

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: July 31, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 142, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: July 13, 2016			
Facility Information			
Facility name: South Bend community Re-Entry Facility			
Facility physical address: 4650 Old Cleveland Rd. South bend, In. 46628			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (574)234-5080			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Charles Bowen			
Number of staff assigned to the facility in the last 12 months: 37			
Designed facility capacity: 172			
Current population of facility: 152			
Facility security levels/inmate custody levels: Work Release/ Minimum Security			
Age range of the population: 18 - 65			
Name of PREA Compliance Manager: Cherice Shelton		Title: Correctional Caseworker	
Email address: Clshelton@idoc.in.gov		Telephone number: (574)234-5080	
Agency Information			
Name of agency: Indiana Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> Indiana Department of Correction			
Physical address: 302 W Washington St e334, Indianapolis, IN 46204			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (317) 233-6984			
Agency Chief Executive Officer			
Name: Bruce Lemmon		Title: Commissioner	
Email address: Click here to enter text.		Telephone number: (317) 233-6984	
Agency-Wide PREA Coordinator			
Name: Bryan Pearson		Title: PREA Coordinator	
Email address: BPearson@idoc.in.gov		Telephone number: (317) 233-6984	

AUDIT FINDINGS

NARRATIVE

The Enabling legislation for the Indiana Department of Correction Work Release Program was enacted in 1967. This legislation allows the Department of Correction to place selected offenders, who are within twelve (12) months of their release, in a community based work release Re-entry program to prepare for their transition back into society.

The South Bend Community Re-Entry Center, which is the oldest existing state work release program in Indiana, was established in 1971 under contract with the Indiana Department of Correction. The facility was originally located at 135 S. Olive St. In 1975, the Department of Correction assumed full control of the facility and in 1977 the center was moved to 2421 S Michigan St. in 2012, the Center moved to its present location at 4650 Old Cleveland Rd., South Bend, in and increased the rated capacity.

This Minimum Custody, Level I facility, provides re-entry services to offenders being released throughout northern Indiana and has both a Work Release Program component and Re-Entry Education Program component for the long term offender. The South Bend Parole Office has been co-locating with the South Bend Re-Entry Center since 1977.

As a model of public safety, the SBCRC promotes the successful reintegration of lawful, self-sufficient, and productive citizens into the community through the thoughtful application of dynamic supervision, experienced rehabilitative programming; and by providing opportunities for its residents to demonstrate strong work ethic and civic duty to foster productive partnerships with employers and citizens in our local communities

DESCRIPTION OF FACILITY CHARACTERISTICS

South Bend Community Re-Entry Center is a 172 bed level 1 and work release facility located in South Bend, Indiana. The program has been at its current location since August 2012. The program assists residents in gaining employment in preparation for release back into the community. Men are referred to employers based on skills and abilities. While working in the community, residents pay subsistence fees, transportation fees and a portion of their earnings are sent to the victims of violent crimes fund. Nine out of 10 men released from the facility are employed full time. The average trust fund savings is around \$4,000. These funds are often used to establish housing upon release, take care of driver license fees or various costs encountered when starting over in the community. The program also has supervised work crews who perform maintenance and various construction and general labor duties at the Pottawattomie Zoo, the Department of Natural Resources, Potato Creek and the St. Vincent de Paul Society. Prior to working in the community at a full time, wage earning position, every resident who enters the facility must complete an orientation program. There are many aspects of the work orientation program, including resume writing, acquiring social security cards and birth certificates, completing one of the self help programs and working full time for a minimum of 10 days at one of the supervised work crew locations. The goal of this program is to release residents to the community with full time employment, a place to live and a sense of responsibility.

South Bend offers the following programs and services:

- Work Release Program
- Reentry Education Program
- Work Crew Program
- Employment Readiness Classes
- Life Skills Seminar
- Money Smart
- Dave Ramsey's Financial Peace University – Self Study
- Partners in Parenting
- Men's Fraternity
- Substance Abuse Treatment
- Alcoholics Anonymous
- Relapse and Prevention for Reentry
- Celebrate Recovery
- Self-Study Life Skill Programs
- Bible Study
- Motivation for Change

The Audit Team, consisting of the Lead Auditor and two Associate Certified PREA Auditors, entered the facility on July 13, 2016 at 8:00 am and met with the Facility Superintendent, Facility PREA Compliance Manager, Program Director, Agency Executive Director of PREA to conduct an entrance briefing and discuss logistics for conducting the audit. 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. He advised the team that no one had requested to speak to the auditors. The audit team did not receive any letters from offenders or staff.

The Superintendent 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. He informed the team that nothing of that nature had occurred or was occurring.

The lead auditor expressed the appreciation of Diversified Correctional Services for the opportunity to work with the South Bend Re-Entry Educational 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 for conducting the tour and conducting interviews were 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 gay, 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 Assistant Superintendent, Program Director, and Agency Executive Director of PREA 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 style. All living units are under one roof. Pods consists of four, twelve bed units on each side. These are Dorms A, B, C and D on one side and E, F, G, and H on the other side. Additional living units, I, J, K and L, living units for inmates who work at night, house 10 inmates, 10 inmates, 2 inmates and 6 inmates respectively. All offenders in the residential living units have unimpeded access to restrooms and showers. Showers and restroom areas afford privacy through half walls restricting viewing. Windows in each living unit enable viewing from the multipurpose area. There are cameras in each corner of the multipurpose room that cover the doors of all living units.

The auditor toured 12 Dorms:

1. A ,B, C , D, E, F, G and H Dorms – all housing 12 Inmates
2. I and J Dorm – both housing 10 Inmates (Night Dorm)
3. K Dorm – housing 2 inmates (Night Dorm)
4. L Dorm– housing 6 Inmates (Night Dorm)

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. There were phones in all living areas and the J-Pay (Kiosk) system which offenders use for sexual abuse reporting as well as emailing individuals on their approved contact list.

