

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 9, 2016

Auditor Information			
Auditor name: John N. Katavich			
Address: PO Box 942883, Sacramento, CA 94832-0001			
Email: john.katavich@cdcr.ca.gov			
Telephone number: (661) 703-8614			
Date of facility visit: April 18-20, 2016			
Facility Information			
Facility name: Indiana State Prison			
Facility physical address: 1 Park Row, Michigan City, Indiana, 46360			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (219) 874-7256			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendant Ron Neal			
Number of staff assigned to the facility in the last 12 months: 516			
Designed facility capacity: 2434			
Current population of facility: 2195			
Facility security levels/inmate custody levels: Level 1-4			
Age range of the population: 18-76			
Name of PREA Compliance Manager: Rhonda Brennan		Title: Administrative Assistant 3	
Email address: rbrennan@idoc.in.gov		Telephone number: (219) 874-7256 x 2310	
Agency Information			
Name of agency: Indiana Department Of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 302 W. Washington St., Room E334, Indianapolis, Indiana 46204			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (317) 232-5288			
Agency Chief Executive Officer			
Name: Bruce Lemmon		Title: Commissioner	
Email address: blemmon@idoc.in.gov		Telephone number: (317) 232-5705	
Agency-Wide PREA Coordinator			
Name: Brian Pearson		Title: Executive Director/PREA Coordinator	
Email address: bpearson@idoc.in.gov		Telephone number: (317) 232-5288	

AUDIT FINDINGS

NARRATIVE

The Indiana State Prison (ISP) is located at 1 Park Row, Michigan City, Indiana. ISP 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 April 18-20, 2016. Following coordination, preparatory work and collaboration with management staff at the CIF, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit.

PRE-AUDIT PHASE

On February 29, 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. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from IDOC-ISP in March 2016. Notices were to be posted in areas accessible to both offenders and staff.

Pre-audit section of the compliance tool: In March 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. The auditor received one letter from an offender at the facility prior to arrival at the institution.

ON-SITE PHASE

On April 18, 2016, the audit team arrived at ISP. The audit team consisted of 2 certified auditors and 1 additional CDCR staff who have been assigned to the PREA team and have applied to attend the formal auditor training. The team included myself, certified auditor, Shannon Stark, certified auditor and PREA Coordinator for CDCR and Ray Harrington, retired Correctional Administrator for CDCR. On April 18, 2016, the audit team met with the Superintendent Ron Neal, PREA Compliance Manager Rhonda Brennan (PCM) and the management staff of ISP 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 ISP, 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. ISP 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 Superintendent, Deputy Superintendent, PCM and custody staff escorted the audit team. The team toured all of the housing units, medical, mental health, the main kitchen, the warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, chapel, etc.

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, etc. 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: Two audit team members were assigned the responsibility for interviewing members of the management team, including the Superintendent (Warden or designee), and the PSM. 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 or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand. The Commissioner of Indiana Department of Correction and PREA Coordinator were not interviewed during this audit as they had been interviewed during a previous audit.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, several audit team members utilized the conference room 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 Supervisor
- Aramark Contractor
- Grace College Volunteer
- 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 two 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 interviews were conducted in the privacy of the conference room. The auditor 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 17 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 members introduced themselves, 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 12 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)
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- 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 either 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 transgender offenders, one limited English proficient (Spanish) offenders, two offenders who were identified as being gay, one offender who reported prior sexual abuse, three offenders who reported sexual abuse and one offender who wrote a letter to

the auditor (prior to the audit). A total of 8 offenders were interviewed based upon these interview categories (two offenders fit in two separate categories). Facility staff did not identify offenders in any of the other categories.

Document Reviews: The document review process was divided up between 3 auditors. Two 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, and reviewed the records maintained through the offender intake process. These auditors collected copies of documents, as necessary.

The PREA Compliance Manager provided Sexual Incident Report (SIR) for all 17 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.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified. Various team members 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 April 20, 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 team members 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 May 31, 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 request on April 26, 2016. Requested information was returned to the auditors on April 28, 2016.

