentially. Plainfield has a contract in place with Indiana Coalition Against Domestic Violence (ICADV) to provide crisis intervention and case management services. Next to each offender telephone there is a posting of the contact information for the ICADV. All of these resources allow for offenders to report confidentially and allows for third party reporting.

PAP 02-01-115, section XV requires staff to accept reports made verbally, in writing, anonymously and from third parties and shall promptly document verbal reports. All reports of sexual abuse shall be documented in an Incident Report prior to the end of shift.

Staff may report sexual abuse privately to their shift supervisor, an Internal Affairs Investigator, PCM, or the IDOC Executive Director of PREA via the IDOC Sexual Assault Hotline.

A review of the investigative files revealed that one of the initial reports of sexual abuse/harassment was received through JPay and the Ombudsman. All of the inmates interviewed knew about the different methods of reporting. During the interview process offenders answered affirmatively when asked if they felt that staff would handle a report of sexual abuse appropriately.

#### **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.**

PAP 00-02-301, Offender Grievance Process, Section IV D, removes any standard time limits to the grievance process relative to PREA. It keeps in place time limits to any portion of the grievance that does not allege sexual abuse. It does not require the offender to utilize the informal grievance process of attempt to resolve the grievance with of an alleged incident of sexual abuse. For an offender to file a grievance related to sexual assault the offender is not required to give the grievance to a staff member who is the subject of the complaint nor will the grievance be referred to that staff member to respond to the complaint.

The IDOC policy complies with section 115.52 (d) of the PREA relative to issuing the offender the final decision on the merits of the grievance.

PAP 00-02-301, Section IV D, allows for a third party to fill a grievance on behalf of an offender. The facility may require the alleged victim to agree to have the grievance filed on their behalf. If the offender declines to have the grievance filed on his behalf the Department shall document that decision.

All emergency grievances are required to be responded to within 48 hours, with a final decision in 5 days.

A memorandum dated May 26, 2016; authored by Superintendent Stanley Knight, states that Plainfield Correctional Facility has not received any grievances on sexual abuse over the past 12 months. During the review of offender files and investigative files this auditor did not find any grievances related to PREA. None of the offenders interviewed, formally and informally claimed to have filed a grievance related to PREA.

### 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.**

PAP 02-01-115, Section XVIII, addresses the IDOC policy on victim support. It requires the facility to provide access to outside victim advocate groups. IDOC has a contract in place with Indiana Coalition Against Domestic Violence to provide crisis intervention and case management services. Additionally, the IDOC has a community Partnership Agreement with Indiana Coalition Against Sexual Assault. The Sexual Assault Prevention and Reporting Offender Information Brochure contains information on how to report sexual abuse confidentially to facility staff as well as Departmental Headquarters, and the Ombudsman through JPay. All offenders receive this brochure upon arrival at the institution; it is available in both English and Spanish.

When interviewed, offenders stated that they felt that they could report confidentially.

Plainfield Correctional Facility has made attempts to enter a Memorandum of Understanding (MOU) with the local rape crisis center. The local rape crisis center declined to enter into a MOU with the facility.

Plainfield does not house offenders detained solely for civil immigration purposes.

As spoken to in 115.51, review of investigative files demonstrate that this process is in place and it appears to be working.

### 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.**

IDOC webpage includes a telephone number and e-mail link on their webpage so that third parties can report sexual assault. Information is also provided in the Visitor's Information Brochure on how to report inappropriate sexual contact. IDOC webpage includes a telephone number and e-mail link on their webpage so that third parties can report sexual assault. Information is also provided in the Visitor's Information Brochure on how to report inappropriate sexual contact.

During the tour of Plainfield Correctional Facility this auditor observed posters and information posted in the visiting room. A review of the investigative files showed two cases that were a result of third party reporting. Both cases were investigated within the guideline timeframes.

