

**PREA AUDIT REPORT** Interim Final**ADULT PRISONS & JAILS****Date of report:** July 25, 2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> 210-79-7402			
<b>Date of facility visit:</b> June 29-30, 2016 & July 1, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Wabash Valley Correctional Facility			
<b>Facility physical address:</b> 6908 S. Old U.S. Highway 41			
<b>Facility mailing address:</b> (if different from above) P.O. Box 500 Carlisle, IN 47838			
<b>Facility telephone number:</b> 812-398-5050			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Bruce Lemmon			
<b>Number of staff assigned to the facility in the last 12 month:</b> 802			
<b>Designed facility capacity:</b> 2198			
<b>Current population of facility:</b> 1972			
<b>Facility security levels/inmate custody levels:</b> 1,3& 4 (minimum & maximum)			
<b>Age range of the population:</b> 18-85			
<b>Name of PREA Compliance Manager:</b> Kevin Allen		<b>Title:</b> Internal Affairs Investigator 3	
<b>Email address:</b> KAllen@idoc.in.gov		<b>Telephone number:</b> 813-398-5050 ext. 4266	
<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department of Corrections			
<b>Governing authority or parent agency:</b> (if applicable) Indiana Department of Corrections			
<b>Physical address:</b> 6908 S. Old 41 Carlisle, IN 47838			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> 812-398-5050			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bruce Lemmon		<b>Title:</b> Commissioner	
<b>Email address:</b> BLemmon@idoc.in.gov		<b>Telephone number:</b> 317-232-5705	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Bryan Pearson		<b>Title:</b> Executive Director of PREA	
<b>Email address:</b> BPearson@idoc.in.gov		<b>Telephone number:</b> 317-232-5288	

## AUDIT FINDINGS

### NARRATIVE

A Prison Rape Elimination Act Audit of the Wabash Valley Correctional Facility was conducted on June 29-30, 2016 & July 1, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. The auditor wishes to extend her gratitude to Superintendent Richard Brown and his staff for the proficiency and professionalism they demonstrated throughout the audit in addition to their readiness to comply with all requests and recommendations made by the auditor. The auditor would also like to recognize Bryan Pearson (PREA Coordinator) and Kevin Allen (PREA Compliance Manager) for their commitment and keenness to guarantee the overall compliance of the PREA standards.

The auditor provided the facility with a Notification of Audit on May 27, 2016. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should mail the auditor at least 10 days prior to the onsite audit date (June 29, 2016). The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. The auditor was advised by the PREA Compliance Manager that the notifications were posted six weeks prior to the onsite audit. During this time, the auditor did receive correspondence from inmates at the Wabash Valley Correctional facility.

Approximately six weeks prior to the onsite audit, Bryan Pearson (PREA Coordinator) provided the auditor with access to their Agency data room used for audit purposes. Superintendent Richard Brown provided the auditor with additional facility information of achievements and accomplishments. Approximately two weeks prior to the onsite audit, the facility provided the auditor with a completed pre-audit questionnaire. Over the next two weeks, the auditor reviewed the questionnaire and all relevant documentation.

An introductory meeting was held on June 29, 2016, the morning of the onsite audit, with the following individuals: Superintendent Richard Brown, Assistant Superintendent Kevin Gilmore, Assistant Superintendent Frank Littlejohn, Custody Major Dusty Russell, Facility PREA Compliance Manager/Internal Affairs Officer 3/ Correctional Police Officer Kevin Allen, Internal Affairs 4/ Backup Facility PREA Compliance Manager Randy Vanvleet & Executive Director of PREA Bryan Pearson. The facility tour consisted of all housing units, segregated housing units, medical department, intake screening area, recreation, cafeteria, all offender work areas, education department, warehouse, maintenance, all other programming areas and the minimum security located outside the fence housing 198 offenders.

A total of 42 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility). Telephone interviews were conducted with the Agency Contract Administrator and SAFE/SANE staff. Staff interviews were conducted with staff from both day and night shifts (the facility operates on 12 hour shifts).

A total of 32 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of the interviews related to youthful inmates, inmates placed in segregated housing for risk of sexual victimization, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility). All interviews were conducted one at a time in a private and confidential manner. The count on the first day of the audit was 2002. The count on the final day of the audit was 2002.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed her concerns with Superintendent Richard Brown, PREA Coordinator-Bryan Pearson, and PREA Compliance Kevin Allen. All concerns were addressed to the auditor's satisfaction prior to the completion of the Final Report. When the audit was completed, the auditor conducted an exit briefing on July 1, 2016. The auditor presented an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard and created a Final Report of Compliance. In order to determine compliance, the auditor utilized the information along with the documentation provided during the pre-audit, information obtained

through inmate and staff interviews, to include visual observations from the facility tour.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Wabash Valley Correctional Center is located North of Carlisle in Sullivan County along U.S. 41. The ground was broken for the minimum/maximum security Wabash Valley Correctional Facility on October 29, 1990. The following year the DOC announced its intention to build another facility adjacent to the site and share some of its facilities. Completion of all phases of construction took place in 1997 with construction cost of 123 million dollars. The total capacity is 2,199 with 665 approved state staff positions, 114 contractual (medical, food service, education, offender phones) with an annual operating costs of 38 million dollars. The current total for authorized staff is 651 including 524 custody-authorized and 118 Contractual staff.

The Wabash Valley Correctional Facility is comprised of 28 buildings to include 375 segregation cells and two security levels Minimum and Maximum. The Maximum security north with three housing units, three with 88 two-man cells, Minimum-security dormitory setting located outside the maximum-security fence with two open bay wings housing 198 offenders; DHU has 28 cells on the left side, another wing with 16 cells, right wing 44 cells, all cells are double bunked cell size 8 by 12 feet. The north side Secured Confinement unit is a disciplinary/administrative segregation complex housing up to 288 offenders in single cells. Maximum security south includes five units, each housing up to 200 offenders in two man cells. K-Unit is a designated unit for a Special Needs Unit for mentally ill offenders to include 72 single cells on the south campus and an infirmary unit housing up to 14 offenders. ExacqVision Technologies installed a total of 353 cameras throughout the facility. Wabash Valley Correctional Facility has both an indoor and outdoor recreation area. The inmate's average length of stay is approximately 148.5 days.

### ***16 major accomplishments in 2015:***

## **REDUCTION IN VIOLENCE**

Staff assaults were reduced from 34 in 2014 to 25 in 2015, a 26 % drop. Of the 25, 10 were assaults with body fluids leaving 15 actual physical assaults with 2 being reported as serious, requiring medical care. Offender Assaults were also down, by over 18 percent in 2015 with 75 offenders on offender assaults, compared to 91 in 2014. No homicides were committed in 2015.

## **CELL PHONE INTERDICTION**

In 2013, WVCF totaled 198 confiscated cell phones. In 2014, WVCF totaled 27 confiscated cell phones. In 2015, WVCF totaled 15 confiscated cell phones. That's a 92 % plunge from 2013. This massive reduction is contributed to several WVCF implemented interdictions, established over the past three years.

- 1.) WVCF does not allow civilian visitors to use the restrooms in our visit rooms, during offender visits.
- 2.) WVCF trained and uses a K-9 unit to detect cell phones.
- 3.) WVCF uses the cell sense on offender massive movement, and targeted searches
- 4.) WVCF has installed additional surveillance cameras in vulnerable locations throughout the facility.
- 5.) WVCF monitors J-pay communications to detect the use of cell phones.
- 6.) WVCF utilizes appropriate staff in our entrance and exit areas.
- 7.) WVCF re-arranged our visitor processing area to be more efficient in our searches.
- 8.) WVCF occasionally utilizes E-Squad to conducted targeted cell searches.
- 9.) IDOC raised the ADP violation to a Class A infraction vs. Class B infraction, resulting in stiffer CAB Sanctions.