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 April 29, 2016.

Final Audit Report: The week of June 20, 2016, a telephonic conference call was held between this auditor, the Superintendent of ISP and the PCM of ISP to discuss corrective action that needed to occur for ISP to become 100% compliant with the Prison Rape Elimination Act. On August 1, 2016, all of the documents requested were forwarded to this auditor for review. 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 Indiana State Prison on August 9, 2016. The final report was posted on the PREA website on August 9, 2016. Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of April 18-20, 2016. Following coordination, preparatory work and collaboration with management staff at ISP, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit.

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POST-AUDIT PHASE

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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 May13, 2016.

Final Audit Report: The week of June 20, 2016, a telephonic conference call was held between this auditor, the Superintendent of ISP and the PCM of ISP to discuss corrective action that needed to occur for ISP to become 100% compliant with the Prison Rape Elimination Act. On August 1, 2016, all of the documents requested were forwarded to this auditor for review. 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 Indiana State Prison on August 9, 2016. The final report was posted on the PREA website on August 9, 2016.

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

IDOC – Indiana Department of Corrections

ISP – Indiana State Prison

PCM – PREA Compliance Manager

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

Indiana State Prison (ISP) is located at 1 Park Row, Michigan City Indiana. In 1858 construction began on the prison with 100 offenders from Jeffersonville (the first prison built in Indiana). The prison was completed and dedicated in 1860. The Prison's first perimeter wall enclosed 8.3 acres and each wall was 600 feet long. Through the years, as additional room was needed, the facility was enlarged to 24 acres inside the wall. Both prisons in Michigan City and Jeffersonville were named the Indiana State Prison, one designated Prison North and the other Prison South. In 1922, Prison South was destroyed by a fire and the designation was no longer necessary, and this prison became the oldest facility in the system.

The prison is designated a "level four" maximum security facility, which houses offenders with very long sentences and/or individuals convicted of violent crimes. There are 7 housing units inside the secure parameter. Four are five tier celled housing, two are dorms and one is tiered celled housing for special placement. Most of the celled housing is single celled. Both dorms are single bunks. Death row and the execution chamber for the State of Indiana are maintained at ISP. Also located on the prison grounds is a "level two" facility, formerly known as Lakeside Correctional Facility. It has a capacity for 385 offenders, and the prison uses their offenders to maintain the grounds, building maintenance and food preparation for the Staff Dining Room.

ISP is comprised of an indoor gym/recreation, administration building, a medical/mental health services building, several program and services building, maintenance shops and a prison industries area. The industries area has a metal shop where offenders make metal products (picnic tables, lockers, etc.) used by the state. ISP offers several apprenticeship programs including barbering, culinary arts, offset printing and firefighting. Education classes range from basic academics to college education.

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 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 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. The facility has a commercial laundry area which is staffed by custody staff and laundry supervisors. The laundry area contains large commercial washers and dryers.

ISP offers activities to all offenders. These activities include voluntary education, recreational library, religious services, substance abuse counseling groups, dayroom activities with television viewing, and an outdoor recreation yard and in-door 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 went above regarding seeing to the needs of the auditors and the hospitality. The audit team thanks the Superintendent, PREA Compliance Manager and the entire staff at ISP.

Overall, it is evident that ISP 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:

- Interaction between staff and offenders helped establish open line of communication. It did not appear that offenders were uncomfortable to bringing up their issues/concerns with staff.
- Through the use of staff posts and video surveillance, blind spots appeared to be eliminated.
- 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 and that a process was in place to ensure mandatory training will be completed for new hires.
- 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 Compliance Manager is very knowledgeable about all procedures and processes of the facility.

