

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

Date of report: June 3, 2016

Auditor Information			
Auditor name: Robert G. Lanier			
Address: P.O. Box 452 , Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: 5/18/2016			
Facility Information			
Facility name: Madison Correctional Facility			
Facility physical address: 800 Bus Stop Drive, Madison IN 47250			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 812-265-6154			
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 type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jan G Davis			
Number of staff assigned to the facility in the last 12 months: 156			
Designed facility capacity: 720			
Current population of facility: 584			
Facility security levels/inmate custody levels: Minium			
Age range of the population: 19 - 72			
Name of PREA Compliance Manager: Velma D Simpson		Title: Click here to enter text.	
Email address: vsimpson@idoc.in.gov		Telephone number: 812-265-6154 x 300	
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 Street, Room E-334, Indianapolis, IN 46204			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 317-233-5541			
Agency Chief Executive Officer			
Name: Randy Koester		Title: Chief of Staff	
Email address: RKoester@idoc.IN.gov		Telephone number: 317-233-5541	
Agency-Wide PREA Coordinator			
Name: Bryan Pearson		Title: PREA Director	
Email address: BPearson@idoc.in.gov		Telephone number: 317-232-5288	

AUDIT FINDINGS

NARRATIVE

Madison Correctional Facility is located on the Madison State Hospital grounds, overlooking the Ohio River to the South and bordered by Clifty Falls State Park on the West. Construction of the Mediterranean cottage style buildings began in 1907.

On March 3, 1989, one building on the grounds became an adult male level one work camp that housed a maximum of 70 offenders. In the next few years, the male correctional facility acquired two more buildings. In 2004, drastic increases in incarcerated adult females brought the need to again change the purpose of the space to house minimum security adult females. This necessitated the need to acquire three more buildings, bringing the total number of building to six. The Pre-Audit Questionnaire (PAQ) documented that the Madison Correctional Facility has a designed capacity of 720 female offenders and a current population of 600. The facility also has a 58 bed work release program. This is a Reentry Program were the Offenders are allowed passes to go on job search. These offenders hold regular jobs in the community such as Factories, Fast food establishments.

DESCRIPTION OF FACILITY CHARACTERISTICS

Madison Correctional Facility is located at 800 MSH Bus Stop Drive, Madison, IN 47250. The facility was accredited by the American Correctional Association in September 2010 and re-accredited in 2013. The Facility Mission Statement states that “The facility is committed to the advancement of public safety and successful re-entry through dynamic supervision, programming, and partnerships.”

The Madison Correctional Facility compound sits on approximately 52 acres within a single perimeter fence with razor wire at the top. There are nine buildings located inside the secure perimeter fence. These nine buildings house the administrative offices, food service, academic/vocational programs, the gymnasium, warehouse, maintenance, offender housing/living units, and an auditorium.

In 2012 the facility opened a recycling center. The center recycles cardboard, plastic, and cans for the State Hospital, Madison Juvenile Correctional Facility, and Madison Correctional Facility. Most of the offenders are involved in programming and work various jobs, both on the facility grounds and off. A number of programs are offered to assist the offenders. These programs include the following: Substance Abuse/Phases; Thinking For A Change; Purposeful Living Units (PLUS/RRR); Residential Reformative Re-entry Program (Work Release); Growth Responsibility Integrity Purpose (Therapeutic community); GED; Literacy; AA/NA/CA; Adult Basic Education; Master Student to Master Employee; IN2Work; Cosmetology and Manicuring Vocational Classes; Computer Business Technology; Grief & Loss; Toastmasters; Domestic Violence; Parenting; Transition; Apprenticeship Programs – Clerical, Building Trades, Lawn and Garden, Housekeeping, Recycling and ADOPT Program (Adopt a dog on Prison Turf).

The PREA Team, consisting of the Lead Auditor and two Associate Certified PREA Auditors, entered the facility at 5:06am and met with the Facility Superintendent and the Facility PREA Compliance Manager and conducted an entrance briefing. The lead auditor explained the team approach and described each team member’s assignment. The lead auditor explained that he would be conducting staff interviews and an associate auditor would be conducting offender interviews. The third member of the team was assigned to conduct the facility tour, review additional documentation that had been provided to support compliance with each standard and to go over each standard and file with the Facility PREA Compliance Manager.

During the entrance conference the PREA Compliance Manager was asked whether any staff or inmates had requested, either orally or in writing, to speak to the audit team. She advised the team that no one had requested to speak to the auditors. However, the Lead auditor did receive a letter from one offender that was addressed during the offender interviews.

The PREA Compliance Manager was asked whether there was anything the audit team needed to be aware of that had occurred or was occurring that could jeopardize the audit. She informed us that nothing of that nature had occurred or was occurring. It was noticed that construction work was occurring on the compound; however, it would not affect the audit process.

The lead auditor expressed the appreciation of Diversified Correctional Services for the opportunity to work with the Madison Correctional Facility in their PREA Audit. It was explained that the goal of the Team was to be as helpful and non-intrusive as possible during the conduct of the audit. The audit schedule and the logistics of conducting the tour and conducting interviews was discussed.

Prior to arriving at the facility the auditors requested the following documentation that was provided at the entrance briefing: A list of staff, including specialized staff; a list of volunteers and contractors; lists of offenders by living units and a list of offenders who identified as being lesbian, bi-sexual and transgender, a list of offenders reporting sexual assault at the facility and those reporting prior victimization; copies of pages from the logbooks documenting unannounced rounds; any local operating procedures related to unannounced rounds; a memo signed and dated by the superintendent stating the facility does not have any youthful offenders; documentation of Civil Immigration Contact Information and copies of all PREA investigations conducted during the past 12 months.

An associate auditor, accompanied by the Superintendent, Facility Compliance Manager and Captain toured the entire facility. The touring officials and staff responded to the auditor’s questions concerning facility operations. Officers from the Living Units greeted the tour members.

During the tour, the tour team evaluated the PREA processes and systems at the Facility. The following narrative of the relevant PREA services and functional areas summarizes the findings regarding the processes and systems.

The offender residential living units are open bay, dormitory style, units. All of the offender rooms in the residential living units do not have doors, allowing the offenders unimpeded access to restrooms and showers. Additionally, this allows offenders the ability to report sexual assaults and harassment at any time using the J-Pay/Kiosk system which is located in every living unit. The following Buildings were toured:

James MCart – This building consists of MCart South Lower, MCart South Upper, MCart North Lower and MCart North Upper. MCart South Lower is closed for maintenance repairs. MCart South Upper, houses general population offenders including work crews, education and intakes. The Capacity for MCart South Upper is 100 offenders and has a census of 82. MCart North Lower houses work crews, education and intakes as well with a capacity of 84 and current population of 73. MCart North Upper housing work crews, education and intakes has a capacity of 94 with a current population of 73.

This facility has a basement. Staff reported that offenders are not allowed in the MCart North Lower basement and only two staff members have access to keys. The Dining hall is located in the building and all offenders eat at this location. This unit has rooms that accommodate two residents. The rooms do not have doors.

- The following MCart Units were toured; A-Unit North Lower, A-Unit South Lower (Closed for Maintenance Repairs), A- Unit Center Hall Upper Level, A- Unit South Upper and A- Unit North Upper. This building has an elevator, however, offenders are not allowed to access or use the elevator.
- **Dana Blank Center/Grad Dorm** – This unit houses Therapeutic Community/Grad Dorm Offenders and the following areas were toured: Therapeutic Offices, Clerk’s Office, Class Rooms, Break Room, Old Kitchen; Unit North Lower; Unit North Upper; Unit South Upper; South Lower –Grad Dorm and the Blank Center. All of the living units house offenders in the therapeutic community with the exception Blank South Lower that houses the grad dorm. Blank North Upper has a capacity of 52 and current population of 50. Blank North Upper has a capacity of 58 and current population of 56. Blank South Upper has a capacity of 60 and current population of 58. Blank South Lower has a capacity of 52 and current population of 39 while Blank Center has a capacity of 10 with a current population of 7. This building has an elevator, however, offenders are not allowed to access or use the elevator.
- **Heyne Building** – This unit houses the Adopt Program and Honors Dorm. The following areas were toured: Heyne Unit Lower Center (Dog Dorm). This area has a shower room, laundry room, hair room, mop room, boarder room, day room, officer post, adopt room, office and porch. Heyne Lower has a capacity of 54 with a current population of 43. Heyne Unit I-Dorm (Dog Dorm) with open bay beds; Heyne H-Dorm (Dog Dorm) also an open bay dorm; Heyne Unit (Dog Dorm) Upper Center; Heyne J-Dorm (Dog Dorm) an open bay dorm; Heyne K-Dorm (Dog Dorm) with the dog crates room and boarder rooms. The Heyne Building houses over 20 dogs and puppies that are cared for by the offenders. Heyne Upper has a total capacity of 28 and a current population of 21.
- **Aiken Dorm** – RRR/Plus: Aiken Upper (RRR/Plus Program), housing class rooms meeting rooms and dayroom, staff office and clerk’s office. Aiken Lower (RRR/Lower) was also toured. Aiken has a total capacity of 70 with a current population of 43.
- **McKinley Building** – This living unit is a Work Release Dorm: McKinley Lower houses an officer post, treadmill room, washer room, hair & make-up room, dayroom, and porch. McKinley Upper Center, McKinley Upper West Room, McKinley Lower West Room, McKinley Lower East Room, and McKinley Upper West Room. McKinley has a total capacity of 58 and a current population of 37.
- **Edward L. Cohn Building** – This building houses the administrative offices, rain gear for staff locked room, gym, class rooms, auditorium on the upper level and cosmetology, a visitor’s center, classrooms on the lower level.