At the conclusion of the facility tour, the auditor shared with the Superintendent, the Facility Compliance Manager, Case Worker, Agency Executive Director of PREA and Assistant Superintendent his findings and impressions. The facility is well kept and managed as it relates to sanitation. Floors in the Administration area were “highly shined”. All dorms had PREA posters, phone(s) and J-Pay systems that allow inmates to report sexual abuse or harassment without impediment. Doors or areas where inmates were not allowed had signs restricting access to authorized staff. Doors that were supposed to be locked and secured were found to be locked and secured. Female staff were observed announcing their presence before entering the dorms. All the restrooms and showers were PREA compliant.

SUMMARY OF AUDIT FINDINGS

Notices of the PREA audit were forwarded to the facility and posted six weeks prior to the audit. The Pre-Audit Questionnaire, Indiana Department of Corrections Policies (IDOC) and other supporting documentation was uploaded and accessible to the auditor for review. Additional samples of documentation were requested for review when the audit team arrived on site.

The audit process and methodology consisted of reviewing the documentation provided to the audit team prior to the on-site audit. Indiana Department of Corrections Policies and documentation to support compliance were reviewed to enable the auditors to understand the mission of the prison and to become familiar with the Indiana Department of Corrections Policies and Procedures. Additionally, the audit team interviewed both inmates and staff to assess “practice”. Observations on the tour of the facility were considered in the assessment as well. On-site, the audit team reviewed additional information and larger samples of requested documents to further assess “practice”.

Ten (10) staff, randomly selected and representing all shifts were interviewed. Additional interviews included the Superintendent, Assistant Superintendent, PREA Compliance Manager, Nurse Manager, Human Resources Staff, two staff responsible for intake and victimization screening, a Forensic Examiner from South Bend Memorial Hospital and one member from the Incident Review Team. The Agency’s Executive Director for PREA was interviewed previously. He also was the Commissioner’s designee and responded to those questions. A previous interview had been conducted with the Department of Corrections Contracts Manager. Staff were relaxed and were able to articulate the facility’s practices and respond to the PREA questions with confidence. Staff are very much aware of the Zero Tolerance. They were articulate about responding to allegations and reports of sexual assault. They described the SART Team responsibilities. They indicated they had all been trained to take suspicions, knowledge, allegations and reports of sexually abuse seriously regardless of who reported it or how they reported it.

Twenty (20) inmates representing every housing unit were interviewed. Inmates were cooperative and indicated they were aware of PREA, the Zero Tolerance Policy, multiple ways to report and aware of their rights. Specifics are provided under each standard.

The audit team discussed the preliminary findings and discussed questions or 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 the work they are doing to ensure sexual safety for their offenders.

Forty-one (41) Standards were reviewed and forty-one (41) standards 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)
- 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. Interactions with this individual further confirm the agency's commitment to PREA. The Executive Director is an articulate individual who has an awesome knowledge of PREA but even more impressive is the manner with which the Executive Director has been able to implement PREA so effectively in such a wide variety of Correctional Facilities.

The Superintendent, in a memo dated 2/15/2016 designated the PREA Compliance Manager. The South Bend Re-Entry Educational Facility organizational chart identifies the PREA Compliance Manager and indicates that the Facility PREA Compliance Manager reports directly to the Superintendent.

Interviews:

Interviews with the Agency Executive PREA Director confirmed that he is extremely knowledgeable of the requirements for PREA and that he has accomplished a major feat by being able to implement PREA in the DOC Facilities. Interviews with the Facility Superintendent, PREA Coordinator and randomly selected staff confirmed the facility's commitment to zero tolerance for all forms of sexual abuse, sexual harassment and retaliation for reporting. Interviewed staff and inmates were knowledgeable of the agency's Zero Tolerance Policy. Inmate interviews confirmed that they have received PREA Training including the Zero Tolerance Policy and all of the interviewed inmates stated they were advised of the facility's rules against sexual abuse and sexual harassment in this facility.

Reviewed Documentation to determine compliance:

- ✓ Policy #: 04-03-105 Response to Staff Emergencies
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 02-04-101 The Disciplinary Coed for Adult Offenders
- ✓ Indiana Department of Correction Organizational Chart
- ✓ South Bend Organizational Chart
- ✓ South Bend Community Re-Entry Operational Procedures 02-01-115
- ✓ Adult Disciplinary Process Appendix I: Offenses (March 1, 2015)
- ✓ 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)
- 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 3 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. Three 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:

A previous interview with the Agency's Contract Director confirmed that the agency includes language that requires any contracted facility's to adopt the PREA Standards and to comply with them. He also stated that the agency has a contract monitor at each site operated by private providers.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Superintendent Memo: Appointment of Facility Compliance Manager
- ✓ Agency Organization Structure
- ✓ Facility Organization Structure
- ✓ Vender Contract ID#: 0000117904 – The GEO Group, Inc.
- ✓ Contract Amendment #9: EDS#D120-6-008
- ✓ Vender Contract ID#: 0000066318 – Community Education Centers
- ✓ Contract Amendment #2: EDS#D12-1-046A
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention

Standard 115.13 Supervision and monitoring

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

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

Summary:

Staffing at the South Bend Community Re-Entry Facility is predicated upon the designed Facility capacity of 172 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 to protect South Bend Re-Entry Facility offenders against abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies.

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. 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 also requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Policy prohibits staff from alerting other staff when unannounced rounds are conducted. Unannounced rounds are documented in the facility logbooks and the General Housing Daily log. Upper management from Sergeants up to and including Superintendent make unannounced PREA rounds.

The facility provided documentation to confirm higher level staff are conducting unannounced rounds.