Some of the areas of general concern include:

- 115.16 Inmates with disabilities and inmates who are limited English proficient
- 115.17 Hiring and promotional decisions
- 115.67 Agency protection against retaliation
- 115.71 Criminal and administrative agency investigations

The week of June 20, 2016, a telephonic conference call was held between this auditor, the Superintendent of ISP and the PCM of ISP to discuss corrective action that needed to occur for ISP to become 100% compliant with the Prison Rape Elimination Act. This auditor requested that the institution implement the IDOC's Interpretive Service Policy and provide proof that staff were trained in the use of the policy. This auditor also requested that proof be provided that all current employees have a background check completed within the past five years. To demonstrate compliance with the protection of offenders and staff who report sexual abuse, this auditor requested five completed offender monitoring forms dated after the audit tour following IDOC's policy. Additionally this auditor requested copies of the next five completed PREA investigations and that ISP-06-009 is reopened and those results be forwarded to this auditor.

All five request made during the conference call were concurred with by the ISP management staff. On August 1, 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.

Number of standards exceeded: 0

Number of standards met: 43 (95.3%)

Number of standards not met: 0 (0%)

Number of standards not applicable: 2 (4.7%)

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. Additionally, Indiana State Prison (ISP) Facility Directive dated November 16, 2015, reiterates the Department's policy regarding zero tolerance of sexual abuse and sexual harassment. The Directive also addresses the institution's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. IDOC's PREA Coordinator is Bryan Pearson, Executive Director.

ISP's PREA Compliance Manager (PCM) is Rhonda Brennan, Executive Assistant 3. Rhonda Brennan was assigned the PCM on October 28, 2014, according to the memorandum signed by Ron Neal, Superintendent, ISP. The organization chart provided during the pre-audit indicates that Rhonda Brennan reports to the Executive Assistant Section Supervisor who, in turn, reports to the Superintendent. Both Mr. Neal and Ms. Brennan toured the facility with the auditors and demonstrated their knowledge of the operations of IDOC, ISP and PREA standards.

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.

ISP does not contract with any other agency or organization to house 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.

The Pre-audit information included a memorandum addressed to Bryan Pearson, Executive Director of PREA Compliance, authored by Ron Neal, Superintendent ISP dated January 26, 2016. The memorandum addresses the staffing plan at ISP. 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 standards and the principles of the Indiana Justice Model. ISP has been an accredited institution since 2006. IDOC does not have collective bargaining; therefore ISP can move staff from location to location as the security needs change or deficiencies in offender supervision is realized.

According to the memorandum provided to this auditor and interview with the Superintendent, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. The staffing plan is re-evaluated every January or as necessity dictates.

The staffing plan is reevaluated every January with consideration to changes in programs, physical plant improvements, the prevalence of criminal behavior in sections of the institution, and the population and classification of the offenders.

ISP currently has 326 cameras for video monitoring. There is a proposal to add additional cameras in the coming year.

Supervisory staff are assigned to the housing units. However they still make random unannounced rounds through the housing units several times a week on all different shifts. This is documented in the housing unit log books. During the tour of the facility this auditor observed supervisors and managers touring the units.

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.

ISP does not house offenders under the age of 18 years old. 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. As of April 20, 2016, ISP has not had any cross gender strip searches or cavity searches in the past year.

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. The offender’s genital status is determined at IDOC’s reception processing center, not at ISP.

During the tour of the facility, and in interviews with staff and offenders, female staff do not strip search male offenders. Strip searches are completed at cell front, or two locations designated for strip searches. All staff interviewed knew the proper way to pat down search transgender inmates. The transgender inmates interviewed confirmed this.

The auditors toured all of the areas at ISP that inmates have access to. Modesty screens were in place in medical areas where a clinician may require an offender to disrobe. All showers and toilets had modesty screens in place. In industries, where the offenders are required to change clothing, the custody post is gender specific (only male staff may work there.) Female staff announce their presence when they enter a housing unit. This was observed during the tour and confirmed through inmate interviews. During the tour we observed six locations that did not allow for modesty during the use of showers or toilets. All six areas were corrected, and inspected prior to the completion of the audit.

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.

ISP memorandum dated November 23, 2015, provides a list of 13 departmental employees that speak a second language to use for interpreting.

Even though the institution has a vendor that they use for American sign and interpreter services, the staff interviewed, did not know how to access these services.