### 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.**

PAP 02-01-115, Section XV, requires all staff, contractors and volunteers to immediately report any actual or threatened sexual abuse to their supervisor, facility executive staff, or the Executive Director of PREA. Additionally, staff shall immediately report any retaliation for reporting sexual abuse or staff neglect that may have contributed to the sexual abuse or retaliation.

The policy requires staff not to reveal any information related to the sexual abuse apart from reporting it to the supervisor, the PCM or staff investigating the incident.

During random interviews with staff, it was apparent that staff knew their responsibility to inform their supervisors about reported sexual abuse or sexual harassment and they know the parameters of confidentiality.

PAP 02-01-115, Section XVII, requires medical staff to discuss with the offender, and report their suspicions to Internal Affairs Staff, any signs of potential sexual abuse that any have been discovered during a routine medical or dental screening. The limits of confidentiality are discussed with the offender and they sign knowledge of those limits (signed form provided to this auditor). The inmates may refuse medical or mental health care; however, they shall sign a refusal form (signed form provided to this auditor).

As disclosed in in 115.22, all allegations of sexual abuse and sexual harassment are referred for investigation through the chain of command. A review of Plainfield Correctional Facility’s investigative file revealed two third party reports. Both cases were handled appropriately.

### 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.**

PAP 02-01-115, Section XV, states “Upon receipt of a report of actual or threatened sexual abuse, staff shall ensure that the supervisor is notified immediately. Additionally, when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender.”

In every investigative case reviewed during the audit, staff immediately separated the alleged victim from the alleged perpetrator and the supervisor was notified. During formal and informal interviews of different classifications of staff, they described what steps they would take to insure the immediate safety of offenders who reported abuse. In each case the staff member stated that they would separate the alleged victim from the alleged suspect.

### 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.**

PAP 02-01-115, Section XV, requires that when a facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the information will notify, in writing, the head of the facility where the alleged abuse took place within 72 hours. The Superintendent that receives the information will ensure that the alleged incident is investigated according to PAP.

Information provided to this audit demonstrated compliance with this policy. During the intake interview one offender reported that he was sexually assaulted at another facility. An e-mail was sent to the Superintendent of the other facility with a brief description of the event and the victim's name the day Plainfield received the information. The other facility confirmed that they did investigate the incident when it had allegedly occurred. A copy of the e-mail chain was provided to this auditor.

The Superintendent of Plainfield Correctional Facility provide this auditor a memorandum stating that the facility has not received any information that an offender was sexually abused at Plainfield Correctional Facility from other facility within the past year. None of the investigations during the past year were a result of an incident reported by another 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.**

PAP 02-10-115, section X, requires that that each Facility to establish a Sexual Assault Response Team (SART). The goal of the SART is to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of the assault and any evidence collected, in accordance with Internal Affairs Investigators, is preserved and that the evidence chain of command is handled properly. Additionally, they must inform the victim not to take any actions that may destroy evidence. The policy also requires the first responder to arrange for the removal of suspected perpetrator and prevent the destruction of evidence. If the first responder in not a custody staff member, they are to request that the victim does not take any action that could destroy physical evidence and notify custody staff as soon as possible. Operation Directive written March 15, 2016, signed by Superintendent Knight, reiterates IDOC's policy.

Plainfield Correctional Facility has a SART in place. IDOC's policy is well written and staff are well versed in this policy. During the interviews with staff from different disciplines, all of them knew there responsibilities when responding to a sexual assault. During my informal discussions with all classifications of staff, each one knew their responsibility to separate the victim and suspect as well as immediately notify their supervisor. Additionally they were able to articulate what requests they would have of the victim to help preserve physical evidence such as not bathing, brushing his teeth, going to the restroom or drinking liquids. The first responders that were interviewed during this audit were all able to explain their responsibility during a PREA incident including: separating the suspect from the victim; taking steps to preserve any potential crime scene; requesting the victim not perform any activity that may destroy physical evidence;

and placing suspects in dry cells, under constant supervision, while awaiting transfer to the SAFE/SANE nurse to avoid destruction of evidence.