## **GRADUATION**

235 Wabash Valley Correctional Facility (WVCF) offenders turned the tassels, making the grade for re-entry success! Proud family members were on hand for Graduation Day as the Class of 2015 received certificates for high school equivalency, vocational and apprenticeship programs. Each educational offering provides skills and disciplines needed to pass the test in the work world. Indiana Department of Correction (IDOC) funded educational programs are important mechanisms in cutting the recidivism rate among released offenders. Wabash also launched a self-pay Correspondence College Program through Oakland City University (OCU) in 2015. Oakland City now offers three businesses related Associate degrees and a Bachelor degree in business administration.

## **APPRENTICESHIP PROGRAM**

The Wabash Valley Correctional Facility (WVCF) United States Department of Labor Apprenticeship Program, (USDOLAP) launched facility-wide in 2009 continues to gain momentum in 2015. WVCF began the apprenticeship effort with just two programs: Barbering and Teacher's Aide. The facility now offers seven, including Machine Operator 1 added in 2015. They now have a total of 18 registered occupations by Program (Facility, ARAMARK and PEN Products) ranging from Cook to Electronic Prepress System Operation. Each discipline, combining on-the-job training with classroom instruction, enhances employment opportunities for offenders upon release. Completion of the apprenticeship program also earns the offender a six month reduction in their sentence. ARAMARK's 2015 recipe for post incarceration success involves their highly successful IN2WORK and Apprenticeship program, served up by the Department of Labor. The food service industry is a strong job source for population with the industry taking advantage of their hands-on and study intensive course work. The USDOL conducted an official audit of our Apprenticeship programs this year with Wabash reaping an overall score of 98 percent.

## **EDUCATION/MRT**

MRT (Moral Reconation Therapy) is a cognitive-behavioral counseling program that combines education, group and individual counseling, designed to foster moral development in treatment resistant or "high risk" clients. The 4-6 month program has been shown to reduce the recidivism rate of offenders by between 30 and 50 percent for periods up to 20 years after release.

WVCF is the **first correctional facility in the nation** to deliver MRT to offenders assigned to Restrictive Status Housing. WVCF and Corizon/Mental Health combined have 12 MRT counseling groups going on each week with more coming on line in the near future.

## **STAFF TURNOVER**

A lower turnover rate is a strong indication of positive staff morale and job satisfaction. WVCF had the lowest facility turnover rate in 2014 according to the September 2015 Turn-Over Report disseminated by Central Office. The state facility average was 27.38% and WVCF was 19.26%. Through June 2015 the trend continued with the average state facility turnover rate at 14.98% compared to 8.19% for Wabash Valley.

## **STAFF MORALE**

WVCF strives to continually improve and maintain a positive culture fostered on mutual respect and teamwork. The professional culture at WVCF is apparent when speaking to staff and offenders. Staff are genuinely happy with their jobs, a fact reinforced by the 2015 Culture Survey. WVCF faired much higher than the statewide average in many survey categories. Categories including staff and inmates treat one another with respect, there is good communication between staff, offenders and administration and inmates treat one another with respect. WVCF continues to have activities to include staff and their families to boost morale and create a Family type atmosphere. Events for Employee Appreciation week continue to grow with events scheduled every day to include all shifts. The first ever WVCF Mud Run really hit the ground running. It was a fun filled event with approximately 100 staff taking part. The Mud Run will continue due to its popularity, bringing staff together for a physical event that promotes healthy lifestyles. WVCF also had its 2nd annual Haunted House in 2015. It's been hugely popular with hundreds of Staff, family and friends taking a walk through the "House of Terror." Our Employee Committee has created some fun contests for staff and then awards prizes for the lucky winners, like our recent 12 Days of Christmas prize giveaways. They also randomly draw names of staff and award prizes to them. All together the Employee Committee awarded over 110 gifts to staff in 2015.

## **COMMUNITY INVOLVEMENT**

The Haunted House was a howling success when it came to community involvement in 2015. The event served a dual purpose, a fun time for Wabash staff, family and friends AND to scare up support for local charities. Admission was free but donations of canned goods, toys or candy were gladly accepted; 22 new toys and cash donations totaling \$200 went to the 2015 Sullivan County Christmas for Kids Drive. Canned goods: 1,035 worth helped supply food banks in Knox, Greene and Sullivan County. The Wabash Valley Correctional Facility takes giving back to our community very seriously. Purposeful Living Units Serve (PLUS) participants distributed over 5,000 quilts in 2015 to homeless shelters, veterans homes, police and fire departments (comfort quilts) to name a few. 600 dresses were made and donated to children in need in Africa. 257 purses and 651 stuffed animals were produced to benefit charities in need. Monetary donations distributed to area not for-profit organizations from **both** PLUS and our Fatherhood program totaled nearly \$27 thousand dollars!

## **BLOOD DRIVE CHALLENGE!**

The need for blood is critical year round and Wabash Valley Correctional Facility (WVCF) staff roll up their sleeves to give the maximum allowed six times per year. The most recent WVCF effort produced 39 donations, pushing the 2015 total to nearly 195 units for the Indiana Blood Center (IBC). WVCF Blood Drive Committee member Starla Perkinson said each donation has the potential to save three lives. WVCF, for the last four years has been the large facility Indiana Department of Correction Blood Drive Challenge Champion!

## **COPS CYCLING FOR SURVIVORS**

Cops Cycling for Survivors (CCFS) were greeted in a big way by Wabash Valley Correctional Facility (WVCF) staff this past July. During day 8 of their 1000 mile, 13 day bicycle tour, CCFS members read the Indiana Department of Correction Officer Down memorial pages. The ceremony hit home for WVCF staff. In 2013, Officer Timothy Betts, who passed away August 26, 2012, was one of two officers honored by Cops Cycling for Survivors. The 15 year WCF veteran died of a heart attack while escorting an unruly offender to segregation. Family members took part in the day of remembrance and donated \$500 to the CCFS. Superintendent Richard Brown, on behalf of the facility presented the group with another check for \$500. The Cops Cycling for Survivors (CCFS) is a group of active police and civilian riders who raise awareness and support law enforcement survivors through their annual bicycle tour around the State of Indiana. The cyclists also raise funds to be utilized to assist survivors with emotional and financial support. **The WVCF stop marked the largest reception for the riders,** who pledged never to forget those who gave so much in the interest of public safety.

## **INDIANA SPECIAL OLYMPICS**

Special Olympics Indiana (SOI) Summer Games was a huge success again this year! Wabash Valley Correctional Facility (WVCF) staff did double duty this year, taking part in the Torch Run, which launched the games and by volunteering to staff the Bocce Ball courts on the ISU campus. Superintendent Richard Brown led the Wabash Torch Run Team through Sullivan County with \$200 donated to SOI, joined by Special Olympics athlete "Katlin." The Wabash Valley PLUS and Fatherhood programs donated \$500 each to Special Olympics.

## **WVCF COMMUNITY GARDEN PROJECT**

The 2015 WVCF Garden yielded over 5,100 pounds of healthy vegetables for eight Wabash area food banks. Volunteer offender workers from the facility PLUS (Purposeful Living Units Serve) unit planted (with donated seeds) and maintained the "inside the fence" garden under staff supervision. The local food pantries provided a "wish list" of produce desired by those in need. Offender workers planted squash, zucchini, bell peppers, green beans, cucumbers, potatoes, tomatoes and corn.