Interviews:

The Superintendent has a great grasp of staffing and the staffing needs at his facility. He indicated that he and his staff monitor the staffing plan for compliance daily by reviewing “call outs” and calling staff in to cover shifts as needed. He also indicated that a group of statewide staff, trained to conduct staffing analyses, came into the facility and determined that there were no issues with his staffing plan. Interviewed staff who conduct unannounced rounds indicated that they make unannounced rounds making them as unannounced as possible. These are documented in the area logbooks. Staff were aware that the purpose of the unannounced PREA rounds, while similar to security rounds, was to deter sexual activity in the facility. The Assistant Superintendent related that there are no specific requirements for him to conduct unannounced rounds but he stated that he comes out at midnight, at 3AM etc. and walks through the dorms, rec yards and through “every inch of the building” including checking mop closets out of view of a camera. He said he “pops” in a side door at night and checks dry storage areas and blind spots and documents these unannounced rounds in the logbooks.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ 2016 Staff Plan
- ✓ Classification Assignments for Youth Incarcerated As Adults and Alternatively Sentenced Youth 01-04-102
- ✓ Executive Directive #16-13 (February 24, 2016)
- ✓ Vacancy Report Breakdown
- ✓ 18 Month Vacancy Rate
- ✓ Facility Organization Chart
- ✓ HR Dashboard Results Report
- ✓ Daily Log Book Pages
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ General Housing Daily Log
- ✓ Log Books 2016 Staffing Plan Review
- ✓ South Bend Reentry Educational Facility Master Roster
- ✓ Superintendent Memo: Custody Supervisors (5/31/2016)

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 01-04-102, Youth Incarcerated as Adults, VI. Classification identifies the facilities where youthful offenders are to be assigned. South Bend Re-Entry Educational 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
- ✓ Classification Assignments for Youth Incarcerated As Adults and Alternatively Sentenced Youth 01-04-102
- ✓ Executive Directive #16-13 (February 24, 2016)
- ✓ Letter: PREA Standard 115.14 (a) Youthful Inmates (2/15/2016)
- ✓ Policy 01-08-101 – Youth Incarcerated as Adults (page 3)

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 South Bend Re-Entry Educational 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.

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 receives 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.

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. Inmates and staff confirmed that they are not naked in full view of opposite gender staff.

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 and staff interviews 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.

During the tour the auditor observed showers and restrooms in each of the housing units. Viewing into the showers was obscured by "half-walls" enabling inmates to shower without being viewed. Likewise, the restrooms are enclosed with "half walls" providing the inmate privacy while using the restroom.

Interviews:

Twenty (20) of twenty (20) interviewed inmates reported that they are never naked in full view of opposite gender staff and nineteen (19) of the twenty (20) stated that opposite gender staff do announce their presence when entering the housing units.

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
- ✓ Staff Development & Training Pass Certification
- ✓ In Service Training Agenda 2015/2016
- ✓ Security Skills Evaluation

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 South Bend Re-Entry Educational 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 a 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. The PAQ and staff reported that they have not had any disabled or limited English proficient inmates during the past 12 months requiring interpretive services.

Interviews:

None of the interviewed inmates were disabled or limited English proficient. Interviewed staff consistently reported they would not allow an inmate to interpret or translate absent exigent circumstances. Most of the interviewed staff were also aware that the facility, through an agency contract, has access to an array of professional interpretive services for a large variety of languages and disabilities.

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

- ✓ MOU with Language Training Center (Agency Interpreter)
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Policy #: 00-02-202 – Offenders with Physical Disabilities
- ✓ Adult Male and Female Disability Codes and Definitions
- ✓ Sexual Assault Prevention and Reporting Brochure
- ✓ Posters (English and Spanish)
- ✓ 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 South Bend Re-Entry Educational Facility from hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who have contact with residents, 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 Resources Staff 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, to 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 criminal background records checks be completed on current employees every 4 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.

The auditor also reviewed the following documentation: 37 IDAC and NCI Checks and 37 PREA Questionnaires.

The Human Resources staff provided personnel files for review. All of the reviewed personnel files contained the PREA Questions, Background Checks, Driver's License Checks and Finger Print Checks.

Interviews:

An interview with the Human Resources Staff confirmed the entire hiring process from application to employment. That process was consistent with agency policy. She also provided sampled personnel files containing documentation of the PREA Questions, Background Checks, Driver License Checks and Finger Prints.

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
- ✓ Employee Applications (PREA Questions)
- ✓ Mandatory Pre-Service PREA Questions
- ✓ Indiana Department of Correction –Reason for Background Check (37 Reviewed)
- ✓ Policy # 04-03-102 – Human Resources
- ✓ Review NCI and IDACS Checks (37 Reviewed)
- ✓ Fact Request from ACCURATE Background, Inc. (37 Reviewed)
- ✓ Prison Rape Elimination Act Release of Information (37 Reviewed)
- ✓ Prison Rape Elimination Act Questionnaire for Prior Institutional Employers (37 Reviewed)
- ✓ Background Release Form Disclosure and Consent (37 Reviewed)
- ✓ Print Out from DCFCSPU

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 existing facility, include installed or updated video monitoring systems, electronic surveillance system, or other monitoring technology to be PREA compliant.

The Superintendent provided the auditor a Memo, dated 2/15/2016 stating the his facility has had no expansions or modifications not have they installed or updated video monitoring systems, electronic surveillance systems or other monitoring technology in the past 12 months up to and including the date of the PREA Audit.

Interviews:

The Superintendent stated, in an interview, that his facility has not had any modifications or expansions or upgrades to any monitoring technology during the past 12 months. He related that he is scheduled to receive a camera system from another larger DOC facility. He indicated that his coverage is adequate but he needs more DVRs and he indicated that some the cameras he currently has record and some do not.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: No facility Modifications (2/15/2016)

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

Summary:

The South Bend Re-Entry Educational 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 or Internal Affairs Investigators from DOC 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 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 South Bend Memorial Hospital has been identified as the hospital providing forensic nurse examiners who would conduct forensic exams for the South Bend Re-Entry Educational Facility offender. The PAQ, staff interviews and a memo from the Superintendent dated 5/18/2016 indicated during the audit period there were no incidents during the past 12 months requiring forensic medical exams conducted at either facility. The memo stated that the practice for the facility is to send a Qualified SART member/Victim Advocate with the victim of an assault to accompany and support the victim. SART members are trained to provide emotional support and accompany victims through the investigative process upon request. SART members have also been trained to assist with referrals to Medical, Crisis Intervention and other resources as needed or requested by the victim. The facility provided a list of nine (9) advocates from the SART.