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

1. Make available to staff the information to access interpretive services provided through the contract with the state.
2. Train staff on use of these services.

On August 1, 2016, this auditor received the proof of corrected actions for interpretive services. On April 21, 2016, ISP implemented Facility Directive ISP 16-03, Telephonic and In-Person Interpretive Services, to provide direction to staff on how and when to utilize interpreters during interaction with offenders of limited English speaking abilities or disabilities. This includes a list of foreign languages that an offender can point to so that staff will know which language they need an interpreter for. In the event that the offender requires American Sign, due to hearing disability, an interpreter will respond to the institution to provide services. Additionally this auditor was provided a “sign in” sheet demonstrating that staff have been trained in this policy.

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, perspective candidates are 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 correctional agencies to verify previous history of a current or former employee relative to any substantiated incidents involving sexual abuse/harassment for hiring purposes.

A review of random personnel files demonstrated that ISP follows their policies and procedure when hiring, and promoting staff. All of the contractors and volunteers files reviewed show compliance with policy.

The five year background check on all current staff is not complete. ISP implemented a new procedure to do a background check on all current staff every four years. The Human Resource Department does a background check on employees based on their last two digits of the employee ID number. So far digits 01-25 were completed in 2014, 26-50 in 2015 and 51-75 this January. They are scheduled to complete 76-00 in January 2017. In 2018 they will then complete backgrounds on 01-25 again and so on. Because HR has not completed the cycle, ISP is out of compliance with 115.17(e).

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

1. Complete the background checks on the remainder of the current employees (employees with the ID numbers 76-00).

On August 1, 2016, this auditor received the proof of corrected actions for employee background checks. ISP sent a list of the 97 employees who had not had their backgrounds checked in the past five years prior to the April 18, audit. Those employees’ backgrounds were completed within two weeks of the audit according to the Indiana Department of Corrections Human Resource Specialist. The background checks included reviews of Indiana Data and Communication Systems, which utilizes both NCIC and Nlets data bases for information on law enforcement contacts throughout the nation.

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.

In 2013, ISP replaced 19 video monitoring cameras and added 316 more to increase coverage throughout the facility. Additionally, the facility added mast lights and installed plasma lights in several of the housing units to increase visibility. During the same time period ISP started utilizing “Guard One” to ensure staff conducted their required rounds in the housing units.

During the tour this auditor reviewed several video feeds. These feeds help cover blind spots and aid staff during investigations.

All celled housing units have Guard One in place. The staff are required to make rounds every 30 minutes. During the tour staff were observed utilizing the Guard One System.

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 ISP utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently ISP has an agreement with Franciscan St. Anthony Health for the years 2015 and 2016 to conduct these exams. IDOC has a community Partnership Agreement with Indiana Coalition Against Sexual Assault (INCASA) in place to provide victim advocacy services to the victims of sexual assault. The offenders have direct access to INCASA via the provided hotline phone number or email.

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 inmates and staff, offenders are offered victim advocates, either through the outside service or with trained non-custody staff from the facility (in the event that INCASA is unable to respond). IDOC policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. ISP 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. ISP utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victims confidentiality in mind.

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." 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 does include the information that all allegations of offender-on-offender sexual abuse and staff sexual misconduct will be investigated.

During the audit tour, we reviewed 17 cases of inmates reporting sexual abuse/sexual harassment. 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 April 20, 2016, ISP has not had any third party allegations of sexual abuse at ISP.

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.

A review of the training records show that 97% of ISP staff have all been trained within the past year. Of the 3% who have not been trained, five are new employees scheduled for the academy in May, 2016, and the other 19 are employees out on long term disability or sickness. 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 review of ISP's training records showed that all contractors and volunteers have received the required training. The acknowledgement of training was present in the random training files reviewed by this auditor. During interviews with contracted staff, they demonstrated knowledge of the sexual abuse sexual harassment policy and their responsibility to comply.