## **AMERICAN LEGION POST**

2015 has been a year of giving back to the Sullivan County community for Kyle Snyder American Legion Post 398. The offender post honors the memory of fallen Sullivan County hero, Kyle Snyder of Carlisle, Indiana. Snyder and three other soldiers died in March of 2005 near Kabul in southeast Afghanistan when a land mine exploded under their military vehicle. During 2015 the post has hosted two Sullivan County based food drives (nearly 300 pounds collected) and donated over \$3,550 to numerous organizations including the USO and Wounded Warriors. The first ever Kyle Snyder Post scholarships were awarded to Purdue bound Sullivan High School students Madison Boston and Will Arnett (\$500 each). The post also donated \$400 to benefit Sullivan Eagle Scout Troop 139, collected pop tabs to benefit Ronald McDonald House (16 pounds worth) and sent Holiday cards to overseas military personnel. Post Coordinator, facility Chaplain Tim Tanner, said giving back, especially to our youth, is a driving force behind their mission while serving as a motivational rehabilitation tool for its members.

## **LED LIGHTING**

The Wabash Valley Correctional Facility is safer AND brighter than ever thanks to LED conversion efforts totaling \$559,562 in 2015. The switch to LED earned the facility a rebate check from WIN Energy REMC totaling \$44,720! WVCF is one of just three facilities nationwide to convert to brighter, cheaper LED's in 2015!

## **NEW TRAINING BUILDING**

State Development and Training presented Wabash Valley with a commemorative plaque, helping to christen the all new Wabash Valley Correctional Facility Training Building. The building within a building (Warehouse) was three years in the making with our Maintenance team spending close to nine months constructing the building. The only labor dollars spent was on the carpet, with Maintenance repurposing existing materials to get the job done. The new complex is a great morale booster for staff and our training crew...not to mention the engineering genius of our Maintenance team.

## **FACEBOOK**

The Wabash Valley Correctional Facility is enjoying major success on Facebook! WVCF made its Facebook debut on December 10, 2014, the same date back in 1992 when the maximum security facility received its first offenders. The page is designed to be fun, informative and timely. To date we have logged 923 "likes" and have a monthly average post reach of a whopping 13,883 people!

## **SUMMARY OF AUDIT FINDINGS**

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, to include visual observations made by the auditor during the facility tour, the auditor has determined the following:

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

### **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.**

Wabash Valley Correctional Facility has a written policy mandating zero tolerance towards all forms of sexual abuse and harassment outlining the agency's approach to the prevention, detection, and responding to sexual abuse and harassment. Facility Superintendent Richard Brown's overall success is contributed to his direct supervision and leadership of PREA and the reflection of the hands on approach the staff emulates. Superintendent Richard Brown has a formula positioning tenure staff which are key components in the facility that make the PREA program a great success.

Bryan Pearson is a key component serving the Indiana Department of Corrections as the Executive Director of PREA Compliance and a Department of Justice certified PREA auditor. The Wabash Valley Correctional Facility Superintendent Richard Brown is also a DOJ certified PREA auditor. The Wabash Valley Correctional Center PREA coordinator/Internal Affairs Investigator III is Kevin Allen and the backup PREA coordinator is Randall Vanvleet.

Interviews with staff and a review of all training documentation indicate staff is aware of the reporting process and the steps they are required to take upon a sexual assault allegation. About 95% of the staff interviewed carried the PREA card with them for quick reference. The facility has implemented the Sexual Assault Response Team which consists of the SART Instructors: Michael Joyner, Rick Watkins, Patrick Arnold; SART Investigators: Robbie Marshall, Keith McDonald, Jodeana Raney, Barbara Brock, Kevin Allen, Randall Vanvleet, Robert Storm, Shauna Arnold; SART Victim Advocates: Amanda Pirtle, Judy Jones, Teresa Booker, Nancy Miller; 5-2 SART Trained: Custody Major Dusty Russell, Captain Tim Tiggle, Lieutenant Shad Allen, Lieutenant Laurie Petty, Lieutenant Jonathan Hendrickson, Lieutenant Gary McMillin, Lieutenant Christopher Nicholson, Lieutenant Trianito Foster, Lieutenant Robert Lundy, Sgt. Teresa Booker, Sgt. Patrick Swick, Sgt. Jeffrey Pitcher, C/O Melissa Christy; Training: Patrick Arnold; Non-Custody: Judy Jones, Shauna Vair; Unit Team: Travis Davis, Brian Mifflin, Jodeana Raney; PEN: Rocky Padgett, Michael Rentfro; SART Medical: RN Barbara Riggs, RN Lesa Wolfe, RN Cynthia York; SART First Responders: K-Bracket (17 responders), J-Bracket (14) responders, H-Bracket (10) responders, I-Bracket (13) responders.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states 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 a zero (0) tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment. The auditor was advised the agency has renewed two contractors for the confinement of inmates on or after August, 20, 2012. These contracts were with Community Education Centers and The GEO Group Inc. The auditor reviewed both of the contracts and discovered language stating CEC and GEO agree to comply with PREA.

#### **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)

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Indiana Department of Corrections Sexual Abuse Prevention Policy states each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse.

In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);

6. The composition of the inmate population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable Federal, State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual conduct; and
11. Any other relevant factors.

The auditor was advised the staffing plan is reviewed annually. The most common reasons for deviating from the staffing plan include; hospital trips, sick leave, vacation leave, military leave, adjusted work schedule and personal leave. Policy states intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

The auditor was provided with documentation showing that unannounced supervisor rounds are occurring regularly on both Day and Night Shift (facility operates on 12 hour shifts). Supervisors document their rounds in red ink in the General Housing Daily Log Book. These rounds are easily identified due to security staff documenting their activity in black ink.

During interviews with staff, it was discovered the facility has a staffing plan which includes adequate staffing for all categories required. Surveillance video monitoring is a major part of the staffing plan. The plan is documented and the Lieutenant maintains a copy of it. The auditor was advised the facility administrative staff, including the Superintendent review the staffing plan annually, in order to determine if additional staff are needed. The facility's staffing plan is forwarded to the Regional Director and the PREA Coordinator for their review. Staff rosters are turned in at the end of every shift and the Superintendent reviews them in order to ensure no less than the minimum number of staff is being utilized. The auditor was advised the officers have been made aware they are not to alert other staff when the unannounced rounds are being made. The Superintendent advised the auditor that the only deviation from the staffing plan occurred due to the fact that another facility had a medical outbreak which required the assistance of the facility providing additional staff. At no other time was there any deviation from the staffing plan this year.

#### **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)

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XX      Not Applicable

The Wabash Valley Correctional Facility does not house inmates under the age of eighteen (18).

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states except during an emergency situation as declared by the Superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender. Opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgement, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. In the event that a strip search is conducted by an opposite gender staff member, the strip search shall be documented in an Incident Report and submitted to the Custody Supervisor or designee. Body cavity searches require the approval of the Superintendent. Only a licensed physician shall perform the intrusive body cavity search. The licensed physician may be of either sex, but at least one staff member of the same sex as the offender shall remain present during the search of an offender who is voluntarily submitting. Sufficient staff shall be available to control an offender who does not submit voluntarily while the licensed physician conducts the search.

In the past 12 months, the facility has not conducted a cross-gender strip or cross-gender visual body cavity searches.

The facility does not house female offenders; therefore, standards 115.15 (b)-1, 115.15 (b)-2, 115.15 (b)-3, and 115.15 (b)-4 are not applicable to the facility.

Policy states no facility shall conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency circumstances or when performed by medical personnel. All cross-gender strip searches conducted during emergency circumstances shall be thoroughly documented and provide justification for the search.

All offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks.

Policy states all staff of the opposite gender (female staff in a male facility or male staff in a female facility) shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the offender housing unit in which they are designated, at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of the opposite gender staff being present.

Policy states staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender by reviewing, with proper access and authorization, medical records, or, if necessary, by learning that information as part of a broader medical examination in private by a qualified medical practitioner.

No such searches have occurred within the past 12 months.

searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Staff are required to sign a Statement of Acknowledgement documenting they received this training. The auditor was provided with a signed Statement of Acknowledgement form.

During the onsite audit, the auditor interviewed three transgender or intersex inmates; and they stated that they were housed appropriately, and allowed the opportunity to shower separately, perform bodily functions and change clothing without the opposite sex viewing them.

During interviews with random staff, it was noted that staff were very familiar with the agency's policy on transgender searches. 90% of the random staff interviewed provided their carry on PREA card for quick reference and responses. Both staff and inmate interviews indicated that when female staff/officers enter the male housing unit, there is an announcement made of "female" over the intercom system for all inmates to hear. Both staff and inmates also acknowledged the inmates are able to shower, get dressed, and use the restroom without being viewed by the female staff. Inmate interviews determined that female staff are very respectful and they always have privacy when they shower. The male inmate population expressed their gratitude due to the level of professional and respect from all staff regarding PREA. The Superintendent has also taken all precautions considering the 353 surveillance cameras placed throughout the facility and has assigned gender specific (male) correctional staff in certain housing units to ensure all viewing and search measures meet the PREA standards. Staff were extremely knowledgeable of how to report sexual abuse, the transgender procedures and the exerted a high level of professionalism and respect not only for their co-workers but their Superintendent. The morale levels amongst the staff and offender population is very high with tenure staff in key positions.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that compromise the offender's safety, the performance of the first responders, or the investigation of the offender's allegations.

Indiana Department of Corrections has an agreement with Language Training Center, Inc. for providing translation services. The facility has not had a need for an inmate interpreter, reader, or other type of inmate assistant in the past 12 months.

Staff are required to read the PREA education to those inmates who cannot read. Staff were aware not to use inmate interpreters whenever translating for a limited-English speaking inmate that was alleging sexual abuse. Staff indicated they would use a staff interpreter and/or use the interpreter hotline service. During the onsite audit, the auditor tested the language line and it is functional. The auditor was able to communicate in Spanish with the language line interpreter for about five minutes with no issues.

### **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.**

Indiana Department of Corrections Information and Standards of Conduct for Departmental Staff states the Department shall not hire or promote an individual to a position that may have contact with offenders who:

1. Has engaged in sexual abuse in a correctional facility, including; prison, jail, lock up, community confinement facility, juvenile facility, or other institution;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,
3. Has been civilly or administratively adjudicated to have engaged in the activities addressed in numbers 1 and 2 above.

Policy states during the interview portion of the hiring, promotion, demotion, or transfer process, all applicants/employees who may have contact with offenders shall be asked, in written applications or in-person interviews, about any previous substantiated incidents of sexual misconduct or sexual harassment. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment.

All current staff shall be subject to criminal history, driver's license checks, and other appropriate checks.

All persons selected for employment, promotion, demotion, or transfer within the Department shall be subject to the following checks; Criminal History Background Check, Fingerprinting, Sex Offender Registry Check, Employment Verification and Past Employment Verification Checks.

Employment verifications, past employment verifications, educational verifications, and license verifications shall be performed by either the facility's Human Resources Department or the hiring manager.

Subsequent criminal history background checks shall be completed at least every four (4) years on current employees, contractors, and volunteers who have contact with offenders. All 32 staff hired within the past 12 months went through a criminal background record check. In addition, criminal background record checks were conducted on all staff covered by agency's contracts with contractors. Interviews with the facility's Human Resources staff indicate criminal background records checks are conducted on all staff, volunteers, and contractors who have contact with inmates. Sexual harassment would be considered when determining whether to hire or promote anyone. The auditor was advised criminal background records checks are conducted on all current employees annually.

### **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.**

Security Automation Systems installed new digital video recorders in the housing units to record existing cameras and then networked them together over the existing fiber optic infrastructure. The door, intercom and lighting systems were integrated into the new touchscreen control system. New control consoles were installed to house the new touchscreen control stations. A data-logging system was installed to record security transactions on the PLC/touchscreen system. This project was a total turnkey solution that included design, installation, programming, electrical work, testing and training. As a separate, yet concurrent project at Wabash Valley, SAS provided a Gallagher non-lethal electric perimeter protection system for approximately 7000 feet of fence line. The system was configured for multiple zones, including man gates and sliding gates. They provided and configured the Command Center Software for annunciation of all alarms. The system included an integration of the existing microwave detection system with the Command Center Software. They retrofitted the existing proprietary perimeter door control system at the sally port entrance with a non-proprietary, PLC-based system. This project was a total turnkey solution that included design, installation, electrical work, testing and training. A total of 353 Surveillance cameras were installed by ExacqVision Technologies were added to cover blind spots and prevent inappropriate contact with visitors, as well as sexual harassment and sexual assault. The auditor was advised that the agency recently assigned one of the agency's former PREA Compliance Managers to assist the Director of Construction Services. This staff member provides insight and recommendations whenever camera technology is upgraded. Camera technology would be added to any potentially vulnerable areas that were identified.

#### **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.**

The agency/facility is responsible for conducting both administrative and criminal sexual abuse investigations (including inmate- on-inmate sexual abuse or staff sexual misconduct).

When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol adhering to all PREA standards. Any forensic evidence would be collected by trained Sexual Assault Nurse Examiner at Terre Haute Regional Hospital.

Forensic medical examinations are offered without financial cost to the victim.

During the pre-audit, the auditor was provided with a copy of an agreement with Terre Haute Regional Hospital. The agreement states the hospital agrees to provide health care services to inmates of the Indiana Department of Corrections. During an interview with the Director of Emergency Services for the hospital, it was discovered SAFEs are available to conduct forensic examinations for the department of corrections 24 hours a day, 7 days a week.

During the pre-audit, the auditor was provided with a copy of an agreement with Indiana Coalition Against Domestic Violence (dated March 31, 2015). The agreement states the vendor will provide advocacy services for offenders who are victimized in PREA incidents while incarcerated in IDOC facilities.

In the event that a victim advocate is not available at Terre Haute Regional Hospital, the Wabash Valley Correctional Facility would send a designated Sexual Assault Response Team (SART) member along with the victim to act as an advocate. The auditor was provided with documentation showing this staff member has received training in sexual assault response.

Staff indicated a SART bag would be utilized for collecting physical evidence, if necessary. Staff advised that their immediate responsibility would be to separate the victim from the abuser, notify a supervisor, and notify medical staff. Staff advised that typically any physical evidence would be obtained by SAFE staff at the local hospital. The auditor spoke with the Director of Emergency Services at Terre Haute Regional Hospital and was advised the hospital currently has five staff trained as SAFEs and two additional staff who are in the process of getting trained to conduct such examinations. The auditor was advised that these SANE nurses operate on a call-out schedule and are available 24 hours a day, 7 days a week. Facility staff was aware the agency has an MOU with Indiana Coalition Against Domestic Violence and advised this agency would be utilized to provide victim services to any inmate who alleged sexual abuse. The ICADV line was tested by an offender and the auditor. A live individual answered the line and a message was left and the call was returned immediately.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders shall be advised that any offender who engages in any type of sexual abuse and sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Additionally, the offenders shall be advised that all such cases shall be referred to the Indiana State Police for criminal prosecution and to Child Protective Services as appropriate. The auditor located this policy on the agency's website.