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 by 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 observed posting entitled "Additional Services for Victims of Sexual Abuse" advises offenders that, in addition to counseling provided by a mental health professional at their facility, they can receive emotional support services from a Victim Advocate at the Indiana Coalition Against Domestic Violence (ICADV). The poster states the IDAC will provide

someone to talk to about what happened to them confidentiality for crisis intervention, provide the offender a plan to address the trauma caused by sexual abuse and provide referrals to services that provide ongoing support during and after release. It goes on to provide a toll free number to call as well as an address to write to. The limits of confidentiality are explained. This information is posted throughout the facility and easily accessible for residents.

A forensic nurse examiner is available at the South Bend Memorial Hospital to provide forensic exams if the facility ever needed it. This was confirmed through a telephone interview with a forensic nurse examiner at the hospital.

Interviews:

An interview with a forensic nurse examiner at the South Bend Memorial Hospital confirmed that the hospital would receive victims of sexual abuse from the South Bend Community Release Center and provide treatment as needed and forensic exams. She described, in vivid and graphic detail, the forensic exam and how evidence is collected. She also explained to the auditor that she provides STI prophylaxis, referrals for follow-up as needed and plans for counseling. Victim advocates are provided through and would meet the inmate at the hospital to offer support services and to accompany the inmate through the exam, interviews, investigation and any other appearances when requested.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Facility Directive 02-01-115 Sexual Abuse Prevention (Custody and Control)
- ✓ SBW SART – Qualified Personnel (5/18/2016)
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Vendor #: 0000065008 Indiana Coalition Against Domestic Violence
- ✓ Community Partnership Agreement for Support and Resources
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Superintendent Memo: No Forensic Exam (5/18/2016)
- ✓ South Bend Memorial Hospital

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 facility Superintendent ensures 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 or another Internal Affairs Investigator from IDOC 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 4 allegations of sexual abuse and sexual harassment reported during the audit period and 1 was referred for criminal investigation. All four investigations were reviewed by the auditor. Three of the four investigations were determined to be “unfounded”. Several of the other incidents alleged that staff conducting strip searches kept them naked too long. Although the investigations were determined to have been unfounded, the facility still retrained the officers.

The Investigation Package for the referral for criminal prosecution documented an in depth and detailed process conducted by an Agency PREA Investigator. Upon learning of the incident the administration at the facility placed the alleged staff member on “emergency suspension”. The offender was later transferred to another facility. In the interim, retaliation monitoring began and the offender was monitored by staff. This is documented on the DOC Retaliation Monitoring Form. The form requires checks with the offender initially, at 15 days, 30 days, and 45 days and beyond. The monitor is required to document each time on the form that he also reviewed any offender disciplinary reports for the period, housing changes, program changes and that the monitor interviewed the offender. Monitoring ceased when the offender was transferred to another facility. The alleged staff member was on emergency suspension and not allowed in the facility. The facility also documented an Incident Review following the investigation, again using the Departmental Form documenting that each item required by the standard was considered. The investigation recommended referring the case for consideration for prosecution. Three additional allegations not involving staff were found to be unfounded.

Interviews:

An interview with the facility investigator confirmed that he is knowledgeable of the investigatory process and he articulated each step of the process. His explanation was consistent with DOC Policy. He related that he has had specialized training conducted by the Department of Corrections. He related that he would begin an investigation immediately if he is working and stated if he receives the report after hours he would be at the facility within 2-3 hours. He stated that, as a certified peace officer, he can investigate both criminal and administrative allegations. The investigator related that if the case was either serious or complicated he would probably call in a seasoned internal affairs investigator because of their extensive

experience in conducting investigations. One-hundred percent of the interviewed staff stated they have been trained to report any suspicion, knowledge, allegation and report of either sexual abuse or sexual harassment and retaliation for reporting. Additionally, they stated they would accept reports from any source, including third parties. Investigations from third parties, according to the investigator, would be investigated just like any other report. Investigations continue even if the victim recants or departs the facility. Additionally, staff who terminate their employment, while being investigated for an allegation of sexual abuse, sexual harassment or retaliation, will still be investigated. An interview with a Lieutenant indicated that in reviewing several allegations of officers keeping residents naked too long during strip searches, even though the allegations were determined to be unfounded the officers were still retrained.

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
- ✓ Inmate DOC# 253974 (Incident) Unfounded
- ✓ Inmate DOC# 248795 (Incident) unfounded
- ✓ Inmate DOC# 994615 (Incident) Unfounded
- ✓ Inmate DOC# 231456 (Substantiated)

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 South Bend Re-Entry Educational 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 100% 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 facility provided an additional sample of 37 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:

Staff consistently described PREA training that they receive annually during in-service training. The described training included a power point presentation that covered the items identified in the PREA Standards. Staff also were able to articulate topics that they remembered from the training. Consistently they indicated training in the zero tolerance policy, the dynamics of sexual abuse, becoming aware of how to identify someone who may have been a sexual abuse victim. They were particularly strong in describing how they respond to allegations of sexual abuse.

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
- ✓ Staff Acknowledgement of Receipt of Training and Brochures (37 – Westville Correctional Facility Training)
- ✓ In Service Training Agenda 2015/2016

Standard 115.32 Volunteer and contractor training

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

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

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

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 South Bend Re-Entry Educational Facility has 35 volunteers and 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 reviewed 27 volunteer and contractor acknowledgments of "Receipt of Training and Brochures entitled, Sexual Assault Prevention" confirming that they were provided information related to the zero tolerance policy and how to report.