The tour revealed that all buildings had the required PREA information posted as well as additional information related to reporting allegations of sexual abuse and sexual harassment for offenders as well as information on how to access the Indiana Coalition Against Domestic Violence.

The health care services at this facility are provided contractually by Corizon Healthcare Services. They provide services for nursing, mental health, medical and dental needs at the Facility. Nurses are on duty at the facility 24/7. A family nurse practitioner is on site 40 hours a week, Monday through Friday. The medical department is in a stand-alone building that has adequate space to meet the confidentiality and healthcare needs of the female inmate population.

The facility has only one camera located at the front entrance. However, the facility is working with Security Automation Systems, Inc. to install a CCTV system Upgrade. According to documentation provided, the company will provide (182) IP cameras dispersed as follows: Cohn (42), Sally port (4), Shettle (11), Aiken (9), McCart (56), Blank (35), Medical (2), Rear S.P. (3), Heyne (20). The tentative date for installation is the end of 2016 or into 2017.

At the conclusion of the on-site audit, the audit team conducted an exit briefing. The following staff were present: Superintendent, Facility PREA Compliance Manager, Facility Training Coordinator and PREA Audit Team Members.

The audit team discussed the preliminary findings and discussed concerns the administration and staff might have. The lead auditor also expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the work they have done and encouraged them to continue to continue the work they are doing to ensure sexual safety for their offenders.

Following the on-site audit additional information and clarification was requested and provided in a timely manner.

SUMMARY OF AUDIT FINDINGS

Notices of the PREA audit were forwarded to the facility on April 6, six weeks prior to the audit. Photos documenting that Notices were posted on the same day were forwarded to the auditor.

The Pre-Audit Questionnaire, Indiana Department of Corrections Policies and other supporting documentation was uploaded and accessible to the auditor for review.

Following a review of the documentation that was provided the auditor made a list of documentation that would be needed on the day of the on-site audit and forwarded that information on to the PREA Compliance Manager.

The audit team, consisting of three Certified PREA Auditors, arrived at the facility at 5:06 AM on May 18, 2016. Following a brief entrance conference, one of the certified auditors participated in the tour of every building on the facility grounds while the lead auditor and an associate auditor proceeded to conduct interviews of staff and offenders.

A total of 43 offenders were interviewed. These included randomly selected offenders representing every living unit, offenders who reported prior victimization and offenders who identified as being lesbian, bi-sexual and transgender.

Interviews with the offenders indicated they have received the required PREA Training and information. They are aware of the Zero Tolerance Policy and were able to articulate multiple ways to report sexual abuse and sexual harassment. Their responses to questions also confirmed that they are being screened on admission for vulnerability to victimization and to sexual aggressiveness. Offenders who identified as being lesbian, bi-sexual or transgender related they were treated no differently from anyone else and were not placed in any special housing units based on their identification. Offenders consistently had problems identifying outside agencies they could contact for assistance and services if they ever needed them. Although this information is prominently posted, they were not knowledgeable of outside support services. As a brief corrective action, the facility met with inmates and provided refresher to the offenders by going over the material already posted and provided.

Twenty-one (21) staff, representing randomly selected staff from all housing units and shifts and all categories of specialized staff were interviewed. An interview with the Superintendent and PREA Compliance Manager as well as interviews with staff indicated that this facility takes sexual safety seriously. Randomly selected staff described their training in PREA including their initial training as newly hired employees and annual training thereafter. They were knowledgeable of PREA and every interviewed staff indicated that they would take every report, allegation or suspicion seriously and report it. They stated they would report everything they were aware of regardless of how the report came to them. Staff described a reporting process consistent with Indiana Department of Corrections Policies and stated they would make a verbal report immediately followed by a written report prior to the end of the shift. Staffs were knowledgeable of multiple ways to report sexual abuse and sexual harassment and were able to explain how they could report privately.

At the conclusion of the tour one of the certified auditors sat down with the PREA Compliance Manager and went through each standard file and reviewed additional documentation that had been previously requested and that was requested on site.

During the on-site audit additional documentation was requested and provided.

At the conclusion of the on-site audit the audit team shared their findings and offered clarification regarding any remaining issues. Attending the exit conference were the Superintendent, the PREA Compliance Manager, Training Officer and the audit team.

Forty-one (41) standards were reviewed and all were found to be in compliance.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

Summary:

The State of Indiana Department of Correction Policy, 02-01-115, Sexual Abuse Prevention, requires a Zero Tolerance for all forms of sexual abuse and sexual harassment. It also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed documentation. Zero Tolerance is communicated to inmates during orientation, through continued education, in documents listed in standard 115.333. The IDOC policy also requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision shall be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment. Reviewed contracts and an interview with the agency contract director confirmed the presence of that language in agency contracts for housing offenders for the Department.

IDOC Policy 02-01-115, Sexual Abuse Prevention, V. Staff Orientation and Training, requires that staff are trained on the Zero Tolerance Policy during new employee orientation and in their annual training.

The agency has demonstrated its commitment to PREA by designating an upper-level, agency-wide PREA Executive PREA Director, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. This position is documented on the Indiana Department of Corrections Central Office Organizational Chart.

The Superintendent, in a memo dated 3/26/2016, designated the PREA Compliance Manager, replacing the previous manager. The Madison Correctional Facility organizational chart identifies the PREA Compliance Manager and indicates that the Facility PREA Compliance Manager reports directly to the Superintendent.

Interviews:

The Agency's Executive PREA Director, a certified PREA Auditor, is an articulate individual who not only has an exceptional knowledge of the PREA Standards but also has a vision for implementing it in the state's adult and juvenile facilities. He is responsible for all of the adult facilities and juvenile facilities in the State of Indiana. His goal is continuous improvement. Interviews with the Facility PREA Compliance Manager indicated that although she has additional duties, she indicated that she has time to ensure the facility is implementing the Zero Tolerance Program and the agency's approach to preventing, detecting, responding and reporting sexual abuse and sexual harassment. The PREA Compliance Manager reports directly to the Superintendent and has the complete support of the Superintendent in implementing and maintaining the PREA standards. In implementing PREA the compliance manager related that she can reinforce the standards through emails to all staff, individually and by coming in and providing PREA information during shift briefings. Although this PREA Compliance Manager has only recently been appointed to serve as compliance manager, her interview indicated that she not only has knowledge of the PREA Standards but that she also approaches implementing the standards with enthusiasm and a genuine desire to do a good job.

Reviewed Documentation to determine compliance:

- ✓ Policy #: 04-03-105 Response to Staff Emergencies

- ✓ Superintendent MEMO – Appointing PREA Compliance Manager for Madison Correctional Facility
- ✓ Madison Correctional Facility Organizational Chart
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 02-04-101 The Disciplinary Coed for Adult Offenders
- ✓ Indiana Department of Correction Organizational Chart
- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, IV. Zero Tolerance for Sexual Abuse and Sexual Harassment, requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision must be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment. The Pre-Audit Questionnaire (PAQ) indicated that the agency has 2 contracts for the confinement of offenders that the agency entered into with private entities or other government agencies on or after August 20, 2012. The PAQ stated that all of the agency contracts for the confinement of offenders contained requirements that the contractor adopt and comply with all of the DOJ PREA Standards and also that they will allow the Indiana Department of Corrections to monitor compliance. Two contracts were provided for review. The contracts contained requirements that the contractor adopt and comply with all Adult Prison and Jails PREA Standards established by the United States Department of Justice.

Interviews:

An interview with the Agency Contract Director confirmed that the PREA verbiage and requirements are included in all contracted programs housing Indiana offenders. He also said the contract requires an “on-site” agency contract monitor who monitors compliance with the contract.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Staffing at the Madison Correctional Facility is predicated upon the designed Facility capacity of 720 beds. The facility direct care staffing is based on Facility Rated Capacity. The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing with the use of video monitoring, to protect Madison Correctional Facility offenders against abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies in the log books.

The 2016 Staffing Plan Review was a multipage document containing a narrative report addressing each of the items required by the PREA Standards, a Vacancy/Staffing Report, IDOC Master Roster Post Analysis, an 18 Month Vacancy Rate Document and a Staffing Determinations Memo. The report indicated a thoughtful and serious process for evaluating staffing needs to ensure offenders and staff are safe. The Facility currently has 156 position control numbers. These include 105 Custody, 10 Administration, 11 Program and 30 Maintenance positions. The report stated that administrative and program numbers have dropped significantly over the years due to privatization and restructuring. The reported 18-month vacancy rate (July 2014 – December 2015) is 5.4%.

Custody posts are determined by the IDOC Master Roster Post Analysis, prepared in October 2013. The staffing review report stated that the superintendent, custody supervisor, a lieutenant and shift supervisors monitor the posts to ensure safety and security issues are being met.

A memo dated January 4, 2016 entitled “Staffing Determinations” stated that weekly meetings with department heads are conducted to discuss staffing adjustments to ensure offenders have proper supervision and access to programs and services.

Especially impressive was the detail to which the Superintendent went to document the depth and scope of the facility staffing plan review. The Facility uses the American Correctional Association Standards and the principles of the Indiana Justice Model as best correctional practices. The Annual Review stated that there have been no judicial findings or other findings of inadequacy from internal or external oversight bodies. Reportedly the facility will be getting video monitoring when new radios have been distributed to all correctional facilities.

Once per year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed. A memo dated July 20, 2015 indicated that the Executive PREA Director had reviewed the 2015 Annual Staffing Plan Review for 2015.