In the past 12 months, there have been twenty-six allegations of sexual abuse and/or sexual harassment received. All twenty-five of these allegations resulted in an administrative investigation. One of the allegations was investigated criminally. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

Staff interviews indicate the agency ensures that administrative and/or criminal investigations are completed for all allegations of sexual abuse or harassment. Administrative investigations would be conducted by the facility investigator. Criminal Investigations would be conducted by Investigations and Intelligence (I & I), who are Correctional police officer with the powers to arrest civilians onsite.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states as a part of the new employee orientation training and annual in-service training, all staff shall receive training in the following:

- a. The Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- b. How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c. Offender's rights to be free from sexual abuse and sexual harassment;
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in confinement;
- f. The common reactions of sexual abuse and sexual harassment victims;
- g. How to detect and respond to signs of threatened and actual sexual abuse;
- h. How to avoid inappropriate relationships with offenders, including, lesbian, and gay, bisexual, and transgender, intersex, or gender nonconforming offenders;
- i. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- j. Relevant laws regarding the applicable age of consent.

All 802 staff that currently employed by the facility have received PREA training. Staff receive refresher training annually and between trainings, staff receive emails and policy updates on PREA related topics. Staff are required to sign an Acknowledgement of Receipt of Training and Brochures, "Sexual Assault Prevention" form, acknowledging they have received the required training. The auditor was provided with a sample of acknowledgement forms, documenting this training.

Random staff interviews indicated staff has a thorough understanding of Zero-Tolerance of Sexual Assault and harassment. Staff and supervisor interviews determined staff are professional, respectful, and are serious about doing the right thing.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states training in the detection and response to sexual behavior shall be made part of the volunteer, intern, and contractor orientation training and annual in-service training.

Contractors and Volunteers receive the same training that the security staff receives.

The auditor was advised that 340 volunteers and/or individual contractors, who have contact with inmates, have received this training. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed how to report such incidents.

Contractors and Volunteers are required to sign an Acknowledgement of Receipt of Training and Brochures, "Sexual Assault Prevention" form, acknowledging they have received the required training. The auditor was provided with a sample of completed acknowledgement forms from contractors and volunteers, documenting this training.

Interviews with a random sample of contractors indicated contractors/volunteers are being trained on their responsibilities under the agency's zero tolerance policy. Contractors stated the training consisted of a review of the agency's sexual abuse policies and how to report allegations.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states all offenders housed in the Department shall receive as part of the orientation to a facility an educational segment regarding sexual abuse and sexual harassment prevention.

The offender shall be provided with verbal and written information regarding:

- a. The Department's zero tolerance of any sexual abuse and sexual prevention and intervention;
- b. Self-protection;
- c. Reporting sexual abuse and sexual harassment, and;

d. Treatment and counseling available to offenders who are victims of sexual abuse.

The presentation of this information shall be in a manner that is easily understandable to offenders. Staff shall determine if an offender is in need of accommodations by reviewing the offender's/residents mental health, education and classification records in addition to interviewing the offender/resident.

Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of the first responders, or the investigation of the offender's allegations.

As part of the offender's orientation, the offender shall be given a brochure created by the Department advising the offender of the potential dangers of sexual abuse and sexual harassment and the Department's zero (0) tolerance for such behavior. Additionally, staff at the facility shall supplement the information in the brochure by providing information specific to the operation of the facility. This information shall also be included in the facility's offender handbook. Staff shall address any questions the offenders might ask regarding sexual abuse and sexual harassment.

Additionally, it shall be noted in each offender's record that the offender received the brochure and was made aware of all appropriate information regarding the Department's zero tolerance for all sexual abuse and sexual harassment, including how to report it and how to obtain treatment if he/she becomes a victim. The offender shall sign an acknowledgement form indicating that this information was provided and understood. The acknowledgement form shall be filed in the offender's facility packet. (This shall be filed in Section 3 of the adult facility packets and Section 4 of the juvenile packets). This offender education program shall be completed within seven (7) days of intake or transfer.

The auditor was provided with a sample verifying forms that have been signed by inmates who have received this information and located in section three of their offender file.

All 697 of the inmates admitted into the facility within the past 12 months were given this information at intake.

All 366 of the inmates, whose length of stay was 30 days or more, received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

During the pre-audit, the auditor was provided with a copy of the sexual abuse poster that is posted in the housing units. The poster contains reporting information and states inmates may report sexual abuse by: 1) telling any staff member, 2) Dialing #80 TIPS, and 3) Filing a grievance. The auditor was also provided with information stating inmates may report through the JPay Kiosk & the ombudsman's office. The auditor had an inmate demonstrate the use of the #80 hotline as well as reporting through JPay to the ombudsman's office. Both were tested and effective means of reporting.

Interviews with a member of the intake staff indicate the inmates are provided with PREA education within a few hours of Admissions and Orientation. Intake staff advised the information is read and explained to the inmates, they are provided with PREA brochures, and they are required to watch a PREA video. This information is then gone over with the inmates a second time approximately 30 days after intake. Inmates are required to sign an acknowledgement sheet, acknowledging the training they received. The intake staff are individually assigned to each housing unit allowing the inmate available access along with assigned counselors.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states all investigators shall receive training in conducting sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults. This training shall be documented in the employee's training record.

The auditor was provided with documentation showing six staff members have completed the required training for conducting sexual abuse investigations in confinement settings. Two of the Internal Affairs/Intelligence investigators are Correctional Police officers with the power to conduct a civilian arrest.

An interview with the facility investigative staff indicates investigators receive training specific to conducting sexual abuse investigations in confinement settings. The auditor was advised this training consisted of online training provided by the National Institute of Corrections (NIC). In addition, the investigator advised he received about a week of investigator training at the Internal Affairs Academy. The investigator confirmed the training topics included; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, as well as the criteria and evidence required to substantiate a case for administrative and prosecution referral. All shifts have supervisors and staff members trained and assigned as part of the Sexual Assault Response Team with specific duties in the event of a sexual assault.

#### **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.**

Medical and mental health staff received PREA training. This training contained information on medical and mental health staff's roles and responsibilities under PREA, information on how to preserve evidence, response strategies, detecting and assessing signs of sexual abuse, and follow up care.

The auditor was advised that a total of 77 medical and mental health staff have received this training. This is 100% of all medical and mental health staff.

Facility medical staff does not conduct forensic examinations. Such examinations are conducted at Terre Haute Regional Hospital by trained SANEs.

Interviews with medical and mental health staff indicate they received PREA training adhering to all PREA standards. Staff advised the training included: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff indicated forensic exams would be conducted by SANEs at Terre Haute Regional Hospital.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states within 24 hours of an offender's admission to a Department intake unit, staff shall assess an offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim. This assessment shall use the appropriate Sexual Violence Assessment Tool.

All 697 inmates entering the facility within the past 12 months were screened for risk for sexual victimization or risk of sexually abusing other inmates. These screenings took place within 72 hours of their entry into the facility.

Within 30 days of the offender's transfer, staff shall reassess the offender's risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment and completes a new SVAT if needed.

The auditor was advised that within the past 12 months, 697 inmates were reassessed within 30 days of intake.

An offender's risk level shall be reassessed at any time when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

An offender's refusal to provide information to assist with establishing the aggressor/victim likelihood on the SVAT shall not result in disciplinary actions against the offender.