This auditor was provided a copy of an incident report dated March 14, 2015, of a potential PREA incident. After responding to the incident, the offenders were separated, and the crime scene was sealed to await investigators. The victim and suspect's clothes were confiscated. The potential victim gave a statement and was transferred to the outside hospital for a forensic exam. The potential suspect was placed in a dry cell while awaiting transfer to the outside hospital to be seen by the SAFE/SANE nurse.

### **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.**

Plainfield Correctional Facility's Operational Directive dated March 15, 2016, spells out the responsibilities of all staff involved in a coordinated response to a sexual assault. The staff include first responders, Internal Affairs Investigators, Victim Advocates, medical staff, mental health staff and the PCM (facility leadership).

Plainfield Correctional Facility's policy is well written and staff are well versed in this policy. During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault.

Reviewing the incident reports demonstrated a coordinated response involving the different disciplines of staff on the Sexual Assault Response Team.

### **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.**

IDOC does not have collective bargaining. This section is not applicable.

### **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)



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.**

PAP 02-01-115, Section IX, set forth protections for inmates and staff that report sexual conduct or sexual harassment, or for cooperating with an investigation into such allegations. The policy requires that the PREA committee monitor and document the conduct and treatment of offenders or staff who have reported sexual abuse to see if there are any changes that may suggest possible retaliation. The committee is required to act promptly to remedy any such retaliation. The monitoring is the responsibility of the PCM. This monitoring is required for 90 days or three committees. The policy does not allow for an offender to be monitored for less than 90 days, regardless of when the committees are held, unless the offender is no longer housed within IDOC. Other individuals who fear retaliation for cooperating with an investigation will also be monitored.

Plainfield Correctional Facility takes measures to protect offenders from retaliation, either by housing assignment change, transfer to another facility or staff redirection. The PREA committee tracks offenders who are to be monitored as observed in the PREA committee minutes, however there are no comments on steps taken to prevent retaliation. Additionally there is no record of any staff meeting with the monitored offender or a record of the documents reviewed to determine if retaliation is occurring. In December 2015, a new PREA Retaliation Monitoring Procedure, complete with new form, was initiated by IDOC. This new documentation will correct the non-compliance, if followed and filled out properly.

The following corrective measure(s) were recommended to bring the Agency/Facility into compliance with this standard.

1. Train staff on proper utilization of the new form. Including periodic interviews with the subject being monitored and documenting observations.
2. Have a manager do periodic review of the forms for compliance.

On September 12 and 19, 2016, and November 4, 2016, this auditor was provided copies of the training provided to the staff that completes the retaliation prevention monitoring. Additionally 19 different prevention monitoring forms were provided to prove compliance with this standard. In each case the alleged victim was interviewed and monitored for evidence of retaliation until the 90 day monitoring period expired, the offender paroled, or is still being monitored because the case is still within the 90 day time frame. The PCM completed the documentation and review.

#### **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.**

PAP 02-01-107, The Use and Operation of Protective Custody, Section VI, (M), directs that offenders placed in protective custody shall receive programs and services such as counseling, academic education, health care services, religious guidance, commissary, library and recreational programs based on security needs of the facility.

Plainfield Correctional Facility frequently places the victims of sexual assaults in isolation/segregation for protective custody. The physical layout of the facility makes it difficult to separate enemies, even when placed in separate housing units. Even though isolation/segregation maybe the safest place for the victim, the supporting documentation used for placing the inmate in segregation does not explain the attempts

made to place the victim in alternate housing. Additionally there was no documentation available demonstrating what programs the victim was allowed while in segregation or as to why programs were being restricted.

During interviews with the administrative staff they expressed concerns about allowing alleged victims to remain in general population. Even if placed in a different housing unit, alleged victims and suspect would have contact during recreation, religious services, library and other programs.