Policy prohibits staff from alerting other staff when unannounced rounds are conducted. Policy also requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Unannounced rounds are documented with the use of Guard One Plus. Upper management from Sergeants up to and including Superintendent make unannounced PREA rounds. When conducting unannounced rounds staff indicated that they look into each room and check doors to make sure they are locked during rounds. Staff talk to offenders during their rounds through the dorms and ask questions to see if there are any PREA issues. Staff make rounds in all dorms, the kitchen, Gym, Library, Education areas, Visitation, etc. Samples of documented rounds were provided for review.

The facility is working with Security Automation Systems, Inc. to install a CCTV system Upgrade. According to documentation provided, the company will provide (182) IP cameras: 42 Cohn, 4 Sally port, 11 Shettle, 9 Aiken, 56 McCart, 35 Blank, 2 Medical, 3 Rear S.P., 20 Heyne. A tentative date for installation is the end of 2016/2017.

Interviews:

The superintendent, in an interview, stated that the IDOC allocates staff and that she strives to provide at least minimum coverage for each shift. She related that a staffing analysis has just been completed. Staffing is monitored each shift looking at changes in schedules and potential posts that could be closed if the need arises. She also related that the facility is scheduled to receive 182 cameras to enhance supervision. The Superintendent stated that either she or her assistant makes unannounced rounds daily. Another interviewed higher level staff stated that they make rounds into every dorm daily. The Assistant

Superintendent related that he goes around that facility daily and also make unannounced rounds of some weekends and after hours on some weekdays. Yet another higher level staff related that they conduct unannounced rounds, walking through to check rooms and ensure people are where they are supposed to be. She also related that she opens up doors and closets and checks closed rooms.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Madison Correctional Facility 2016 Staffing Plan
- ✓ Vacancy/Staffing Report
- ✓ IDOC Master Roster Post Analysis
- ✓ Recap Report – Off Duty/Alternative Assignment
- ✓ 18 Month Vacancy Rate
- ✓ Staffing Determinations Memo
- ✓ Superintendent Memo – Staffing Determinations January 4, 2016
- ✓ Madison Correctional Facility Shift Roster July 9, 2015
- ✓ Email Reviewing the Staffing Plan – July 6, 2015
- ✓ Facility Post Log January 17, 2016
- ✓ Officer Location Report April 12, 2016
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Security Automation Systems Inc. – Madison Correctional / CCTV System Upgrade
- ✓ Unannounced Rounds

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.

Summary:

Indiana Department of Corrections Policy 01-08-101, Youth Incarcerated as Adults, VI. Classification, identifies the facilities where youthful offenders are to be assigned. Madison Correctional Facility is not listed as one of the facilities that will house youthful offenders.

Interviews: N/A

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy 01-08-101 – Youth Incarcerated as Adults (page 3)
- ✓ Superintendent Memo: Youthful Offenders

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.

Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, XIV., Limits to Cross-Gender Viewing and Searches prohibits the Madison Correctional Facility from conducting cross-gender strip or cross-gender visual body cavity searches of residents except in emergency situations or when performed by medical personnel. According to PRE-Audit Questionnaire (PAQ), during the audit period there were no cross-gender strip or cross-gender visual body cavity searches. IDOC Policy 02-02-101, Searches and Shakedown, VII. Opposite Gender Offender Pat Search B., requires that when a staff member determines that exigent circumstances exist, a pat search of an adult female is necessary, and a staff member of the opposite gender is not available, staff are required to securely escort the adult female to an area where a same gender staff member is available, or relievable, to conduct the pat search. Opposite gender pat searches of an adult female shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving, possible prohibited property or contraband would jeopardize the safety, order and/or security of the facility. Staff are required to follow the techniques/procedures for opposite gender pat searches contained in the approved lesson/training plans developed and presented by the Division of Staff Development and Training. The facility provided samples of training documents to confirm training that staff receive in conducting cross gender pat searches and searching transgender and intersex offenders in a professional manner. If such a search is conducted it must be documented by completing and submitting an Incident Report to the Custody Supervisor or designee. Reviewed documentation indicated that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

Policy requires the facility to implement procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia. The facility prohibits staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determine the inmate’s genital status. The PAQ indicated that no searches occurred during the audit period. Reviewed IDOC Policy and provided post orders require officers of the opposite gender to announce their presence on the housing unit.

Interviews:

Interviewed staff stated that male staff do not conduct pat down searches of female offenders. Seventeen (17) of nineteen (19) staff stated they have been trained to conduct cross gender pat down searches and searches of transgender and intersex offenders in a professional and respectful manner. Nineteen (19) of Nineteen (19) randomly selected staff stated that male staff always announce their presence when entering the housing units and most said they announce it throughout the shift. Forty (40) of forty-three (43) interviewed offenders related that they are never naked in full view of staff of the opposite gender. All of the interviewed staff also stated that offenders are never naked in full view of staff of the opposite gender. They related that offenders go to the showers dressed and come out dressed. They also stated that the showers are equipped with shower curtains for privacy.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-03-101 – Searches and Shakedown

- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ POST Order – Post Dana Blank Housing Unit Revised: June 2015
- ✓ POST Order – Post McCart Housing Unit Revised: June 2015
- ✓ POST Order - Post Housing Unit – Heyne (A.D.O.P.T. Program) Revised: June 2015
- ✓ POST Order – Post Housing Unit – Aiken Revised: June 2015
- ✓ POST Order – Housing Unit – Shettle Revised: June 2015
- ✓ Security Skills Evaluation – Staff Development & Training
- ✓ Superintendent Memo: No Cross Gender Strip Searches or Cross Gender Body Cavity Searches

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.

Summary:

Indiana Department of Corrections Policy requires that the Madison Correctional Facility establish procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Facility PREA Coordinator provided a copy of contract between Indiana Department of Corrections and Language Training Center, Inc. to provide Interpreter/Translator Services. This contract provides the following: in person Spanish, in person non-Spanish, in person American Sign Language, over the phone interpretive services Spanish and non-Spanish as well as remote interpreting for all languages Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, VII. Offender Education Program, requires that information be provided to offenders who are Limited English Proficient and who may have other disabilities (including hearing or visual impairment, psychiatric or learning disabilities) be provided assistance to ensure effective communication of the department’s PREA policy and procedures for reporting assaultive sexual behavior. This policy prohibits the use of interpreters or readers unless there would be a delay in obtaining an effective interpreter that could compromise the offender’s safety, the performance of first responders or the investigation of the inmate’s allegations.

The Sexual Assault Prevention and Reporting Information Brochure is written in Spanish and in English and PREA Posters are written in Spanish and in English.

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, X., Sexual Assault Response Team (SART) also requires that arrangements are made to ensure that SART members who must interact with the sexual assault victim are able to communicate directly through interpretive technology or through non-offender interpreters, with offenders who have Limited English proficiency (LEP), are “deaf” or speech impaired. Policy also requires that “accommodations shall convey all written information verbally to offenders with limited reading skills or who are sight impaired.

The Facility PAQ indicated that the use of inmate interpreters, inmate readers, or other types of inmate assistants is limited except in limited circumstances where an extended delay would jeopardize an offender’s safety and well- being is prohibited. There have been no instances during the past twelve (12) months requiring interpretive services.

Interviews:

Only one of the Nineteen (19) randomly selected staff stated they would allow the use of an offender interpreter or translator or offender reader. The majority of the interviewed staff were aware that outside professional interpreters were available.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Purchase Agreement with the State of Indiana QPA #13314 – In-Person Interpretive Services
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Policy #: 00-02-202 – Offenders with Physical Disabilities
- ✓ Adult Male and Female Disability Codes and Definitions
- ✓ Superintendent Memo – Offenders with disabilities/limited reading skills
- ✓ Purchase Agreement – Propio LS LLC – Telephonic Interpretive Services
- ✓ Sexual Assault Prevention and Reporting Brochure
- ✓ Posters (English and Spanish)
- ✓ Memo from former PREA Compliance Manager that the facility has not had need to utilize another offender as an interpreter for an offender
- ✓ Memo: Welcome to Propio Language Services Madison Correctional Facility 3477 / Date May 2, 2016
- ✓ Language Point Poster for Inmate Language

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.

Summary:

The Indiana Department of Corrections prohibits the Madison Correctional Facility from hiring or promoting anyone who may have contact with resident, and prohibits enlisting the services of any contractor who have contact with resident, who engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in the sexual abuse activities. The facility provided documentation that applicants are required to complete as well as the PREA Employment Questionnaire as a part of the hiring packet. The Human Resource Generalist explained the process of how the facility considers prior incidents of sexual harassment when determining whether to hire or promote. This information is recorded on the facility “Mandatory Pre-Interview Questions” form. State policy requires the facility, before it hires any new employees who may have contact with offenders complete a criminal background record checks and consistent with Federal, State, and local law, make its best efforts to contract all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation sexual abuse before hiring. Policy also requires that either criminal background records checks be completed on current employees every 5 years. However, the facility’s procedures are to run IDACS every year on all employees and contractors. IDACS that have been processed on all employees and contractors are kept on a spreadsheet, which is maintained by the Human Resources Department. Driver’s license information is obtained through the IDACS, which are screened for misconduct.

If an employee omits material information regarding sexual misconduct or provides materially false information the agency will consider that as grounds for termination.

When a former employee applies for work at another institution, upon request from that institution, the Agency Executive Director of PREA explained the process as follows:

- The requesting institution sends a request to the facility. The facility sends the request to the Agency's HR or PREA Verification Department. A Prison Rape Elimination Act Release of Information is completed. A review of Indiana Department of Correction records provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employer. Documentation was provided by the Agency PREA Executive Director.