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. This brochure is available in English and Spanish. IDOC has a contract in place with Language Training Center to provide interpretive services, including American Sign Language. Additionally, ISP has an offender brochure on sexual assault prevention and reporting available in braille, for the vision impaired. 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. Offenders that had been at ISP prior to implementation of PREA were issued the information about 16 months ago.

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, even the offenders that have been at ISP prior to implementation of PREA. All housing units, visiting, medical areas, recreation areas, education and industries had posters visible to the offender population. This auditor also viewed the information on the inmate television.

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.

ISP 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 training includes all criteria set forth in section 115.34 (b) of the PREA. A review of training files and interviews with staff showed that this training requirement was met.

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 PREA Audit Report

does not exclude medical staff. Additionally, all contract medical staff receive the PREA training as part of the requirement to work at the facility. ISP memorandum date February 22, 2016, authored by Rhonda Brennan, attests that ISP does not utilize facility medical staff to conduct forensic exams in cases of sexual abuse.

A review of training files and interviews with staff showed that this training requirement was met.

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.

ISP 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. ISP 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 offenses, 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. Offenders are screened within 24 hours of arrival at ISP (usually the day they arrive). ISP has an intake unit where offenders are housed until properly screened prior to housing, work and program assignment. This auditor toured the intake unit and talked informally to several 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. Based on the physical design of ISP, the institution is able to separate potential predators from potential victims.

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.

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.

Policy requires that the facility give transgender and intersex offenders the opportunity to shower separately from other offenders. Both transgender offenders housed at ISP were interviewed during this tour. One was housed in the celled level 4 housing while the other was housed in the level 1 support unit outside the secure parameter. Both stated that they are allowed to shower by themselves. Neither expressed concerns for their safety about being sexually abused.

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 April 20, 2016, ISP has not had any offenders placed in involuntary isolation/protective custody solely based on risk of sexual victimization. A review of the documentation did not reveal any offenders being placed in isolation as a result of victimization concerns.

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.

ISP 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. The offender handbook contains contact information for the IDOC sexual assault hotline. ISP also has a contract in place with Indiana Coalition Against Domestic Violence to provide crisis intervention and case management services. 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 some of the initial reports of sexual abuse/harassment were received through JPay and the Ombudsman. All of the inmates interviewed knew about the different methods of reporting.

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.

Several offender files and grievances were reviewed during the audit. None of the documents reviewed, showed non-compliance with this Policy.

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.

ISP 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.

During the tour there were posters and information posted in the visiting room. As of April 20, 2016, ISP has not had any third party allegations of sexual abuse at ISP.

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.

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. As of April 20, 2016, ISP has not had any third party allegations of sexual abuse.

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 case reviewed during the audit, staff immediately separated the alleged victim from the alleged perpetrator.

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.

ISP reports that the facility has not received any information that an offender was sexually abused at another facility within the past year. Information provided to this auditor indicates that one case was reported to ISP from the Colorado Department of Corrections, Denver Complex, on February 3, 2015. ISP reviewed available information and determined that the offender was not housed within the IDOC at the time of the allegation (2008) on February 4, 2015.

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.

ISP Facility Directive, ISP 14-06, dated April 1, 2016, Section VI, requires that first responders are 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. If the first responder is not a custody staff member, they are to request that the victim not take any action that could destroy physical evidence and notify custody staff as soon as possible. Attachments 3 and 4 of this directive include a checklist to ensure proper response to a sexual assault.

ISP’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.

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.

ISP Facility Directive, ISP 14-06, dated April 1, 2016, Section VII, 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).

ISP’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.

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)
- 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.

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. 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.

ISP has assigned Torrie Dillon, Internal Affairs Investigator, to ensure that the monitoring is conducted, including periodic checks of the offender. A review of the documentation does not show compliance. The form used does not indicate a start date, end date or when the offender was checked on during the 90 period. In December 2015, a new PREA Retaliation Monitoring Procedure, complete with new form, was initiated. This new documentation will correct their 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.
2. Have a manager do periodic review of the forms for compliance.