Interviews:

An interview with one of the contractors at the facility confirmed that she has completed the Corizon specialized training for health care staff in confinement settings as well as the required PREA training provided at the facility.

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
- ✓ Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" (27 reviewed)

Standard 115.33 Inmate education

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

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

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 for 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

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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 resident facility specific information.

The residents at South Bend Re-Entry Educational 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 residents 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 50 Offender Orientation Checklists, 50 PREA Video Acknowledgements, and 50 Offender Education Program Acknowledgments as documentation of receiving offender information.

Interviews:

Interviews with twenty (20) inmates confirmed that (20 out of 20) related that they were provided the facility's rules against sexual abuse and that they were provided information about their rights not to be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment and not to be punished for reporting sexual abuse. The majority also indicated they received that information either the same day or within 48 hours if they remembered correctly. They also related multiple ways they can report allegations of sexual abuse or sexual harassment.

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 (50 files Reviewed)
- ✓ Posters in all Building

- ✓ OCMS Progress Notes (50 Reviewed Reviewed)
- ✓ Student Brochure Information
- ✓ Inmates Acknowledge Statement of PREA Video (50 Reviewed)
- ✓ Emergency Notification (50 Reviewed)
- ✓ Offender Orientation Checklist with PREA Intake Information (50 Reviewed)

Standard 115.34 Specialized training: Investigations

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

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

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 South Bend Re-Entry Educational Facility’s Investigators (also referred to as Internal Affairs Investigators) are trained in conducting sexual abuse investigations in confinement settings. 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 Sexual Assault Response Team training.

The facility investigator’s training included general training provided to all employees pursuant to 115.31. Additionally, investigators complete the investigation curriculum that addresses investigations in confinement settings. The facility investigator completed the SART Training for Investigations and the outside OII investigator who conducts investigations in the facility completed the NIC Specialized Training for Conducting Sexual Abuse Investigations in Confinement Settings.

Interviews:

The investigator identified the specialized training he received as that training provided by the Department of Corrections. He was knowledgeable of the topics included in the NIC training. The investigation process he described was detailed and consistent with policy and the standards. He did indicate that since this facility is a release facility there are very few allegations so he does not have a lot of experience in conducting more serious or complicated investigations but calls in the more seasoned DOC Internal Investigators who have extensive experience in conducting both administrative and criminal investigations. The Superintendent prefers calling in outside investigators to provide more credibility to the investigation. That investigator has completed the on-line training provided by the NIC for conducting investigations in confinement settings.

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)
- ✓ 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)
- 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.

The medical staff are contracted staff employed by Corizon. Corizon's training curriculum addresses the topics required by the PREA Standards.

Interviews:

The facility nurse, a Corizon employee, described the specialized training she received through Corizon. The topics she described were consistent with the topics provided in the PREA Standards.

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)

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Summary:

South Bend Re-Entry Educational 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’s transfer to another facility, staff making housing decisions at the receiving facility are to 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 are required to 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, and 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 31 reassessments. All of these were conducted in compliance with IDOC Policies.

Interviews:

The case manager at the facility conducts Victimization/Abusiveness Screening. According to the case manager staff, the SVAT is completed on all offenders within 72 hours of the offender's arrival at the facility. In preparing for and conducting the assessment the case manager stated that the paperwork and documents accompanying the offender to the facility would be reviewed as well as any flags in the offender database. The process would also include consideration of any observations made during the intake and screening process, gender expressions, size and other factors.

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)
- ✓ Reassessments (31 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 (50 Notes Reviewed)
- ✓ PREA Screening: Memo for Medical
- ✓ PREA Duty to Report (Medical and Mental Health Staff)
- ✓ Inquiry for the Offender Information System

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 gay, bisexual, transgender, or intersex inmates in a 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 require 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 and staff confirmed that during the past 12 months there were no South Bend Re-Entry Educational Facility offenders at risk of sexual victimization who were placed in isolation.

Interviews:

Housing assignments, according to the case manager, are made based on all available information in the offender’s record including the SVAT. The information reportedly would be used to ensure they are not being housed with an aggressor and that even within dorms inmates at risk of victimization would be placed close to the security control offices and close to cameras.

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

Standard 115.43 Protective custody

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

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

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 and interviews with staff indicated that they did not have any inmates at risk of sexual victimization were held in involuntary segregated housing during the audit period. However, if the facility did have someone at imminent risk of sexual victimization they would not use segregation.

The Superintendent provided a Memo dated 5/23/ 2016 stating that South Bend Re-Entry Educational Facility does not have segregated housing.

Interviews:

Interviews with staff and inmates indicated that segregated housing is not used at this facility.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy 02-01-115 Sexual Abuse Prevention
- ✓ Superintendent Memo: Restricted Housing/Segregation (5/23/ 2016)

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 South Bend Re-Entry Educational Facility to encourage offenders who have been the victims of abusive sexual contact, a 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 Department of Corrections and this facility has 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)

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.

South Bend Re-Entry Educational Facility offenders are able to report sexual abuse and sexual harassment privately outside the facility by calling toll free to the Indiana Coalition Against Domestic Violence (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, South Bend, 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 complete a written report 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.

Offenders in this facility have multiple ways to report. Additionally, they are out on work details and have access to the community as well to make reports.

Interviews

Interviews with 20 offenders indicated that they are aware of multiple ways to report allegations of sexual abuse and sexual harassment. The following methods of reporting were identified. The numbers in parentheses indicate the numbers of offenders who stated they would report in this manner: J-Pay (kiosk) enabling residents to report to the Ombudsman, to email family and any others on their contact list (16); Staff (including correctional officers, counselors and others) (14); Relatives (12); Hotline (9); Grievances (5); Phone (5); Request Slip (2); Pastor (1); Mail (1) and Warden's Box (1). Eighteen (18) of twenty (20) stated they were aware that they could make anonymous reports and knew how to make them if needed.