According to the segregation unit staff, they do not modify privileges for offenders placed in segregation for their own protection.

Of the segregation cases that this auditor reviewed, most were moved within 30 days to an alternate facility. All segregation offenders are reviewed every week for the first thirty days and then every 30 days after that.

The following corrective measure(s) were recommended to bring the Agency/Facility into compliance with this standard.

1. Attempt to place victims of sexual assault in non-segregated alternate housing if safe to do so. If segregated housing is the only safe housing alternative, clearly document what alternatives were reviewed and why there are no viable alternatives.
2. If a victim is placed in segregated housing solely for safety reasons, he must have access to programs, privileges, education, or work opportunities to the extent possible. If any of these are restricted, staff must document which opportunities are being restricted, reason for the restriction, and the length of the restriction.

Since the completion of the onsite portion of the audit, two alleged victims have been placed in segregated housing due to safety concerns that could not be met in the general population. The other 17 offenders who made PREA allegations were either retained in their current housing (if safe to do so) or moved to alternative general population housing. Of the two offenders placed in segregation, one had requested to be housed there due to safety concerns. Both offenders received documentation explaining the programs and privileges that are restricted while in segregation and how long those restrictions would last. One offender paroled prior to the 30 day review, the other was re-evaluated on the 30th day.

### **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.**

PAP 00-01-103, Section IX requires that a prompt, thorough, and objective investigation of all sexual abuse and/or sexual harassment, including third-party and anonymous reports. All investigators shall have specialized training for conducting sexual assault and sexual harassment investigations. IDOC also requires their investigators to be trained as Sexual Assault Response Team (SART) members. The policy outlines collection of evidence (including DNA), interviewing victims, suspects and witnesses and reviewing criminal/disciplinary history of suspects. The training includes use of Miranda and Garrity warnings during the interview process. Staff are trained to consult with the prosecutor or another legal advisor within the department with regards to compelled interviews.

The audit team reviewed 15 cases investigated in 2015 and 2016. All of the cases were reviewed promptly, most within 24 hours. Thirteen cases were reported to staff and two of the cases were a result of third party reporting. Of the 15 cases, two cases were substantiated, four were unsubstantiated and nine were unfounded.

Plainfield Correctional Facility has a team of investigators trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that Plainfield's investigation team had all been trained within the past year.

Policy requires that the credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by their statuses as an offender or staff. IDOC may not use a voice stress analysis exam as a condition of proceeding with an investigation.

During interviews and discussion with investigative staff, each of them stated that the creditability of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual bases. Reviewing the cases did not demonstrate that staff testimony was given more credibility than offender testimony. None of the 15 cases reviewed reveled evidence of use of a lie detector test and investigative staff stated that they do not use such devices.

Administrative investigations require an assessment of whether staff actions or failure to act contributed to the abuse. The case is required to be prepared properly so that most people can read and understand the incident from start to finish and understand the investigation as well as the conclusion. The investigations addressed if staff actions or failure to act contributed to the incident. The PREA Committee reviewed the investigations and addressed these concerns. The reports were written so that the reports flowed well and were easy to read and understand.

The policy establishes a substantiation level as preponderance of evidence and requires for prosecution in substantiated cases of a criminal nature.

All reports are required to be kept the length of the offender's sentence or staff employment plus five years. The IDOC records retention schedule requires the state to maintain an offenders record for ten years after discharge. The State of Indiana requires that employee documents of this nature be retained for 50 years after separation.

Departure of the alleged perpetrator or victim from employment or custody/supervision does not warrant termination of the investigation. If this occurs, outside law enforcement shall be contacted. Four of the cases reviewed involved allegations of staff on offender. None of the cases resulted in a substantiated finding. There were no separations of employment based on a PREA allegation. None of the cases were terminated or required referral to an outside law enforcement agency as a result of a discharged offender.