A sample PREA Questionnaires were reviewed and the questions asked there are actually asked in two different places. Additionally, thirty-five background clearances were reviewed. Documentation was also provided to indicate that annually, drivers licenses are checked.

Interviews:

An Interview with the Human Resources Generalist revealed that the facility performs criminal record background checks and considers pertinent civil and administrative adjudications for all newly hired employees. Her description was consistent with the PREA Standards.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Indiana Department of Correction –Reason for Background Check
- ✓ Policy # 04-03-102 – Human Resources
- ✓ Review NCI and IDACS Checks
- ✓ Process Spreadsheets for IDACS
- ✓ Mandatory Pre-Service PREA Questions
- ✓ Mandatory PRE-Interview Questions
- ✓ Superintendent Memo: Background Checks
- ✓ Executive Director of PREA Compliance
- ✓ Fact Request from ACCURATE Background, Inc.
- ✓ Prison Rape Elimination Act Release of Information
- ✓ Prison Rape Elimination Act Questionnaire for Prior Institutional Employers
- ✓ Background Release Form Disclosure and Consent

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.

Summary:

The Indiana Department of Corrections requires that the facility, when making a substantial expansion or modification to PREA Audit Report

existing facility, include installed or updated video monitoring systems, electronic surveillance system, or other monitoring technology to be PREA compliant. Madison Correctional Facility did not provide documentation of any expansion or modification within the last 12 months.

Interviews:

The Superintendent related that a purchase order has been issued for 182 cameras for the facility. There have been no substantial expansions or modifications to the existing facility since 2012.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Security Automation Systems Inc. – Madison Correctional / CCTV System Upgrade

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The Madison Correctional Facility is responsible for conducting administrative sexual abuse investigations including offender-on-offender sexual abuse or staff sexual misconduct. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation, investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members prior to completing investigations of sexual abuse/assaults. The facility’s Internal Affairs staff conduct the investigation of the incident. The facilities use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has access to investigators who are also certified peace officers. These investigators have completed the IDOC Investigator Training Curriculum lasting three weeks, the NIC Specialized Training for Investigations in Confinement Settings, SART Training and they attend the Police Academy to secure their “peace officer” status giving them “arrest” powers.

Indiana Department of Corrections Policy and the facility offers offender victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Forensic medical examinations are offered without financial cost to the victim or victim’s family. The Floyd Memorial Hospital has been identified as the hospital providing forensic nurse examiners who would conduct forensic exams for the Madison Correctional Facility offender. The Corizon Health Services Administrator provided a letter to Floyd Memorial to provide SAFE/SANE services. The letter agreed that Corizon would be responsible for any charges related to the services the hospital would provide.

The PAQ indicated during the audit period there were no forensic medical exams conducted at either facility. If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim

through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. SART Team members receive advocacy training. Additionally, the Department of Corrections has a contract with the Indiana Coalition Against Domestic Violence. The reviewed contract confirmed these duties for the contractor: 1) Employ or contract with a victim advocate meeting training and qualifications necessary to serve incarcerated victims of sexual violence by providing crisis intervention and case management services. The individual will have knowledge of victim-centered trauma, informed service delivery and experience working with victims who have experienced trauma. 2) Provide emotional support services to IDOC offenders in accordance with PREA Standard 115.53, regardless of the timing of the disclosure, either through facility referral or by direct request from the offender. 3) Provide follow-up services, crisis intervention contacts, resources and referrals to victims of sexual abuse in IDOC facilities, as resources allow. Arrangements for phone calls with an offender will be made the facility PREA Compliance Manager with the approval of the Superintendent. 5) Maintain confidentiality statutes upon receiving a request for victim advocacy support services. The facility also provided emails confirming their efforts to secure a victim advocate in the community. A forensic nurse examiner is available at the Floyd Memorial Hospital. The SANE Nurse at Floyd Memorial was not available for interview during the on-site audit.

Interviews:

An interview with the lead nurse confirmed that forensic exams would be conducted by a forensic nurse examiner at Floyd Memorial Hospital. She related that her role would be to provide an initial assessment to ensure there were no life threatening conditions. She stated the Forensic Examiner would discuss the STI issues, including STI Prophylaxis. An interview with an Internal Affairs Investigator revealed that he was very knowledgeable of the investigative process. He would respond immediately to begin an investigation, including preserving and collecting evidence.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Memo: Floyd Memorial Hospital provide SAFE/SANE Services (Corizon)
- ✓ Certification: Certified Sexual Assault Nurse Examiner (Adult-Adolescent)
- ✓ Vendor #: 0000065008 Indiana Coalition Against Domestic Violence
- ✓ Community Partnership Agreement for Support and Resources
- ✓ Email from PREA Coordinator: Community victim Advocates
- ✓ Superintendent Memo: No Request for Victim Advocates

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Summary:

Indiana Department of Corrections Policy requires all facilities to ensure that allegations of sexual abuse or sexual harassment are referred for investigation. The facilities ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Indiana Department of Corrections Policy 00-01-103, The Operation of the Office of Internal Affairs, IX., Investigating Sexual Abuse and Sexual Harassment, B.1., requires “a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment”. Policy also identifies when an investigation begins, the roles of the investigators and evidence and case reporting procedures. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members prior to completing investigations of sexual abuse/assaults. The facility’s Internal Affairs staff conducts the investigation of the incident. The facilities use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has access to Internal Affairs investigators, some who are also certified peace officers. These investigators have completed the IDOC Investigator Training Curriculum lasting three weeks, the NIC Specialized Training for Investigations in Confinement Settings, SART Training and they attend the Police Academy to secure their “peace officer” status giving them “arrest” powers.

The PAQ indicated that there were 9 allegations of sexual abuse and sexual harassment reported during the audit period and 1 was referred for criminal investigation.

Interviews:

Interviews with the administration and randomly selected staff confirmed that the facility reports allegations of sexual abuse or sexual harassment and refers them for investigation. The SART Team includes an investigator.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Indiana Department of Corrections Online Services (Website)
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Sexual Incident Reports
- ✓ Sexual Abuse/Harassment Investigation Outcome Offender Notification DOC#: 247507
- ✓ Email: PREA Coordinator – case #247507
- ✓ Incident Report from Staff
- ✓ Review all Nine Investigation Reports

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.

Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, V., Staff Orientation and Training, requires that employees receive training through new employee orientation and through annual in-service training. Department of Corrections Policies requires the Madison Correctional Facility to train all employees who may have contact with resident on

11 different topics. The facility uploaded the Training Power Points and identified the slides, page and section on the PAQ. In addition to the Training Curriculum, the facility has staff posters in Spanish and English and staff Pamphlets. Between trainings the facility provides employees with refresher information in their yearly in-service. This training includes current policies regarding sexual abuse and harassment.

The PAQ indicated that 145 staff currently employed were trained or retrained on the PREA requirements. The facility provided a sample of Staff Acknowledgment of Receipt of Training “Sexual Assault Prevention” Forms indicating staff were trained in the Department Policy 02-01-115, Sexual Abuse Prevention and understood the PREA Training that they received. Staff are also acknowledging that they have received Department of Corrections Brochure, “Sexual Assault Prevention” and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting if they had not already received them. They are also acknowledging the Department’s Zero Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders. Staff are warned that any person who commits any sex act while on duty and/or while in a Department facility or office with or in the presence of an offender shall be terminated and that the Department will pursue prosecution. The facilities provided additional acknowledgment statements for review during the on-site audit.

The Training Coordinator verified that all staff to include state, contract workers, volunteers, interagency personnel has completed their initial PREA training and their annual training.

Interviews:

Interviews with all staff, including randomly selected staff confirmed that they receive PREA Education when employed during OJT Training and new employee training and during annual in-service training. 100 per cent of the nineteen (19) randomly selected staff indicated they were trained on the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. Staff were able to describe the steps they would take in responding to an allegation, a suspicion, report or knowledge of sexual abuse. Staff reported that regardless of how they received the report and regardless of who made the report, they would take it seriously and immediately report it to their supervisor while taking steps to separate the alleged victim from the alleged perpetrator. They also were knowledgeable of protecting the alleged crime scene and actions they should take to prevent the victim and perpetrator from degrading or eliminating evidence. Too, staff were consistently able to identify who is responsible for conducting investigations in the facility. Sixteen (16) of the nineteen (19) interviewed staff stated they had been trained on how to conduct cross gender pat searches and to search transgender and intersex offenders in a professional manner. The Facility Training Officer related that new employees receive PREA Training during the first week of employment after which they are trained at the Correctional Training Institute (CTI) where they receive about 1 ½ hours of PREA Training through instruction in class. Additional PREA training is provided through annual in-service training. He related that in annual in-service training he covers the 11 items required by the PREA Standards. Corizon staff, he stated complete a “self- study program”, complete an on-line test and participate in annual in-service training. Aramark staff (food services) attends pre-service academy at the facility. Volunteers, he related, complete the on-line training available on the IDOC website. Volunteers who are escorted while in the facility complete Level I training while those who are able to be unescorted complete level II.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ IDOC Staff Development & Training Power Points
- ✓ New Employee Training Process – Agenda – Adult Facility Staff
- ✓ On-The-Job Training Program (OJT Performance Evaluation Log Phase #2)
- ✓ OJT Module Performance Checklist
- ✓ Staff Acknowledgement of Receipt of Training and Brochures

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The facility has a policy and procedures requiring that volunteers and contractors who have contact with offenders have been trained on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response. The PAQ indicated that Madison has 65 volunteers and 35 contractors who have been trained and notified of the facility’s zero-tolerance policy. The facility provided documentation confirming that the volunteers and contractors understand the training they received by signing the Volunteer and Contractor Receipt of PREA form.