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
- ✓ Letter: Indiana Coalition Against Domestic Violence (June 9, 2016)
- ✓ 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

Interviews:

Interviews with staff confirmed that inmates can file grievances as a way of reporting sexual abuse. These grievances would become an emergency grievance and responded to immediately upon receiving an allegation of sexual abuse or sexual harassment. Only five (5) inmates identified grievances as a way they would report sexual abuse or if they were at substantial risk of imminent sexual abuse because they have so many other ways to quickly report it.

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: Grievance (2/15/2016)

Standard 115.53 Inmate access to outside confidential support services

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

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

Summary:

The South Bend Re-Entry Educational 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:

- ICADV Hotline Number
- Indiana Coalition Against Domestic Violence mailing address

The facility provides offenders with reasonable and confidential access to their attorneys and/or legal representative. 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 South Bend Memorial Hospital Forensic Examiner related that the hospital would contact a victim advocate to meet the victim at the hospital to provide emotional support for the victim if the victim wanted it.

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:

An interview with the Forensic Nurse Examiner confirmed that her staff would contact an advocate in the event an offender sexual assault victim was transported to South Bend Memorial Hospital. Inmates were consistently not aware of what outside services might be available for dealing with sexual abuse if they ever needed it. This information is clearly and prominently displayed in the living units for the offenders however offenders indicated they had not needed them.

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
- ✓ Letter: Indiana Coalition Against Domestic Violence (June 9, 2016)
- ✓ Vender ID #: 0000065008 Indiana Coalition Against Domestic Violence Agreement
- ✓ Community Partnership Agreement
- ✓ 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 South Bend Re-Entry Educational 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:

Offenders were aware that third parties could make reports of sexual abuse for them. Twelve (12) offenders identified relatives and girlfriends as ways to report and one identified his pastor as someone who could make a report for him. Interviews with staff also indicated that they understand who a third party is and that they can make a report for an offender. They also related that they would take a third party report seriously and treat it like any other report or allegation and report it to their immediate supervisor. The investigator also indicated that third party reports would be investigated just like any other investigation.

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)
- 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:

All of the interviewed staff were aware of their obligation to report any allegation of sexual abuse or sexual harassment or sexual misconduct by an offender or other staff. They stated that they would report everything, including a suspicion that something was going on with an offender. Staff related upon receiving any suspicion, knowledge, report or allegation of sexual abuse or sexual harassment they would first ensure the offender making the allegation was kept safe while simultaneously reporting it to their immediate supervisor verbally. They also stated that following a verbal report, before the end of the shift, they would be required to document the report in writing. An interview with medical staff also confirmed that they are aware of their duty to report. They also stated they would report it immediately to the custody staff.

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
- ✓ Department of Correction Incident Report Form (2/26/2016)
- ✓ PREA Duty to Report – Medical and Mental Health Staff

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

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 and staff confirmed 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 are asked the question, “If an inmate is at substantial risk of imminent sexual abuse, what action do you take to protect the inmate?” Every interviewed staff said their first responsibility would be to protect the offender. Most of them indicated they would keep the offender in view or line of sight or keep the offender with them while they reported the allegation to their immediate supervisor and that they would take this action immediately. Staff did not indicate that the offender would be placed in segregation and the superintendent indicated that segregation is not used at this facility.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ PREA Duty to Report (Medical and Mental Health Staff)

Standard 115.63 Reporting to other confinement facilities

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

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

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 and a memo dated 6/6/2016 from the Superintendent confirmed that there were no allegations that the facility received indicating that a resident was abused while confined at another facility.

Interviews:

The Superintendent related that there have been no reports from other facilities that an offender from his program was sexually abused while at his facility nor has he received any offenders who have alleged sexual abuse while at another facility. He indicated it would be reported just like any other investigation and the other facility would be notified as soon as he became aware of an incident.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention
- ✓ Superintendent Memo: No Allegation (6/6/2016)

Standard 115.64 Staff first responder duties

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

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

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 4 allegations that a resident was sexually abused reported by a security staff member as the first responder during the past 12 months.

This 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). There have been no allegations of a sexual assault requiring the SART Team to respond.

The Superintendent provided a memo dated 3/15/2016 stating that during the past 12 months there were four (4) allegations of sexual abuse or sexual harassment, three (3) of which were unfounded. None of the incidents involved situations where forensic evidence had to be collected.

The substantiated allegation was not a situation involving first responding but was rather discovered by reviewing JPAY and discovering that a correctional officer may be having an inappropriate relationship with an inmate.

Interviews:

Staff consistently reported that upon receiving an allegation or report of sexual abuse they would separate the offender victim from the offender perpetrator, make their report to their immediate supervisor, seal off and protect the potential crime scene and instruct both offenders not to change clothes or use the restroom. The nurse related that if she were on duty she would render first aid if needed and not take actions that would interfere with collecting evidence. The SART Team would arrive and take over the scene and they would be responsible for collecting evidence.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Sexual Incident Reports
- ✓ Report of Investigations
- ✓ Superintendent Memo: 4 Allegations of Sexual Abuse/Harassment (3/15/2016)
- ✓ 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 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 are 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.

The Agency provided a Coordinated Response Plan to ensure staff are all aware of their specific roles upon learning of a sexual assault.

Staff having first knowledge of an incident or allegation of sexual abuse immediately separate the victim from the perpetrator, report the allegation/incident to their supervisor, seal off the crime scene and tell both the victim and perpetrator not to change clothes, shower, use the restroom or brush their teeth. The potential crime scene is protected until the arrival of the SART who then takes charge of the scene and begins to collect evidence while other SART members provide emotional support to the victim.

Interviews:

SART Team members are trained to respond to incidents of sexual abuse to protect the scene and collect evidence while providing support to the victim. Staff responses to actions to take if an offender alleged sexual abuse indicated that they are all familiar with the facility’s coordinated response plan. They all stated the actions they would take until the SART arrived.