In general, the cases lacked completeness, thoroughness and accurate conclusions. In most cases reviewed, minimal attempts were made to find witnesses to the events that were alleged. Frequently only the victim and suspect were interviewed. There was no attempt to interview the staff working in the area, the offenders that lived in the area or other potential witnesses. Physical evidence was used (forensic medical exams, clothing, photographs and video surveillance) when appropriate however the disposition of the evidence was not included.

In five of the nine unfounded cases, the audit team did not agree with these findings. There was no proof that the sexual assault did not occur. Based on the information provided in the investigative files, it seems likely that a sexual assault incident did not take place, however there is no proof. These cases were discussed with the facility management and investigators.

Both substantiated cases were referred to the District Attorney's Office for prosecution. The prosecutor declined both cases.

The following corrective measure(s) were recommended to bring the Agency/Facility into compliance with this standard.

1. Re-evaluate the conclusions of the investigations. If it is determined that the conclusion was incorrect, notify the victim of the proper conclusion and monitor the victim for retaliation, if appropriate.
2. Train staff on completeness of investigating cases, including interviewing potential witnesses. Maintain all documentation received during the investigation with the investigation file including the disposition of the evidence collected.

On September 26, 2016, an email was forwarded to this auditor addressing the concerns about the conclusion of four of the previously investigated allegations. Plainfield administrative staff re-evaluated the investigations. The PCM and the lead investigator concurred that three of the four cases had the incorrect conclusion. Changes were made to the summery of the investigation and offenders that were still in custody were notified of the resulting change.

On September 26, 2016, information was provided demonstrating proof of training was given to the investigative staff. On November 4, 2016, six investigative cases were forwarded to this auditor to assess the completeness and accuracy of the conclusions. Of the six cases, four were alleged sexual harassment by staff, one was alleged sexual harassment by an offender and one was an alleged sexual assault by an offender. The summery of the investigation demonstrated thoroughness in gathering all facts. All six cases were found to be unsubstantiated. The evidence gleaned in the case supported these findings.

### 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.**

PAP 02-01-115, Section III, W, establishes a substantiation level as preponderance of evidence for sexual abuse and sexual harassment cases. There were no contra indicators of this in the investigative files indicating that a higher level of evidence was required. Investigative staff stated that they use a preponderance of evidence to find the case substantiated.

### 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.**

PAP 02-01-115, Section XVI, requires the CPM to notify the offender, in writing, whether the allegation has been substantiated, unsubstantiated or unfounded at the conclusion of the investigation. Additionally, if the allegation is against a staff member, the department will inform the offender of the four events listed in 115.73 (c). If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

Copies of the notice to the offenders were reviewed during the audit. Of the fifteen cases investigated, four were not given the results of the investigation. The eleven notifications that were given to and signed for by the offenders complied with the standard.

The following corrective measure(s) were recommended to bring the Agency/Facility into compliance with this standard.

1. Insure that each offender that alleges sexual abuse receives proper notification as to the results of the investigation other information as required by PREA 115.73(c) and (d).
2. Notify the four offenders that have not received notification, the results of the investigation and other information as required by PREA 115.73(c) and (d).

On September 26, 2016, fifteen copies of the results of the investigation that the alleged PREA victims received were forwarded to this auditor to demonstrate compliance with this standard. All of the copies complied with the requirements to notify the alleged victim of the results of the investigation, and, if staff were accused, that the staff member no longer work in that post or at the facility. The four offenders who were not previously notified were provided notification.

### 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.**

PAP 04-03-103, Information and Standards of Conduct for Departmental Staff, Section VII, states that “Dismissal shall be the presumptive disciplinary sanction for a staff person who violates the Department’s sexual abuse or sexual harassment policies.” If an employee is terminated or, about to be terminated and resigns, the case is referred to the local law enforcement agency (unless clearly non-criminal).

The Discipline section of the Policy Statement requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offence, and the employee’s work history.

Plainfield Correctional Facility has not had any substantiated cases against staff in the past year.