The auditor randomly reviewed 30 Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention” for facility volunteers who were on the approved list.

The facility contracts services from Interagency Crew, Education, Medical and Food Services. The auditor randomly reviewed the Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention for the following: 32 for Interagency/Crew; eight (8) for education; 20 for medical(Corizon); and six (6) for Food Services (Aramark).

Interviews:

Interviews with contracted medical and mental health staff confirmed that they have been trained in PREA, the Zero Tolerance Policy, reporting, signs and symptoms and other topics. An interview with a volunteer indicated he took the on-line training and was knowledgeable of PREA, Zero Tolerance and how to report as well.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 01-03-103 The Development and Delivery of Community Involvement Program
- ✓ IDOC Staff Development & Training Power Points
- ✓ Volunteer Annual In-Service Training Schedule 2013-2014
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
- ✓ List of Volunteers
- ✓ List of Food Contractors
- ✓ List of Education Contractors
- ✓ List of Medical Staff Contractors
- ✓ List of Interagency Crew
- ✓ The Bottom Line: Lesson II PREA

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention VII. Offender Education Program, requires that inmates are provided oral and written information regarding the following: the Zero Tolerance Policy of any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and treatment and counseling available to offenders who are victims of sexual assault. Policy requires that this information is provided in a manner easily understandable for offenders. Offenders are required to receive the brochure created by the Department advising the offender of the potential dangers of sexual conduct and the Department's Zero Tolerance for such behavior. The brochure, entitled, Sexual Assault Prevention and Reporting provides information on the Zero Tolerance Policy, Treatment and Counseling, Tips for Prevention, what should be reported, staff/volunteer/contractor sexual misconduct, how to protect the evidence and how to report. Staff are required to supplement this information by giving the inmate facility specific information.

The offenders at Madison Correctional Facility receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. Documentation provided to the auditor prior to the on-site visit indicated that the information is given in an age appropriate fashion. Multiple examples of signed acknowledgement forms entitled: "Verification of Receipt of Sexual Assault Prevention Information" were provided.

The facility requires inmates who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

The facility maintains documentation of resident participation in PREA education sessions by having the offenders complete the sessions and the counselor documents the training by entering it into the PeopleSoft data system. The facility also ensures that relevant information about PREA is continuously and readily available or visible through posters, inmate handbook, and PREA Pamphlets.

The auditor randomly reviewed 75 Offender Orientation Checklists, 75 PREA Video Acknowledgements, and 75 Offender Education Program as documentation of receiving offender information.

Interviews:

Forty-three (43) of forty-three (43) interviewed offenders reported that they received PREA Information during the admission process and most of the offenders reported they received it the same day they were admitted. Forty-three (43) of forty-three (43) offenders also related they were given information related to their rights to be free from sexual abuse and from retaliation for reporting sexual abuse or sexual harassment. They were also knowledgeable of multiple ways for reporting sexual abuse and sexual harassment internally and externally.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #02-01-115 Sexual Abuse Prevention
- ✓ Inmate Posters (English and Spanish)
- ✓ Sexual Abuse Report on JPay Kiosk
- ✓ Sexual Assault Prevention, Investigation, Victim Support and Reporting Information Brochure Receipt
- ✓ Offender Education Program Acknowledgement
- ✓ Additional Services for Victims of Sexual Abuse (Indiana Coalition Against Domestic Violence)
- ✓ PREA Education information (75 files Reviewed)
- ✓ Posters in all Building

- ✓ OCMS Progress Notes (75 Reviewed Reviewed)
- ✓ Student Brochure Information
- ✓ Inmates Acknowledge Statement of PREA Video (75 Reviewed)
- ✓ Emergency Notification (75 Reviewed)
- ✓ Offender Orientation Checklist with PREA Intake Information (75 Reviewed)

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy 00-01-103, The Operation of the Office of Investigations and Intelligence, IX, Investigating Sexual Abuse and Sexual Harassment, requires that the Madison Correctional Facility’s Investigators (also referred to as Internal Affairs Investigators) are trained in conducting sexual abuse investigations in confinement settings. Documentation was provided to confirm that the investigator has completed specialized training through the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in A Confinement Setting. Topics required in the specialized training for investigators includes, Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative actions and criteria and evidence to refer a case for prosecution. In addition to the specialized training provided through the NIC, the Indiana Department of Corrections provides a one-week training course for investigators. Those investigators who have arrest powers have also completed the Indiana Law Enforcement Academy. Investigators also are required to receive Special Assault Response Team training.

The investigator’s training included general training provided to all employees pursuant to 115.31. Techniques for interviewing, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and prosecution referral. Training documentation was provided.

Interviews:

An interview with an Internal Affairs investigator indicated that he was very knowledgeable about the investigative process and was able to articulate multiple steps he would take in conducting an investigation. He reported that he completed specialized training in two venues. He completed the on-line training provided by the NIC for Investigators (PREA: Investigating Sexual Abuse in a Confinement Setting) and a class entitled “Internal Affairs and Facility Investigator” training provided in a one- week training conducted by the Indiana Division of Staff Development Emergency Operations.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 00-01-103 The Operation of the Office of Investigations and Intelligence
- ✓ National Institute of Corrections (NIC): PREA Investigating Sexual Abuse in a Confinement Setting
- ✓ Certification: Sexual Assault Response Team (SART)
- ✓ Certification: Internal Affairs and Facility Investigator Certification Training Academy
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention

- ✓ IDOC Staff Development & Training Power Points

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The facility has a policy related to the training of medical and mental health practitioners who work regularly with the inmates. The medical staff at the facility do not conduct forensic medical exams. The facility provided documentation showing that medical practitioners have completed the required training.

Interviews:

Corizon is the company providing healthcare services and mental health services at these facilities. Interviews indicated that medical and mental health staff did receive specialized training provided by Corizon and documentation was provided to indicate that the training they provided addressed the items required by the standard.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ IDOC Staff Development & Training Power Points
- ✓ Adult Medical/Behavioral Staff In-Service Training Schedule 2015-2016
- ✓ PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
- ✓ Statement of Acknowledgement – Staff Development and Training
- ✓ Prison Rape Elimination Act 2012 & Corrections Training Manual (
- ✓ Corizon)
- ✓ 2015-2016 In Service Itinerary – Madison Correctional Facility

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

115.41 Screening for Risk of Victimization and Abusiveness

Summary:

Madison Correctional Facility uses the Adult Sexual Violence Assessment Questionnaire, Potential Aggressor Factors, and Sexual Violence Assessment Tool to screen offenders upon admission for risk of sexual abuse victimization or sexual abusiveness toward other offenders. The policy (02-01-115, Sexual Abuse Prevention, XI. Offender Intake into The Department) requires that inmates are to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 24 hours of intake. The assessment will also include interviews and reviews of the offender's record.

The objective screening instrument includes all criteria required by the standard to assess inmates for risk of sexual victimization. Policy also requires that the resident's risk level be reassessed periodically throughout the offender's confinement. Risk reassessments are documented. The facility implements appropriate controls on the dissemination, within the facility, of responses to questions asked to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Executive Directive # 16-21, dated April 11, 2016, requires that within twenty-four (24) hours of an offender transfer to another facility, staff making housing decisions at the receiving facility shall review the offender's PREA flag status to determine whether an offender may be a potential aggressor or a potential victim in determining initial housing assignment in accordance with the appropriate Policy and Administrative Procedure 01-04-101, Adult Offender Classification." Within 72 hours of arrival at a facility, admissions and orientation staff shall ensure a new SVAT is completed based on information from the interview with the offender and review of the offender's record. The SVAT Questionnaire is to be used to conduct the offender interview. Within 30 days of the offender's transfer to a Department facility, staff shall review the offender's SVAT, considering any additional information received by the facility since the transfer assessment and update the SVAT, if necessary. Risk levels are required to be reassessed at any time when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

The auditor randomly reviewed 75 Sexual Violence Assessment for Adults, Potential Victim Factors, Potential Aggressor Factors, Adult SVAT Questionnaire and Offender Prison Intake Case Plan. In addition to the randomly reviewed assessments, the auditor also reviewed 48 reassessments. All of these were conducted in compliance with IDOC Policies.

Interviews:

Staff who were responsible for screening for victimization and abusiveness were interviewed. One of the interviewed staff related that offenders are screened within 24 hours of admission and generally within an hour or two. Staff related that they would minimally consider the following as a part of the initial screening: prior victimization, height, size, past conduct, past criminal history, including violent crimes, any prior reports available to the screener and any other ancillary information that might be available. Staff also indicated that reassessments would be conducted within 30 days. Information derived from the screening instrument would assist staff in knowing where to house an offender and to ensure that if they scored high for victimization, they would not be housed in the same room with someone determined to be an aggressor. Another staff who conducts screening stated the screening would take place on admission and that he would consider all characteristics as well as any information available on the offender. He indicated that offenders would be reassessed within 30 days when the case plan is developed. He also indicated that all offenders, on admission, are housed in the Intake Dorm until the case plan is developed. The screening instrument would enable staff to house an offender scoring high on victimization away from the bunk(s) of potential aggressors and closer to the security desk where the offender could be observed more easily. Yet another screening staff related that the process takes place in private. In addition to considering physical characteristics, he would review previous "flags" in the Offender Information System (OIS). He also stated that reassessments occur within 30 days of the offender's admission.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Adult SVAT Questionnaire (75 Files Reviewed)

- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool (75 Files Reviewed)
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- ✓ Policy #: 01-04-101 – Adult Offender Classification
- ✓ Offender Information System: Offender Flags/PREA Aggressor Likely
- ✓ Identifying LGBTI Offenders
- ✓ Case Notes (75 Notes Reviewed)

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.