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
- ✓ 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)
- 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 South Bend Re-Entry Educational Facility are either state employees or contracted employees. They are not members of a union and can be removed from the facility, placed on emergency suspension, administrative leave or sanctioned in accordance with IDOC personnel policies, procedures and rules. This facility is not involved in collective bargaining.

Interviews:

The Superintendent related that his employees are state employees and can be placed on no gate and now allowed on the grounds, put them on emergency suspension or administrative leave and take whatever actions are indicated following an investigation.

Reviewed Documentation to determine compliance:

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

Standard 115.67 Agency protection against retaliation

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

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

Summary:

Indiana Department of Corrections Policy and Procedures requires the South Bend Re-Entry Educational 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.

The Facility PREA Committee is responsible for monitoring retaliation. The committee is chaired by the PREA Compliance Manager and consists of upper level management with input from lines supervisors, investigators and medical or mental health practitioners.

To document retaliation monitoring, the facility uses the Indiana Department of Corrections PREA Retaliation Monitoring form. The Pre-Audit Questionnaire and staff interviews indicated that there were no incidents of retaliation that have occurred in either facility during the audit period however one offender who actually was alleged to have had sex with a staff was placed on retaliation monitoring. The facility provided documentation on the Retaliation Monitoring Form that indicated the offender, who was transferred to another facility, was contacted initially and then at 15 days, 30 days and in his case ended with his transfer to another facility. The retaliation staff assigned to monitor for retaliation documented that he had reviewed to determine if the offender had been receiving disciplinary reports, housing changes, or program changes. He also documented interviewing the offender at 15 days, 30 days and again, in his case at 45 days. At no time did the offender state he felt he was experiencing any retaliation.

The process requires monitoring for retaliation at least 90 days following a report of sexual abuse.

Interviews:

Interviews with staff serving on the PREA Committee confirmed the process for monitoring retaliation and indicated that upon receiving an allegation of sexual abuse or sexual harassment the resident would be contacted to determine if they believed or felt they were going to be retaliated against. Staff would also look for signs that might indicate retaliation and take appropriate actions if retaliation were indicated.

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

Standard 115.68 Post-allegation protective custody

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

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

Summary:

The agency has a policy that offenders alleged 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. The Superintendent in a memo stated that the facility does not use segregation because there are not enough staff to man a segregation post. He indicated that if an inmate needed protection he would place them in a cell at Post 1 and the perpetrator in another cell at the post where they could be monitored by staff and by camera.

Interviews

The Superintendent related that he does not use segregation at this facility.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Housing/Segregation (2/15/ 2016)
- ✓ Transfer Documentation (As a part of Protective Custody)
- ✓ Inmate Transfer Authority (2/26/2016)
- ✓ Offender Information System

Standard 115.71 Criminal and administrative agency investigations

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

- Does Not Meet Standard (requires corrective action)

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

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 South Bend Re-Entry Educational 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.

Four (4) investigations were reviewed. The PAQ indicated that there was 1 substantiated allegation of conduct that appeared to be criminal that was referred for prosecution during the audit period.

One investigation concluded with a recommendation for prosecution. This investigation was promptly reported, promptly and thoroughly investigated. The investigation process, that involved what appeared to be an inappropriate relationship between a staff and offender, included reviewing the incident report, reviewing documentation and messages from JPAy, the offender kiosk for communicating with approved contacts and interviews with the alleged individuals. The investigation was thoroughly documented and the conclusion was that the allegations were substantiated. The offender was ultimately transferred to another facility and the correctional officer placed on emergency leave and the recommendation from the investigator was referral for prosecution. The other three allegations were investigated as required and determined to be unfounded.

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

Interviews:

The Superintendent stated that he is going to call in an investigator from another facility, generally that would be Westville. Not only are these investigators more experienced but the investigation would have more credibility. The internal affairs investigator at South Bend confirmed that he too would contact another investigator to come in to investigate allegations of sexual assault/abuse.

Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Report of Investigations
- ✓ Policy # 00-01-013 – The Operation of the Office of Internal Affairs
- ✓ Records Retention and Disposition Schedule
- ✓ Inmate DOC# 253974 (Incident) Unfounded
- ✓ Inmate DOC# 248795 (Incident) unfounded
- ✓ Inmate DOC# 994615 (Incident) Unfounded
- ✓ Inmate DOC# 231456 (Substantiated)

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 confirmed the standard of evidence to substantiate an allegation is the 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
- ✓ Inmate DOC# 253974 (Incident) Unfounded
- ✓ Inmate DOC# 248795 (Incident) unfounded

- ✓ Inmate DOC# 994615 (Incident) Unfounded
- ✓ Inmate DOC# 231456 (Substantiated)

Standard 115.73 Reporting to inmates

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

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

Summary:

Indiana Department of Corrections policy requires that the South Bend Re-Entry Educational Facility, when following an investigation into an offender allegation of sexual abuse suffered in the facility, informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using the 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 documenting that residents were notified of the outcome of the investigations using the Department’s Notification Form. The notifications were signed by the inmate as well as the staff providing it. One of the notifications as a result of an investigation involving a staff documented that the employee was no longer employed at the facility.

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
- ✓ Superintendent Memo: 2/15/2016

Standard 115.76 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

Summary:

Indiana Department of Correction’s Policy and Procedure requires 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 and staff confirmed that there was one staff from the facility who has been terminated for violating agency sexual abuse or sexual harassment polices during the audit period. The investigation report recommended referral for prosecution.

Interviews:

Interviews with the Superintendent indicated that staff would be placed on no contact, have their assignments temporarily changed or moved to another facility or have “gate closure” and if the allegations were substantiated make the gate closure permanent, terminate the staff and refer the staff for prosecution.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Discipline Codes

Standard 115.77 Corrective action for contractors and volunteers

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

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

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:

Interviews indicated that the sanctions for contractors and volunteers, according to the Superintendent are essentially the same. The contractor or volunteer would be placed on a gate closure and that gate closure could become permanent and if substantiated referred for prosecution as well.