### 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.**

PAP 02-01-115, Section XVI, requires the facility to take appropriate remedial measures, including prohibiting contact with offenders, in the case of any violations of the Department’s sexual conduct or sexual harassment policy by staff, contractors or volunteers. These cases will be referred to local law enforcement, unless the behavior was clearly non-criminal, and to the licensing authority.

Plainfield Correctional Facility did not have any substantiated cases involving volunteers or contractors. During interviews conducted with management staff, they stated that in the event that they had a contractor or volunteer that was involved in sexual contact with an offender, the contractor/volunteer would be barred from grounds and reported to their employer. Additionally their name is placed on a state wide list so that they cannot enter another IDOC facility.

### 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.**

PAP 02-04-101, The Disciplinary Code for Adult Offenders, establishes the maximum allowable sanctions for each class of offence, based on the seriousness of the offence. A nonconsensual sexual act is a class A offence (most serious). This disciplinary code applies to all adult offenders. Mitigating and aggravating factors are considered during the hearings (including prior history, mental health issues, etc.)

PAP 02-01-115, Section XVII, requires mental health staff to complete a mental health evaluation of the abuser within 60 days of a substituted case of offender-on-offender sexual abuse and offer treatment when necessary.

Two offender disciplinary reports were provided to this auditor. These reports demonstrate compliance with policy and 115.78 of the PREA.

### **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.**

PAP 02-01-115, Section XI, requires that, if the intake assessment indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual abuse, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.

PAP 02-01-115, Section XVII, requires informed consent from the offender before reporting any prior sexual victimization that occurred outside the institutional setting. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to staff, as necessary, to make decisions on treatment plans, security placement and other management decisions.

A review of mental health notes and staff and offender interviews demonstrated compliance with this section. Plainfield Correctional Facility utilizes a spread sheet to track new arrivals that have reported prior victimization or prior perpetration. The list is shared with Mental Health to insure compliance with this standard. The list is kept confidential.

### **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.**

PAP 02-01-115, Section XVII, requires that a victim of an actual sexual abuse shall be referred to the facility's health care staff. The victim will receive timely, unimpeded access to quality health care. In the event that a qualified health care provider is not on duty, an on-call medical or mental health staff will be contacted and advised of the report. Victims of sexual abuse shall be provided counseling by health care staff in regards to transmission, testing and treatment methods (including prophylactic treatment), and risks associated with sexually transmitted infection treatment. The offender is offered HIV and viral hepatitis testing 6 to 8 weeks following the sexual abuse. Victims of sexual abuse are not charged for any medical or mental health services regardless of whether or not they cooperate with the investigation.

During staff and offender interviews, and review of PREA incident reports, Plainfield Correctional Facility's medical staff immediately sees every offender when a case of sexual abuse is reported. Medical staff appeared to be very knowledgeable in their response to sexual assault and the information that they provide the offenders.

### **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.**

IDOC Sexual Assault Manual dated January 15, 2014, give direction to medical and mental health personnel on the mandatory requirements when treating offenders who are victims of sexual assault. Coupled with PAP 02-01-115, section XVII, all offenders are offered medical and mental health evaluations when staff have become aware of an alleged sexual assault. The manual requires follow-up services, treatment plans, and referral for continues care.

A review of a mental health assessment completed on a victim of a sexual assault in February 2016, included an assessment of the offenders condition and a treatment plan. The treatment plan included a series of follow-up meetings with the mental health department. During the interview with the Chief of Mental Health, this auditor was informed that the mental health records transfer with the offender. If the offender were to be transferred to another facility, the mental health department at the new facility will have the information in the assessment and would continue the treatment plan accordingly.

Offenders who are victims of alleged sexual assaults are offered tests for sexually transmitted infections as proven by copies of lab results provided to this auditor. Offenders are not charged for these services. This information was confirmed by the medical staff that this auditor interviewed.