On August 1, 2016, this auditor received the proof of corrected actions for the PREA Retaliation monitoring. ISP provided five different copies of the newly implemented PREA monitoring forms for offenders that have made PREA allegations. This information provided in the documents included housing unit changes, work assignment changes, any disciplinary action received and offender statements when staff made personal contact as part of the monitoring for retaliation. None of the cases provided required monitoring of staff for retaliation after reporting a PREA incident. In all five cases a supervisor reviewed and signed the documentation.

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.

ISP reports that, over the past 12 months they have not had any offenders who have allegedly suffered sexual abuse placed in involuntary isolation/protective custody. During the tour this auditor could not find any evidence that offenders had been placed in involuntary isolation/protective custody for reporting any sexual misconduct. A review of the investigation files and subsequent housing showed that the alleged victims were moved to a different housing unit, not isolation, if the safety concerns could not be resolved by removing the suspect. In the case where the alleged victim was placed in isolation, the reason for placement was "Battery with a Weapon". The victim assaulted an offender with a sap made from a lock in a sock. The reason for isolation was well documented on the paperwork reviewed by this auditor.

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 investigator 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.

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

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 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.

The audit team reviewed 17 cases investigated in 2015 and 2016. Some of the cases were investigated very thoroughly, including supporting documentation. Others lacked supporting documentation, investigative thoroughness, and supporting evidence as to the conclusion of the investigation. One case was a potential felony involving a former staff member (16-ISP-009). The investigator made minor little attempts to contact the suspect, was unsuccessful, and closed the case as non-substantiated.

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

1. Re-open case 06-ISP -009 and complete the investigation (if legally able to do so).
2. Train staff on completeness of case files.

On August 1, 2016, this auditor received the proof of corrected actions for completion of investigations. ISP provided five investigations of PREA allegations that occurred since the audit tour. Two involved offender on offender and three involved staff on offender. One of the offenders on offender cases was substantiated as a sexual harassment case and the other was unfounded. All three staff on offender cases were unfounded. All five investigations appear to have been thoroughly investigated, including interviews of the alleged victim, alleged suspect and potential witnesses. Both physical and circumstantial evidence was reviewed and the reports were detailed and complete.

Case ISP-06-009 was reopened. Information provided to this auditor demonstrated the several attempts that were made to contact the former employee who was the alleged suspect of the case. When all attempts resulted in negative contacts, the case was referred to the Indiana State Police. The State Police declined to open the case.

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 records reviewed during the audit.

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 02-0-115, 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. Offenders that had reported sexual abuse acknowledged receiving these notices when interviewed.

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.

ISP provided this auditor with two examples of employees who had been terminated for violation of the sexual abuse/sexual harassment policy.

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. Two different cases were provided to this auditor, one involving a volunteer and one involving a contract employee. In both cases the suspects were banned from grounds. In the case of the contract employee, the allegation appeared to be criminal in nature and the case was referred for prosecution.

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.

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 documentation, ISP's medical staff immediately sees every offender when a case of sexual abuse is reported.

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.

As addressed in section 115.81 and section 155.82 of the PREA, IDOC policies comply with this standard. Any medical needs that cannot be met at ISP are referred to St. Anthony Memorial Hospital.

Interviews with Mental Health staff confirmed that offender on offender abusers are referred to Mental Health for evaluation immediately following a sexual abuse incident. The suspect is normally seen within 14 days of referral. The Mental Health staff provided this auditor a copy of an assessment conducted on such an offender.

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 ISP is following the established policy. Additionally, ISP's PREA Committee reviews unfounded cases to see if there is any policy, staffing or physical plant deficiencies that need to be addressed.

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.

The IDOC and ISP collects data relative to sexual abuse annually in compliance with PREA data collections standards. This auditor reviewed the aggregated data for years 2013, 2014 and 2015. ISP forwards these reports to the Departmental PREA Compliance Coordinator.

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.

ISP 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.

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.

All sexual incident reports are maintained in the confidential section of the offender's file. The Executive Director of PREA maintains sexual abuse data for ten years after it is collected according to policy.

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

August 9, 2016

Auditor Signature

Date