Reviewed Documentation to determine compliance:

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

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 and interviews with staff 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:

Staff indicated that sanctions for offenders would be consistent with the offender disciplinary code. Offenders may likely be transferred as well.

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
- ✓ Superintendent Memo: (6/6/2016)

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

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

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

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 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 obtains informed consent from an inmate before reporting information about prior sexual victimization that did not occur in an institutional setting.

To confirm compliance with this standard the PREA Auditor reviewed 50 Intake Forms, 75 Adult SVAT Questionnaires and 50 Sexual Violence Assessment Tools for Adults. These were documented and completed in compliance with DOC Policy. Multiple reviewed Assessments revealed that none of the offenders, in the reviewed sample, disclosed prior sexual victimization.

The PAQ, interviews with staff and a provided memo indicated that there were no offenders reporting prior victimization during the past 12 months. The PAQ and interviews with staff also documented that no perpetrators who disclosed during screening or afterwards were offered a follow-up with medical or mental health.

The Superintendent, in a memo dated 6/6/2016, stated that in the past 12 months there have been no inmates who indicated they had experienced prior sexual victimization whether in an institutional setting or in the community.

Interviews:

A staff member responsible for conducting victimization/abusiveness screening described the process. Offenders, he stated, are screened consistently within 24 hours and not later than 72 hours. He related he would consider the pre-sentence investigation, social information accompanying the offender or in the offender database, check the offender database looking for family history, mental health issues and mental health case notes, medical records and other data within the system. He also stated that since the facility does not have mental health staff, if an offender reported prior victimization or prior sexual abusiveness/aggressiveness, mental health staff from a nearby DOC facility would conduct the follow-up within 14 days of the disclosure.

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 Reviewed)
- ✓ Intake Form (50 Reviewed)
- ✓ Sexual Violence Assessment Tool Adult (50 Reviewed)
- ✓ Potential Aggressor Factors

Standard 115.82 Access to emergency medical and mental health services

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

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

Summary:

Indiana Department of Corrections policy requires that South Bend Re-Entry Educational 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 PREA Audit Report

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.

Emergency medical services are available and provided by the South Bend Memorial Hospital. The hospital provides forensic nurse examiners to conduct sexual assault forensic exams and to provide immediate treatment for any injuries. An advocate would be secured by the hospital for the victim if the victim would like an advocate to accompany them through the process and to provide emotional support.

Emergency mental health services would be provided through a nearby DOC facility that is staffed with mental health professionals.

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:

An interview with a forensic nurse examiner at South Bend Memorial Hospital confirmed that the hospital would provide emergency medical services and sexual assault forensic exams. She described the process for collecting evidence in detail. She also related that the hospital would contact an advocate to provide emotional services with the offender/victim. Interviews with Facility Staff indicated that emergency and routine mental health services are provided at another nearby DOC facility who have mental health professionals on staff.

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)
- ✓ Superintendent Memo: Protect the Victim (6/6/016)

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 JHCS 2.30 and the Health Care Sexual Assault Manual.

Interviews:

An interview with the facility nurse indicated that ongoing medical and mental health services would be provided for both the offender and the abuser. She related that in terms of victims she would provide any follow up care documented in the hospital's discharge orders. The forensic nurse examiner at South Bend Memorial Hospital stated they she would offer and provide STI prophylaxis in addition to treatment for any injuries. Mental health services are provided at another DOC facility.

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)
- ✓ Superintendent Memo: No Cases of Sexual Abuse (6/6/2016)

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:

The PREA Committee, composed of the following staff conducts 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. Committee members include: the PREA Compliance Manager, Superintendent, Administrative Assistant, Training Officer, Internal Affairs, two Case Managers, the Substance Abuse Counselor and the Registered Nurse. Minutes are maintained of the meetings. The Committee reviews consider all the requirements listed in standard 115.386. The Team had one incident to

review. That incident involved staff becoming aware through the JPAY review that an inmate and a staff appeared to be involved in an inappropriate relationship. The Team reviewed the incident as required and documented their review on the DOC Form Sexual Abuse Incident Review.

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.

The PAQ documented and staff confirmed that there was one criminal and/ or administrative investigations of alleged sexual abuse completed at the facility, including only unfounded incidents during the audit period.

Documentation was provided to demonstrate that Incident Reviews are being conducted. Reviews were all conducted within 30 days following the conclusion of an investigation.

Interviews:

Interviews with staff from the incident review team confirmed their understanding and knowledge of the requirements for reviewing sexual abuse/sexual harassment incidents at the conclusion of the investigation. Staff were able to describe the process and identified the items the team considers. Their descriptions were consistent with the standards.

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
- ✓ Sex Abuse/Harassment Investigation Outcome Offender Notification
- ✓ Sexual Abuse Incident Reviews
- ✓ Inmate DOC# 253974 (Incident) Unfounded
- ✓ Inmate DOC# 248795 (Incident) unfounded
- ✓ Inmate DOC# 994615 (Incident) Unfounded
- ✓ Inmate DOC# 231456 (Substantiated)
- ✓ SART Meeting

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 South Bend Re-Entry Educational Facility to collect accurate, uniform data for every allegation of sexual abuse at the facility 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 a 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.

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
- ✓ South Bend Re-Entry Educational 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)
- 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 and the PREA Committee 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 policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its findings 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:

Interviews confirmed that the facility collects data on sexual abuse incidents however there have been none requiring a forensic exam. Following the investigation, staff related that they conduct an incident review and during that meeting they dissect the incident to determine if there is any corrective actions 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)
- 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 Agency website is replete with PREA related information including Annual Reports. 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:

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

Robert Lanier

July 31, 2016

Auditor Signature

Date