Summary:

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all offenders safe and free from sexual abuse. Policy requires offenders at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged.

Indiana Department of Corrections Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status. The policy prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Housing and program assignments for transgender or intersex residents are based on a cases-by-case basis. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing unit, facility or wing solely on the basis of identification or status. An offender determined to be either a potential sexual aggressor or an offender at risk for sexual victimization is required to be identified, monitored and counseled.

Policy and Procedures requires if an inmate at risk of sexual victimization is held in isolation, the resident is afforded a review every 30 days to determine whether there is a continuing need for separation from the general population. The Pre-Audit Questionnaire indicated that during the past 12 months there were no Madison Correctional Facility offenders at risk of sexual victimization who were placed in isolation.

Interviews:

The Superintendent in an interview stated that if an offender was in substantial risk of imminent sexual abuse she would reduce the risk by suspending staff if staff were involved or move the potential offender perpetrator to another facility. This facility does not use segregation. Interviewed staff consistently reported that they would separate the potential victim from the potential perpetrator, keep the potential victim close to them and within their sight until a decision could be made by supervisors.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Adult SVAT Questionnaire
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool
- ✓ Offender Information System
- ✓ Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- ✓ Review re-assessment screening reports
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Policy #: 01-04-101 – Adult Offender Classification
- ✓ Screening Tool for Victims of Human Trafficking
- ✓ Superintendent Memo: Initially Screen

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy requires that offenders at high risk for sexual victimization are not to be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

If the facility assigned an offender to involuntary segregated housing, the placement would be only until an alternative means of separation from likely abusers can be arranged and the assignment will ordinarily not exceed a period of 30 days. If it exceeds 30 days, the facility affords the offender a review to determine whether there is a continuing need for separation from the general population.

The PAQ indicated that no inmates at risk of sexual victimization were held in involuntary segregated housing during the audit period.

The Superintendent provided a Memo dated April 8, 2016 stating that Madison Correctional Facility does not have segregated housing and to protect inmates they would be transferred to Rockville Correctional Facility or Indiana Women’s Prison.

Interviews:

See the interviews for Standard 115.42.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy 02-01-115 Sexual Abuse Prevention

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.

Summary:

Indiana Department of Corrections Policy requires Madison Correctional Facility to encourage offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct or staff/offender harassment to report the incidents and to establish procedures allowing for multiple internal ways for inmates to report privately to officials regarding sexual abuse and sexual harassment; retaliation by other inmates and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The facilities and the Department of Corrections have provided the following ways for inmates to report sexual abuse and sexual harassment or retaliation:

1. Verbally
2. To friend, a staff member or someone the offender trusts
3. Utilizing the Grievance Process
4. JPay – Kiosk System (Indiana Ombudsman Bureau)
5. Calling toll free to the ICADV hotline (dialing #66) Sexual Assault Hotline
6. Indiana Coalition Against Domestic Violence (Write to)
7. Anonymously
8. Third Parties
9. Executive Director of PREA Compliance: Email Civil Immigration Detainer (Date: May 17, 2016)
10. Superintendent Memo: Additional Access to Report Abuse Externally

Offenders are provided information encouraging them to report any incidents of sexual abuse or sexual harassment as well as how they can report it. During intake/orientation they are provided a brochure entitled “Sexual Assault, Prevention and Planning”. This brochure clearly states what should be reported and how they can report it. This information is also provided to the offenders through posters and notices posted throughout the facility. These include the “Sexual Abuse Report on J Pay” notice posted on the walls next to the phones and/or Kiosk. The Department of Corrections Ombudsman has been added to each offender’s contact list. Offender’s simply click on that contact and email the Ombudsman. The notice also advises the offender that the report will then be forwarded to the facility who will contact the offender to begin an investigation. The notice also advises that an anonymous report may be made to the Ombudsman by writing the Ombudsman at the address provided on the notice. Offenders are encouraged to make their report to the PREA Compliance Manager, an Internal Affairs Investigator (OI), Unit Team Staff, Shift Supervisor or an officer at the facility. The notices advise the offender that making a report to them enables the facility to provide immediate assistance when an offender is in imminent risk of harm. Offenders are also able to report allegations of sexual abuse or sexual harassment utilizing the grievance system. Staff receiving verbal reports are required to document them immediately and not later than the end of the shift.

Madison Correctional Facility offenders are able to report sexual abuse and sexual harassment privately outside the facility by using calling toll free to the ICADV hotline from the offender phone system by dialing #66; and by writing to Indiana Coalition Against Domestic Violence, ATTN: IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN 46202. Offenders may also use the Timely Information Promotes Safety (TIPS) Line to report crimes inside the facilities and in the communities directly to an investigator. To access the TIP, Line the offender simply has to dial #80 from a telephone within the living unit. The calls are directed to the Office of Investigations and Intelligence Staff who can determine the most

appropriate manner in which to process those calls for investigation.

Staff is required to document verbal reports immediately and by the end of each shift.

The state requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Madison Correctional Facility offenders may report sexual abuse and sexual harassment privately outside the facility by calling toll free to the ICADV hotline from the offender phone system by dialing #66; and by writing to Indiana Coalition Against Domestic Violence, ATTN: IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN 46202.

The state requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Interviews:

Interviews with three staff who conduct intake revealed that during the intake process they provide the offender with the brochure entitled “Sexual Assault, Prevention and Planning”. This brochure clearly states what should be reported and how they can report. Staff indicated they give the offender the brochure and then they read the entire brochure. They also related they explain to the offender how to get on the KIOSK, how to access the Ombudsman, explain the zero tolerance policy and reporting. Later in the process offenders are shown the PREA video. Interviews with 43 offenders indicated that they were all aware of multiple ways to report sexual abuse and sexual harassment if it occurred. The most common responses were to tell a staff, to use JPAY and dial # 80. Nineteen (19) randomly selected staff were interviewed. All indicated that they would take any report regardless of how they received it, seriously and act immediately on it. They also articulated multiple ways offenders could report.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Email: PREA Coordinator External Hotline Call
- ✓ Indiana Coalition Against Domestic Violence Contract
- ✓ Sexual Assault Prevention and Reporting Offender/Student Information
- ✓ Sexual Abuse Report on JPAY (English and Spanish)
- ✓ PREA information Posted
- ✓ Inmates Handbook

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.

Summary:

Indiana Department of Corrections Policy has an administrative procedure for dealing with offender grievances regarding sexual abuse. Offenders are allowed to submit a grievance regarding an allegation of sexual abuse at any time regardless of

when the incident is alleged to have occurred. The agency policy does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Inmates can submit a grievance without submitting it to a staff member who is the subject of the complaint through the JPay-Kiosk system.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and are permitted to file request on behalf of inmates.

Executive Directive #16-20, April 8, 2016 States what when receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff is required to immediately forward the grievance, or any portion of the grievance alleging the risk to the Superintendent who will take immediate corrective action. The Superintendent is required to forward the emergency grievance to the Executive Assistant, who provides an initial response within 48 hours of the offender filing the grievance. The Superintendent also forwards the grievance to the Department's Offender Grievance Manager, who issues the final Department decision within five (5) calendar days to the offender who filed the grievance. The initial response and final Department decision will document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Retaliation or the threat of retaliation from any staff or contract employee toward any offender for using the grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any employee found to be in violation of the policy. The Pre-Audit Questionnaire indicated that there were no grievances alleging sexual abuse filed during the audit period. The PAQ indicated that no emergency grievances alleging substantial risk of imminent sexual abuse were filed during this audit period.

The facility provided a sample of offender grievances, none of which were alleging sexual abuse or sexual harassment. The grievance process is included in the Offender Handbook.

Interviews:

Interviews with offenders indicated they understood they are able to file a report with a grievance however the method for reporting most often identified was to tell staff.

Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Executive Directive # 13-82 from the Agency Commissioner
- ✓ Executive Directive # 16-20 from the Agency Commissioner
- ✓ Policy # 00-02-301 – Offender Grievance Process
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Email: PREA Coordinator External Hotline
- ✓ Indiana Ombudsman Bureau Pamphlet
- ✓ External Sexual Abuse Reporting Flyer
- ✓ J-Pay System
- ✓ Inmates Boxes
- ✓ Superintendent Memo: Zero Grievances

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The Madison Correctional Facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Posting important number for residents to know to report sexual abuse including:
 - o ICADV Hotline Number
 - o Indiana Coalition Against Domestic Violence mailing address

The facility provides offenders with reasonable and confidential access to their attorneys and/or legal representation. For inmates detained solely for civil immigration purposes, immigrant services or numbers are posted.

Indiana Department of Corrections Policy requires facilities to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The facility provided several memos confirming their efforts to enter into a MOU with an outside organization for providing advocacy services.

The agency has a contract with the Indiana Coalition Against Domestic Violence to provide emotional support services through qualified advocates.

Too members of the Sexual Assault Response Team have been trained as advocates and would be available, as would mental health staff, be available to provide advocacy services, if needed and accompany the offender to the hospital. Although offenders related they have not needed these services, although information related to outside advocacy services is provided to offenders it is recommended that refresher information be given to them.

Interviews:

Interviewed offenders were aware of the information provided regarding the Indiana Coalition Against Violence and had the contact information, they consistently were unable to discuss the services provided by the Indiana Coalition Against Domestic Violence or any other advocacy organization. Although this information has been provided, including the toll free number and the mailing address as well as how the information would be treated and used, it is recommended that refresher training be provided to the inmates.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Vender ID #: 0000065008 Indiana Coalition Against Domestic Violence Agreement
- ✓ Community Partnership Agreement
- ✓ MEMO Work Release
- ✓ Consular Notification and Access (Civil Immigration Information) Two Consular Notification Books

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.