An interview with one of the staff responsible for risk screening confirm inmates are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. These screenings occur within 72 hours of arrival and include questions pertaining to the inmate's prior abuse and victimization history, how they identify, physical build, age, and the inmate's perception of vulnerability. Screening questions are direct "yes" and "no" questions. The auditor was advised the inmates are reassessed 30 days after intake. The auditor was advised inmates are never disciplined for refusing to answer any questions pertaining to the risk screening. Staff indicated that only designated personnel will have access to the risk screenings, such as: case workers and the PREA Compliance Manager.

Interviews with staff indicated inmates could make a written report, verbal report, anonymous report, and/or third-party report. Staff acknowledged they would document any verbal reports immediately after receiving the information. Random interviews indicated staff was well aware of the different reporting options for inmates, including: privately reporting to any staff member, calling #80, and sending an electronic message to the Ombudsman through JPAY.

### **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.**

The agency/facility uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The auditor was provided with documentation showing the facility screens inmates for their risk of sexual victimization and sexual abusiveness. These inmates are classified as either PREA Victim Likely or PREA Aggressor. The facility makes efforts to house these two types of inmates separately.

Indiana Department of Corrections Sexual Abuse Prevention Policy states the facility shall make individualized determinations about how to ensure the safety of each offender.

In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management and security problems.

During the onsite audit, the auditor was advised the facility currently had three transgender or intersex inmates housed; And a PREA Committee Review is utilized prior to housing each transgender or intersex inmate on a case-by case basis taking their own views into consideration. The auditor conduct interviews with all three transgender or intersex inmates with the determination that their own personal views are considered when housed; they have the opportunity to shower, change and use the bathroom without the opposite gender viewing them; female staff make announces prior to the entrance of a housing unit and staff are very professional during day to day interaction.

Staff interviews indicate inmates who screened to be PREA Victim Likely would be housed separately from those that screened to be PREA Aggressors; PREA Victim Likely inmates would be housed appropriately by the officer's station, and the PREA Aggressors would be housed appropriately. Both PREA Victim Likely inmates and PREA Aggressors would be housed with general population. Whenever possible, these inmates would be housed in separate buildings. Staff interviews determined transgender offenders are reviewed every six months.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers. Any such determination shall clearly document the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be made.

In the past 12 months, there have not been any inmates at risk of sexual victimization who were held in involuntary segregated housing.

Staff indicated that a Review Form is in and will be reviewed by a committee prior to housing an offender in Segregation to ensure all other alternatives have been assessed. Staff acknowledged involuntary segregated housing would only be used as a last resort and a victim would only be placed in involuntary segregated housing until alternative housing could be determined.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders who have been the victims of sexual abusive contact, non-consensual sex act, staff sexual misconduct, or staff/offender sexual harassment shall be encouraged to report these situations. Staff shall ensure that offenders are aware of the manner in which reports can be made. The facility shall provide multiple internal ways for an offender to privately report sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility will give you information on how to stop unwanted sexual conduct and what to do if you are threatened or attacked. You must work with staff to stop unwanted sexual contact and are to report all threats or unwanted sexual contact. If you are found to have had unwanted sexual contact with anyone, you will be charged with a disciplinary code violation and possibly turned over for criminal prosecution.

The Facility provides several ways for inmates to report Sexual Abuse.

- 1) Speaking with any staff member, contractor, volunteer, or supervisor.
- 2) Filing a grievance form.
- 3) Dialing # 80 TIPS
- 4) Sexual Assault Reporting through JPay kiosk under "sexual abuse report"
- 5) Dialing #66 for access ICADV Indiana Coalition Against Domestic Violence  
Attention: IDOC Victim Advocate  
1915 W. 18<sup>th</sup> Street  
Indianapolis, IN 46202
- 6) PREA signage is posted throughout the facility in all areas accessible to offenders in both English and Spanish.

The auditor was provided with a copy of the Offender/Student Information Brochure. This brochure contains information on the agency's sexual abuse policies, including, information on how to report sexual abuse, as well as tips on how to prevent sexual abuse. The auditor was also provided with information on how inmates can report to the DOC Ombudsman through the JPay Kiosk. The Ombudsman serves as the agency's outside reporting entity; the Ombudsman works under the Department of Administration. The auditor conducted a phone interview with the Ombudsman and was advised no MOU was needed, since these duties fall under her statutory duty as the

Ombudsman.

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership Agreement or other state agency, remaining anonymous if requested. Offenders shall have access to the outside organization through a toll free hotline, offender email system, or mailing address.

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](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline #66.

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Staff are required to document verbal reports by the end of their shift.

During the onsite audit, the auditor asked a random offender in the dorm to test the Jpay Ombudsman line and make a report stating that he was testing the line for the PREA Auditor N. Martinez on June 29, 2016 @ 11:37 am. Charlene A. Burkett/DOC Ombudsman Bureau Director contacted the Wabash Valley Correctional Facility on June 29, 2016 at approximately 11:43 am (6 minutes later). The auditor tested the Indiana Coalition Against Domestic Violence twice. The first time it rang a few times and went to a voicemail which a message was left and the second time a live person answered. The ICADV returned the phone call in about 10 minutes.

Indiana Department of Corrections Sexual Abuse Prevention Policy states staff reporting sexual abuse shall be afforded the opportunity to privately report such information to the Shift Supervisor, Internal Affairs Investigator, PREA Compliance Manager, or the Executive Director of PREA via the IDOC Sexual Assault Hotline. Staff may report by telephone or email.

Staff interviews indicate staff could privately report to any supervisor or the PREA Compliance Manager. Both staff and inmate interviews indicate inmates could report directly to any staff member, by sending in a written request, by calling the hotline (#80), or by making a third-party report through a friend or family member. Both staff and inmates acknowledged inmates could privately report by sending an electronic request through the JPAY kiosk to the Ombudsman Bureau which is an entity external to the Department of Corrections.

### **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.**

Indiana Department of Corrections Offender Grievance Process 00-02-301 states this subsection presents guidelines for the filing of grievances alleging that an offender is subject to a substantial risk of imminent sexual abuse, and removing the standard time limits on submission for a grievance regarding an allegation of sexual abuse. Standard time limits may apply to any portion of the grievance that does not allege an incident of sexual abuse. The Department shall not require an offender to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident. Sexual abuse as defined in policy 02-01-115, "Sexual Assault Prevention, Investigation, Victim Support, and

Reporting,” consists of non-consensual sex acts, abusive sexual contact, and staff sexual misconduct. Such a grievance shall not be referred to a staff member who is subject of the complaint.

The Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Determination of the ninety (90) day time period shall not include time consumed by the offender in preparing any administrative appeal.

Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue and subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his/her behalf, the Department shall document the offender’s decision.

In the past 12 months, the facility received 4 grievances or emergency grievances alleging sexual abuse.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states the PREA Compliance Manager and other appropriate staff shall work with community resources to ensure that adequate victim advocacy support services are available to victims of sexual assault.

The contact information for community victim advocates shall be posted throughout the facility and provided in PREA education materials. Offenders shall be informed of the extent to which any calls and correspondence will be subject to monitoring for mandatory reporting purposes where applicable. Counselors for victim advocacy groups shall be allowed access to the offender as a special visit arranged through the PREA Compliance Manager in accordance with procedures in Policy and Administrative Procedure 02-01-102, “Offender Visitation.” The reason for this visit shall be kept confidential and limited to the coordinator. The facility shall also provide offenders with reasonable and confidential access to their attorney’s or other legal representation and reasonable access to parents or legal guardians.

The Inmate Handbook states inmates can dial (toll free) #66 to speak with a victim advocate with Indiana Coalition Against Domestic Violence “ICADV”. Posters contain information on victim advocate services that are available to victims of sexual abuse. These posters include information on the ICADV Hotline, as well as the mailing address to ICADV. The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The auditor was provided with, and reviewed, a Professional Services Contract Indiana Coalition Against Domestic Violence “ICADV.” The contract states ICADV will provide emotional support and follow up services to IDOC offenders.