Offenders who have a known history of offender-on-offender abuse are referred to mental health, and usually scheduled to be seen within 14 days. Appointment/pass lists provided to this auditor confirmed this practice.

During interviews and tour of the hospital building, it appears that Plainfield Correctional Facility offers a level of care consistent with the community. There are several exam rooms that provide for private consultations. The unit was clean with no visible clutter. The medical facility was fully staffed and the offenders appeared to be seen quickly for their appointments. This auditor did not observe any emergency medical incidents while touring the facility. According to the medical and custody staff, any medical treatment that cannot be provided at Plainfield Correctional Facility is provided by Terra Haute Regional Hospital.

### **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.**

PAP 02-10-115, Section IX, requires each facility to establish a PREA Committee. The PREA Committee reviews every substantiated and unsubstantiated sexual abuse incident within 30 days of the conclusion of the investigation. The committee is comprised of Upper level management, supervisors, investigators, and medical or mental health staff. The PCM chairs this committee. The committee address each of the five possible contributing factor listed in 115.86 (d) 1-5.

A review of the minutes from several PREA Committees provided to this auditor demonstrates that Plainfield Correctional Facility is following the established policy. Plainfield’s PREA Committee also tracks transgender/intersex offenders to insure that there safety concerns are reviewed on a regular bases. The committee tracks new arrivals that have been flagged as aggressor likely of victim likely and reviews possible change in aggressor likely/victim likely statues based on new information that may have been received.

### **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.**

PAP #02-01-115 and the Survey of Sexual Violence documents were reviewed by the audit team and mandate the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey Of Sexual Victimization (SSV-IA) conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations. The PREA Compliance Manager maintains a record of all reports of sexual abuse at the facility. Each individual Sexual Incident Report (SIR) is submitted to the PREA Coordinator and discussed at the next Facility PREA Committee meeting.

The PREA Coordinator stated that contracted facilities have access to the agency’s Sexual Incident Reporting (SIR) system. This is the system utilized to collect PREA data. The information is then compiled and reported to the Department of Justice, annually.

Plainfield Correctional Facility’s PCM completes a SSV-IA for each allegation and forwards these reports to the Departmental PREA Compliance Coordinator via IDOC sexual incident reporting system. The audit team was provided samples of the SSV-IA for review. Minute from the PREA Committee include discussions of the previous months PREA alligations.

The audit team was provided with the agency’s Survey of Sexual Victimization State Prison Survey form. They also reviewed the agency’s website and observed previous Surveys of Sexual Victimization posted there. This auditor reviewed the aggregated data for years 2013, 2014 and 2015.

### **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.**

PAP #02-01-115 mandates annually, the Superintendent and the PREA Compliance Manager, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and administrative procedure. This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation. The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. He further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Plainfield Correctional Facility submits its annual Sexual Assault Prevention Report to the Departmental PREA Coordinator with all relative data. Included in the report is noted problem areas and corrective action taken to fix those areas of concern. The IDOC compiles all of the annual reports and posts them on the departmental website for public access. This auditor was provided, and reviewed, the previous two years of reports. A review of the annual report for 2014 included identified problems as well as corrective actions to be taken to reduce sexual assaults/harassment within the department of corrections. Additionally it contains a comparison of the data to 2013 and progress being made toward the Department's progress in addressing sexual abuse. This report is signed by Mr. Lemmon, Commissioner of the Indiana Department of Corrections. This report is posted on the IDOC website.

#### **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.**

PAP #02-01-115, section XIX, requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers. The Executive Director of PREA is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy. Additionally he stated that they will maintain the data for 10 years.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. All offender copies of sexual incident reports are maintained in the confidential section of the offender's file. No federal, state or local law was provided by the agency to indicate there was a law in

place to require a data maintenance procedure which would supersede standard provision 115.89(d).

**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.

John Katavich

November 30, 2016

Auditor Signature

Date