Summary:

The Indiana Department of Corrections has a great website publication for Third-Party Reporting. Anyone who suspects or has knowledge sexual abuse that has occurred at Madison Correctional Facility can report through the agency website, which gives clear reporting instructions. For a third-party to report sexual abuse or sexual harassment on behalf of an inmate they may call 877-385-5877 or email IDOCPREA@idoc.in.gov

Interviews:

Interviews with the 43 offenders indicated that they were aware that third parties could make reports on their behalf. Twenty (20) randomly selected staff were also knowledgeable of third party reporting and every interviewed staff reported they would accept a report from anyone, in any form, related to sexual abuse or sexual harassment.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ IDOC Policy, Sexual Abuse Prevention
- ✓ Indiana Department of Corrections Website
- ✓ Sexual Assault Prevention and reporting /Visitor information Brochure
- ✓ Posters with Information
- ✓ Staff Hotline/ Executive Director of PREA Compliance Phone Number
- ✓ Staff Email / Executive Director of PREA Compliance

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, XV. Reporting of Sexual Abuse, requires all staff to report immediately any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment and retaliation against residents or staff that occurred in the facility. Immediate reporting to the shift supervisor on duty, PREA Compliance Manager, facility executive staff or the Executive Director of PREA is required. Staff may privately report information to the Shift Supervisor, Internal Affairs investigator, PREA Compliance Manager or the Executive Director of PREA via the IDOC Sexual Assault Hotline. Third Party reports by family, friends and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning toll free the

IDOC Sexual Assault Hotline at (877) 385-5877. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's Internal Investigators. Policy also requires that staff report all verbal statements and document them by the end of the shift.

Interviews:

Twenty (20) of twenty (20) interviewed randomly selected staff were able to articulate their responsibilities to report any knowledge, suspicion, allegations or reports, from any source provided in any manner, immediately to their supervisor, followed by a written report prior to the end of the shift. They were also able to name multiple ways in which they and offenders could report.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Contract with the GEO Group Inc.
- ✓ Contract Amendment #3 EDS #D12-1083
- ✓ PREA Duty to Report – Medical and Mental Health Staff

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy and Procedures requires that as soon as staff learn that an offender is subject to substantial risk of imminent sexual abuse, they take immediate action to protect the offender by housing unit reassignment or using a critical incident report for sexual assault.

The Pre-Audit Questionnaire indicated that during the past 12 months there were no occasions in either facility in which an offender reported being subject to a substantial risk of imminent sexual abuse or in which the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse.

Interviews:

Staff consistently stated that upon learning that an offender was at substantial risk of imminent sexual abuse they would immediately take the report or information seriously and protect the offender by separating the potential victim from the potential perpetrator and keeping them under sight supervision or with them until a decision could be made about actions that needed to be taken. It was evident that staff would take these situations seriously. Administrative staff indicated that she would take immediate actions to protect the offender including making notification to ensure staff were aware, make sure the offender was not in the same housing unit as the potential perpetrator. She stated she may suspend the officer, if it involved an officer, until an investigation could be conducted and if another offender were the perpetrator she stated she might put the perpetrator in another dorm or send the offender to another facility. She stated that whatever action that would be taken the consideration would be what was in the best interests of the potential victim.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: No Substantial Risk of Imminent Sexual Abuse

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The facility has a procedure that requires upon receiving an allegation that an offender was sexually abused while confined at another facility, the Superintendent of the facility notifies the Superintendent of the sending facility that sexual abuse is alleged to have occurred at their facility. The receiving Superintendent notifies the appropriate investigative body.

The PAQ indicated that there were no allegations that the facility received indicating that a resident was abused while confined at another facility.

Interviews:

Interviews with administrative staff, including the Superintendent, indicated that the Superintendent would make a report to the sending Superintendent and would also ensure that the incident was reported and investigated like any other allegation.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy and Procedures require facilities to have a first responder procedure. The procedure includes actions that should be taken upon learning of an allegation that an offender was sexually abused. The first security staff member to respond is required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect crime scene;
3. Collection of physical evidence;
4. Ensure that the alleged abuser does not take any actions that could destroy physical evidence.

If the abuse occurred within a time period that still allows for the collection of physical evidence, first responders should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Policy also requires that each facility establish a Sexual Assault Response Team (SART) to provide a coordinated, efficient and supportive response to victims of sexual assaults (see 115.65 – Coordinated Responses).

First responder duties for non-security staff are the same as security. The PAQ indicated that there were no allegations that a resident was sexually abused reported by a non-security staff member as the first responder during the past 12 months. The facility also utilizes their Sexual Assault Response Team (SART) consisting of staff who are trained to respond to incidents of sexual assault. Each staff is trained in their individual responsibilities. (Also see coordinated response).

Interviews:

Interviews with 20 randomly selected staff indicated that they have been trained in their first responder duties. Staff indicated they would immediately separate the victim and perpetrator, report it to their supervisor, protect the crime scene, instruct the victim and perpetrator not to use the restroom, shower, change clothes brush their teeth or take any action that might contaminate or degrade potential evidence. They also said they would get the offender to medical for treatment and to preserve evidence as well.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: No Substantial Risk of Imminent Sexual Abuse
- ✓ Facility Sexual Assault Response Team (SART)
- ✓ First Responders Power Point #17 Training
- ✓ SART Training Team

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.

Summary:

Each facility, as required by Indiana Department of Corrections Policies, has established a Sexual Assault Response Team to provide a coordinated, efficient and supportive response to victims of sexual assault. This comprehensive response plan (coordinated response plan) delineates the duties of first responders, internal affairs investigators, sexual assault nurse examiners, victim advocates and local prosecutors. The goals of the Facility SART are the following: 1) Meet the needs of the victim with crisis with crisis intervention and support services 2) Arrange a comprehensive forensic examination for sexual abuse victims, without financial cost, where appropriate 3) Provide a joint, effective, sensitive approach to victims of sexual assault 4) Document and preserve forensic evidence for potential prosecution and 5) Conduct investigations of the crime from notification through prosecution. The responsibilities for each team member is detailed. SART Team members are provided specialized training for the treatment and investigation of sexual assault victims. SART Team members are available on each shift.

Interviews:

See interviews for 115.64. Members of the Sexual Assault Response Team were included in the randomly selected staff.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse
- ✓ Facility Directive 14-56 Sexual Abuse Prevention – 02-01-115
- ✓ Sexual Abuse Incident Review Form
- ✓ Madison – PREA Meeting January 29, 2015
- ✓ Facility Sexual Assault Response Team (SART)
- ✓ First Responders Power Point #17 Training
- ✓ SART Training Team

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

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Employees at the Madison Correctional Facility are state employees. They are not members of a union and can be removed from the facility, placed on administrative leave or sanctioned in accordance with IDOC personnel policies, procedures and rules. This facility is not involved in collective bargaining.

Interviews:

Interviews with administrative staff confirmed the facility is not involved in collective bargaining.

Reviewed Documentation to determine compliance:

- ✓ Superintendent Memo: Collective Bargaining (May 17, 2016)

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy and Procedures requires the Madison Correctional Facility to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.

The facilities employ multiple protective measures against retaliation and include the following:

1. Housing changes or transfers for victims or abusers
2. Removal of alleged staff or offender abusers from contact with victims
3. Emotional support services for offender and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

To document retaliation monitoring, the facility uses the Indiana Department of Corrections PREA Retaliation Monitoring form. The Pre-Audit Questionnaire indicated that there were no incidents of retaliation that have occurred in either facility during the audit period.

There is a process that requires monitoring for retaliation at least 90 days following a report of sexual abuse. The facility monitors the conduct and treatment of inmates and/or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff.

The Facility PREA Compliance Coordinator serves as retaliation monitor in each facility.

Interviews:

None of the interviewed offenders reported allegations of retaliation for reporting. Administrative staff related they would make sure the offender and staff (if a staff) were not in the same housing unit and may suspend the staff until an investigation is completed, transfer the offender to another facility. They also indicated the potential retaliation would be monitored and discussed in the monthly PREA Committee Meeting.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ PREA Retaliation Monitoring Sheet
- ✓ Sexual Abuse/Harassment Investigation Outcome Offender Notification
- ✓ Superintendent Memo: Reporting Retaliation Issues

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The agency has a policy that offenders allege to have suffered sexual abuse may only be placed in isolation or segregation as a last resort if less restrictive measures are inadequate to keep them and other offenders safe, and only until an alternative means of keeping all offenders safe can be arranged.

The Pre-Audit Questionnaire indicated that during the past twelve (12) months there were no offenders who alleged being in a substantial risk of being sexually abused.

Interviews

The Superintendent, in an interview, related that the facility does not utilize segregation and that the offender would be placed in whatever dorm or area was in her best interest.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

The Indiana Department of Corrections conducts its own investigations into allegations of sexual abuse and sexual harassment. IDOC Policy 00-01-103, The Operation of the Office of Investigations and Intelligence provides extensive detail regarding the investigation process. Section IX., Investigating Sexual Abuse and Sexual Harassment describes, in great detail, the training required for investigators and the investigative process. Investigators are trained by the Department in a one-week

class. They also complete the NIC On-Line Specialized Training for conducting investigations in confinement settings. Investigators who have “arrest powers” complete the Indiana Law Enforcement Academy as well. The investigative process, as described in policy and confirmed during interviews, meets the requirements of the standards. The Department investigators and the facility investigators have received the required training. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigator documents the investigation in written reports that include a description of the physical and testimonial evidence, the reasoning behind the assessment and investigative facts and finding.