During the onsite audit, the line was successfully tested. Interviews with random inmates indicate inmates are provided with victim services information during orientation and are provided with brochures containing this information. Inmates acknowledged their conversations would be confidential unless they disclosed information to the victim advocate that someone was in danger.

#### **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.**

Indiana Department of Corrections allows has third-party reporting information posted on the agency’s website. The website states to report an incident of sexual assault on behalf of an inmate, please call 877-385-5877 or email [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov).

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states any staff person, volunteer, or contractor that has reason to believe that actual or threatened sexual abuse has occurred, whether or not it occurred in a Department facility, has a duty to immediately report this information to the Shift Supervisor on duty, PREA Compliance Manager, facility executive staff or the Executive Director of PREA. Staff shall immediately report retaliation against an offender or staff for reporting an incident of sexual abuse and any staff neglect or violation of duty to report that may have contributed to an incident of retaliation. Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the PREA Compliance Manager or staff involved with investigating the alleged incident.

Interviews with random sample of staff determined that they were aware of their duties and responsibilities to report any PREA Audit Report

knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred inside the facility; any retaliation against inmates or staff who reported such an incident; as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states when staff learn that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender.

In the past 12 months, there have been 4 reports and/or allegations of sexual abuse in which staff initiated the Sexual Assault Response Team (SART) to ensure all measures were taken to protect the offender and preserve the crime scene.

Staff interviews indicate that if an inmate were at substantial risk of imminent sexual abuse, the PREA Committee to include the Superintendent, Assistant Superintendent, PREA Manager, back up PREA Manager, and Investigation and Intelligence would be contacted to protect the offender from harm. All options to include transfers in extreme circumstances would immediately be assessed. If necessary involuntary segregated housing would be utilized; however, this would only be until alternative housing could be arranged and would be used only as a last resort.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states when a facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the allegation shall notify in writing the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document it has provided such information.

The PREA Compliance Manager receiving such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedures. Staff interviews indicate that if the facility received an allegation from an outside facility, the matter would be forwarded for investigation to Investigations and Intelligence.

In the past 12 months, the facility has not received any allegations of sexual abuse from other facilities.

In the past 12 months, the facility has not received any allegations of sexual abuse from inmates within their facility that alleged sexual abuse that occurred at other facilities.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of the assault and any evidence collected, in coordination with Internal Affairs Investigators, is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns. They must inform the victim not to take any actions that could destroy physical evidence before an investigator or other member of the SART arrives. They will also arrange for the removal of any suspected predator. Each custody shift is to have two (2) on-duty staff persons identified and trained as first responders. If the first responders are a non-custody staff, the responder shall request the offender not take any actions that could destroy physical evidence and notify custody staff as soon as possible.

In the past 12 months, there have been 4 allegations that an inmate was sexually abused.

During the onsite audit, the auditor was advised there was 4 allegations where first responders/Sexual Assault Response Team members responded immediately; separate the victim and abuser, secure the crime scene, tell both the victim and abuser not to brush teeth, wash, eat or drink, use the restroom, secure the crime scene, and notify medical and a supervisor.

#### **Standard 115.65 Coordinated responses**

- 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.**

Facility Directive outlines the facility's coordinated response plan and includes the specific responsibilities of the First Responders, Internal Affairs Investigator, Medical Staff, and the PREA Compliance Manager.

Staff interviews confirm the facility has a coordinated response plan in place in the event inmates are sexually abused.

### **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.**

XX Not applicable

Interviews with the Agency Head designee indicate the agency does not have collective bargaining and there is nothing that limits the agency's ability to remove a staff member from a housing area.

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment.

The facility has three staff members designated to monitor retaliation, including: the PREA Compliance Manager and two other caseworkers.

During the onsite audit, the auditor reviewed the PREA Committee Meeting Minutes. This documentation contains notes from retaliation monitoring. Staff also document retaliation monitoring on the Retaliation Monitoring Form. This form indicates inmate retaliation is monitored at the following intervals: initial, 15 days, 30 days, 45 days, 60 days, 75 days, and 90 days. Staff retaliation is monitored at the following intervals: 30 days, 60 days, and 90 days.

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A review of the retaliation log determined that offenders are currently being monitored according to policy.

Staff members assigned to monitor retaliation indicated that anytime an allegation is received, the PREA Committee would receive the allegation and assign a staff member to monitor retaliation. This staff member would meet with the inmate and let them know that retaliation is prohibited and that they should report any behavior immediately. This staff member would also follow up and check on the inmate every two weeks in order to ensure the inmate is not experiencing retaliation. If an inmate were retaliated against by other inmates, the facility would take action to ensure the inmate's safety, including, transferring them to another facility. If an inmate were being retaliated against by staff, the staff member would be disciplined and more than likely terminated from employment. Monitoring would continue for up to 90 days and even longer if warranted. There is no maximum amount of time an inmate would be monitored.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders at high risk of sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers.

Staff interviews indicate the use of involuntary segregated housing for inmates who allege sexual abuse would only be used as a last resort. The WVCF PREA Committee will review the Alternative housing form prior to placing the offender in segregation. If an inmate were placed in involuntary segregated housing for this reason, it would be for a very short amount of time and only until alternative housing could be arranged. The auditor was advised that typically they would not be housed in involuntary segregated housing longer than 72 hours. The facility has not had to place any offender in involuntary segregation.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy and The Operation of the Office of Investigations and Intelligence Policy outline the agency/facility policy related to criminal and administrative investigations. Policy states substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy states all reports shall be kept for the length of the offender's/youth's sentences or the length of the employee's employment plus five (5) years.

The facility has referred one allegations of conduct that appeared to be criminal for prosecution since August 20, 2012. An interview with the facility investigator indicates all investigators who conduct sexual abuse investigations receive specialized training. The auditor was advised the facility investigator received online training through the National Institute of Corrections (NIC). Training topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, as well as the criteria and evidence required to substantiate a case for administrative and prosecution referral. The auditor was advised that the facility investigator would investigate administrative investigations while Intelligence and Investigations (I & I) would investigate criminal investigations. Investigations would be documented in written reports and would include; victim and witness statements, video footage, and any physical evidence. The investigator would use a preponderance of evidence when determining whether or not to substantiate an allegation. If an outside agency were conducting the investigation, the Intelligence and Investigations (I & I) Officer and facility investigator would keep track and remain informed on the progress of the investigation. The Wabash Valley Correctional Facility Investigation and Intelligence department has about 50 plus years of experience to include a wealth of knowledge and investigative techniques.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy defines “substantiated” as an allegation that was investigated and determined to have occurred based on a preponderance of the evidence.

An interview with the facility investigator indicates the agency requires a preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment. A random sample of staff interviews indicated the awareness of the 51% preponderance of evidence.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a Department facility, the PREA Compliance Manager shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the PREA Compliance Manager shall request the relevant information from the investigative agency or

facility in order to inform the offender. The offender shall also be informed if the perpetrator has been indicted or convicted on a charge related to the sexual abuse incident.

There were eighteen investigations of sexual abuse/sexual harassment reviewed by the auditor and completed by the agency/facility within the past 12 months. At the conclusion of all eighteen investigations reviewed, 6 were unfounded and 12 were unsubstantiated/substantiated; 12 alleged victims were notified of the results of the investigation. The auditor was provided documentation of these notifications during the onsite audit.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Staff interviews indicate the PREA Compliance Manager would provide investigation notifications to inmates who allege sexual abuse.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states staff shall be advised that any form of sexual activity between staff and offenders, whether consensual or not, is prohibited and that staff who are found to have engaged in any form of sexual abuse and sexual harassment against offenders shall be subject to appropriate disciplinary action, up to and including, termination from employment and criminal prosecution.

In the past 12 months, there have been five staff members from the facility who have violated agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

There were a total of three terminations and two disciplinary reports for violations of agency 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.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states any staff member, contractor, or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

In the past 12 months, there was one contractor/volunteer reported to law enforcement for engaging in sexual abuse of inmates. This contractor/volunteer was banned from the facility.

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of Department sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer.

Staff interviews indicate if a contractor or volunteer violated the agency's sexual abuse and/or sexual harassment policies, there would be a state-wide notice sent out to all DOC facilities, notifying them that this person is not allowed on facility grounds. Staff indicated contractors/volunteers would be banned from the facility for even minor violations and advised that the zero tolerance policy is strictly enforced.

#### **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.**

Indiana Department of Corrections Disciplinary Code for Adult Offenders outlines the disciplinary sanctions that may be imposed upon inmates who violate the agency's sexual abuse and sexual harassment policies.

A sexual act with a visitor, nonconsensual sexual act, sexual contact against staff without consent, abusive sexual contact with a visitor, abusive sexual contact with another offender, and sexual conduct are all considered Major Offenses. Sexual Harassment is considered a Minor Offense.

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.

In the past 12 months, there have not been any administrative or criminal findings of guilt, of inmate-on-inmate sexual abuse that occurred at the facility.

The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Indiana Department of Corrections Sexual Abuse Prevention Policy states following an investigation substantiating an incident of offender-on-offender sexual abuse; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate. The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse 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. The agency prohibits all sexual activity between inmates and disciplines inmates for such activity. This activity constitutes sexual abuse only if the facility determines the activity is coerced.

Staff interviews indicate inmates found to have engaged in inmate-on-inmate sexual abuse can face criminal charges and disciplinary segregation. The inmate's security level may be increased and they could lose good time. The auditor was advised abusers will be offered mental health staff who would provide therapy, counseling, and intervention services for the inmate. The facility would gauge an inmate's participation in these programs as a condition of access to programming and other benefits. Mental Health currently has no sexual abuse victims/predators on a therapy session.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states within 24 hours of an offender's admission to a Department intake unit, staff shall assess an offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim. If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, all offenders who disclosed prior sexual victimization during intake screening were provided medical treatment and follow-ups with medical and mental health staff.

Information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

During an interview with an inmate who disclosed victimization during screening, the inmate advised that when he disclosed this information, he was offered a follow-up meeting with medical and mental health staff. This inmate accepted the follow-up. During an interview with a staff member responsible for risk screenings, the staff member advised that all inmates who disclose victimization or abusiveness during screening are referred to medical and mental health staff within 14 days.

#### **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.**

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Interviews with medical and mental health staff indicate inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. As soon as staff are made aware of any incident, the inmate would be evaluated by medical staff and would be sent to the hospital for a SANE/SAFE exam, if appropriate. Mental Health services would also be provided immediately. The nature and scope of both medical and mental health services are determined based on the medical/mental health staff's professional judgement. Medical staff indicated all victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

#### **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.**

The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Female inmates are not housed at the Wabash Valley Correctional Center; therefore, 115.83 (d)-1 and 115.83 (e)-1 are not applicable. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections 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 abuse history and offers treatment when deemed appropriate by mental health practitioners.

Staff interviews determined victims of sexual abuse would be provided with initial stabilization treatment. In addition, the inmate would be transferred to a hospital for a forensic exam, if needed. Upon return to the facility, the inmate would receive follow-up medical and mental health services immediately. Any medical and mental health care services offered would be consistent with community level care without fees or charges. .

### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states the PREA Committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including whether the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, there have been 17 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents. The facility ordinarily conducts a criminal or administrative sexual abuse incident review within 30 days of the conclusion of the sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits a report to the facility head and the PREA Compliance Manager.

The facility implements the recommendations for improvement or documents its reasons for not doing so.

Staff interviews indicate sexual abuse incident reviews are conducted at the conclusion of sexual abuse and sexual harassment investigations (excluding unfounded incidents). Upper level facility staff, including; the Superintendent, facility investigator, PREA Compliance Manager, Lieutenant, and medical/mental health staff would comprise the review team. The team would attempt to identify the motivations of the incident, determine whether or not physical barriers played a role in the incident, assess the adequacy of staffing levels in that area during different shifts, as well as assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The review team makes an attempt to identify any trends, prepares a report of its findings, and takes corrective action as needed.

### **Standard 115.87 Data collection**

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

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

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Department of Corrections Sexual Abuse Prevention Policy contains a set of definitions for prohibited behaviors. All investigations, regardless of the outcome (substantiated, unsubstantiated, or unfounded), shall be reported through the Sexual Incident Report. The Executive Director of PREA shall develop a Department-wide report based upon the Sexual Incident Reports provided by the facilities. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency provides the Department of Justice (DOJ) with data from the previous calendar year upon request.

#### **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.**

The agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

During the pre-audit, the auditor was provided with an annual report from 2014. This annual report contained statistical information on sexual abuse investigations, as well as problems identified and corrective actions taken. The auditor was also provided with documentation showing a statistical break down of all allegations at every facility. The 2014 annual report included a comparison to 2012 and 2013, and was approved by the Commissioner. The 2014 annual report provides an assessment of the agency's progress in addressing sexual abuse. Indiana Department of Corrections has SSV reports from 2011, 2012, 2013, and 2014 posted on its agency website. When the agency 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. The agency indicates the nature of the material redacted.

Staff interviews indicated incident-based sexual abuse data would be reviewed in order to determine whether there are any trends that may identify a problem that needs to be corrected. Staff advised policies would be revised and additional training would be provided when appropriate. The agency utilizes a database that the PREA Coordinator and PREA Compliance Manager have access to enter, and review, sexual abuse data. This database requires a secure log in and is based on the most recent Department of Justice Survey of Sexual Violence form. Personal identifiers are redacted from this report.

#### **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.**

Indiana Department of Corrections Sexual Abuse Prevention Policy states the PREA Compliance Manager shall submit a Sexual Incident Report for each allegation that is a PREA related incident via the Sexual Incident Reporting System at: <http://myshare.in.gov/Pages/IDOC.aspx>.

All incident reports, investigation reports, and written statements shall be attached to the Sexual Incident Report.

The Sexual Incident Report shall be filed in the confidential section of the offender facility packet. It shall not be released to offenders or the public, unless court-ordered. Aggregate data regarding Sexual Incident Reports can also be requested from the Division of Research and Technology.

The Executive Director of PREA shall develop a Department-wide report based upon the Sexual Incident Reports provided by the facilities. This report shall be completed by the federally mandated date and presented to the Department's Executive Staff for review and ensure the report is made readily available to the public through the department website, ensuring all personal identifiers are redacted. The Executive Director of PREA shall maintain sexual abuse data for ten years after collection. Sexual Incident Reports and investigation reports shall be retained for five years beyond the abusers incarceration or employment.

Staff interviews indicate the agency utilizes a database that the PREA Coordinator and PREA Compliance Manager have access to enter, and review, sexual abuse data. This database requires a secure log in and is based on the most recent Department of Justice Survey of Sexual Violence form. This information is utilized to take corrective action on an ongoing basis by identifying any potential issues, improving policies, and providing additional training, as needed.

## **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.

Noelda Martinez

July 25, 2016

Auditor Signature

Date