Substantiated allegations of conduct that appears to be criminal are referred for outside criminal prosecution. The Department would cooperate with any outside investigators and endeavor to remain informed about the progress of the investigation. A review of the investigations completed during the past twelve (12) months confirmed that Madison Correctional Facility takes allegations seriously and that they take their investigations seriously and investigate allegations and reports of sexual abuse, sexual misconduct and sexual harassment with diligence.

Nine (9) investigations were reviewed. One allegation of sexual abuse was substantiated and that appeared criminal and the case was referred for prosecution. The remainder of the cases were determined to have been unsubstantiated. The PAQ indicated that there was one (1) substantiated allegation of conduct that appeared to be criminal that was referred for prosecution during the audit period.

Investigators use the preponderance of the evidence to make a determination in administrative investigations.

Interviews:

All of the interviewed staff indicated they would take all allegations seriously and report them. They also related that it was their understanding that the Internal Affairs investigator would be responsible for conducting the investigation of allegations of sexual abuse and sexual harassment in this facility. An interview with an Internal Investigator indicated that he was very knowledgeable of conducting investigations. He related that upon receiving credible information he would begin the investigation immediately. The investigation process would include considering where the allegation came from, separating the victim and aggressor, gather evidence, ensure the victim was treated by medical and that a forensic exam was conducted to gather additional forensic evidence, secure the scene, interviewing, reviewing video and review the offender’s phone calls. He related that even if the offender is transferred or if a staff, resigns to avoid the investigation, the investigation would continue. He related that the facts are what drives the case.

Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Policy # 00-01-013 – The Operation of the Office of Internal Affairs
- ✓ Incident Report
- ✓ Email: Case file #247507
- ✓ Sexual Incident Report – System

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.

Summary:

Indiana Department of Corrections Policies state that the facility's standard of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of evidence or lower.

Interviews:

An interview with the Internal Affairs Investigator revealed that the standard of proof for substantiating an allegation of sexual abuse or sexual harassment is 51% or a preponderance of the evidence.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections policy requires that the Madison Correctional Facility, when following an investigation into an offender allegation of sexual abuse suffered in the facility, the facility informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Sexual Abuse/Harassment Investigation Outcome Offender Notification.

If the facility did not conduct the investigation, the facility requests relevant information from the investigative agency in order to inform the inmate. All notifications or attempted notifications are documented.

The auditor reviewed samples of notifications to offenders.

Interviews:

Interviews with staff indicated that the offender would be notified of the outcome of an investigation at the conclusion of the investigation. The Department has a form entitled, "Sexual Abuse/Harassment Investigation Outcome Offender Notification" for documenting notification.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Sexual Abuse/Harassment Investigation Outcome Offender Notification

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Correction’s Policy and Procedure requires states that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engaged in sexual abuse. All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Pre-Audit Questionnaire reported that there was one staff from the facility that has been terminated for violating agency sexual abuse or sexual harassment polices during the audit period.

Interviews:

Interviews with administrative staff indicated that an employee would most likely be suspended and placed on leave pending the results of the investigation and the presumed sanction would be termination.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Unclassified Employees – Dismissal / Termination of Employment (January 26, 2016)
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Report of Investigations

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. The PAQ indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.

Interviews:

The Superintendent stated that any volunteer or contractor who is alleged to have engaged in sexual abuse would be prohibited from coming back into the facility and if the contractor engaged in any form of sexual abuse or sexual harassment and the allegation was substantiated, if the company did not do anything to sanction the contractor the facility would “drop” the contractor. If criminal, they would be referred for prosecution.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo – No Incidents with Contractors and Volunteers
- ✓ List of Volunteers
- ✓ List of Medical Staff Contractors
- ✓ List of Education Contractors
- ✓ List of Food Contractors

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.

Summary:

Indiana Department of Corrections Policy states that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in inmate on inmate sexual abuse. Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction.

The PAQ indicated that there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

The facility prohibits disciplinary action for a report of sexual made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviews:

Administrative staff stated that A Code or B Code Violations would result in the offender being demoted and time extended as well as being referred to the local prosecutor. The offender will not remain in this facility.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Major Offenses (s) Codes – Adult Disciplinary Process
- ✓ Indiana Department of Correction Disciplinary Process for Adult Offender Brochure
- ✓ Policy # 02-04-101 – The Disciplinary Code for Adult Offenders
- ✓ Report of Conduct State Form 39590

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

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, XI., Offender Intake into the Department, requires that if an offender discloses any prior sexual victimization during a screening pursuant to 115.341 or during the initial vulnerability assessment, that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Offenders who reported prior having previously perpetrated sexual abuse would also be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical and mental health staff obtain informed consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting.

Multiple reviewed Assessments revealed that none of the offenders, in the reviewed sample, disclosed prior sexual victimization.

The PAQ indicated that 100 % of offenders reporting prior victimization were offered a follow up with medical or mental health. The PAQ also documented that 100% of all perpetrators who disclosed during screening or afterwards were offered a follow-up with medical or mental health.

Interviews:

‘The facility lead nurse reported that if an offender disclosed to her or her staff, during medical screening or at any other time, that her staff would report the disclosure to the Department of Corrections and would refer the offender to mental health for a follow-up. She also related that the offender has the option to refuse. Mental Health staff also reported mental health staff would see an offender who has disclosed prior victimization or sexually aggressive behavior as required and offer services.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Adult SVAT Questionnaire
- ✓ Intake Form
- ✓ Sexual Violence Assessment Tool Adult
- ✓ Potential Aggressor Factors
- ✓ Transfer Documentation
- ✓ Superintendent Memo: Prior Victimization

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections policy requires that Madison Correctional Facility medical and mental health staff ensure that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which is determined by medical and mental staff.

IDOC Policy 02-01-115, Sexual Abuse Prevention, X. Sexual Assault Response Team (SART), paragraph C.3, Medical Staff, requires medical first responders to provide care and treatment as outlined in the Sexual Assault Manual. Medical staff will provide immediate care and evaluate the victim for life threatening injuries. Policy also requires that medical staff can aid in the preservation of evidence by instructing the offender not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE at a local hospital at no cost to the offender. The SANE is to provide the forensic exam component of the SART.

Offenders are offered timely information regarding access to sexually transmitted infection prophylaxis. All treatment services are offered without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews:

Interviewed medical staff stated that they would ensure there are no life threatening conditions and have the forensic examiner come in to conduct the forensic exam and then the offender would be provided information about STI prophylaxis, immunizations and other services.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ IDOC Sexual Assault Manual
- ✓ List of Medical Staff (Contractors)

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.

Summary:

Indiana Department of Corrections requires medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse to include the past. Victims of sexual abuse while at the facility are offered tests for sexually transmitted infection as medically appropriate. The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such history and offers treatment when deemed appropriate. If an allegation is of actual sexual abuse, the victim is referred to the facility's Health Care Staff for examination in accordance with Health Care Services Directive (HCSD) and JHCSD 2.30) and the Health Care Sexual Assault Manual.

Interviews:

Interviews with medical and mental staff described ongoing medical and mental health care for inmate sexual abuse victims and their descriptions were consistent with the requirements of the standard and with the training they received.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Sexual Assault Manual (Indiana Department of Correction Health Services Division)

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.

Summary:

SART conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusion of the investigation. The Team reviews consider all the requirements listed in standard 115.386. The Team discusses the required requirements, however, all requirements were not documented.

The sexual abuse incident review team includes upper-level management official and allows for input from line supervisor, investigators, and medical and mental health staff.

PAQ indicated that there were 9 criminal and/ or administrative investigations of alleged sexual abuse completed at the facility, including only unfounded incidents during the audit period.

Interviews:

Interviews confirmed that incident reviews are conducted during the PREA Committee meetings that are held monthly. The facility provided documentation of the items reviewed and these are now in compliance with the standard.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Madison – PREA SART Meeting
- ✓ Sex Abuse/Harassment Investigation Outcome Offender Notification
- ✓ Sexual Abuse Incident Review
- ✓ SART

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.

Summary:

Indiana Department of Corrections requires Madison Correctional Facility to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument is the Indiana Department of Corrections Sexual Incident Report System (SIRS). A set of definitions is included in the policy. In addition, the facility uses the DOJ Form SSV-Survey of Sexual Violence Incident Report as their standardized instrument and definitions.

The facility produces sexual abuse PREA reports for 2013, 2014, and 2015. The facility aggregates incident based sexual abuse data at least annually.

Upon request, the facility provides all data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department Survey of Sexual Violence Form SSV-5.

Interviews:

Administrative staff indicated that data is reviewed in the PREA Committee Meetings and used to develop corrective action plans as needed.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Sexual Incident Report – Indiana Department of Corrections
- ✓ Madison Correctional Facility PREA/SART Meeting
- ✓ Survey of Sexual Violence, 2012
- ✓ Survey of Sexual Violence, 2014

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

SART reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. The annual reports are approved by the agency. The facility redacts material from an annual report for publication; the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Interviews:

Administrative staff indicated that data is reviewed in the PREA Committee Meetings and used to develop corrective action plans as needed.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ 2014 Sexual Assault Prevention Program Annual Report from the Department of Corrections
- ✓ Indiana Department of Corrections Website

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Summary:

Indiana Department of Corrections policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. The facility maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Indiana Department of Corrections Website
- ✓ Records Retention and Disposition Schedule
- ✓ General Records Retention and Disposition Schedule for all State of Indiana Administrative Agencies

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

R. Lanier

June 3, 2016

Auditor Signature

Date