

PREA AUDIT REPORT INTERIM FINAL
ADULT PRISONS & JAILS

Interim Report Date: April 4, 2016
 Final Report Date: August 26, 2016

Auditor Information			
Auditor name: Shannon Stark			
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Telephone number: 916 324-6688			
Date of facility visit: February 8 – 12, 2016			
Facility Information			
Facility name: Correctional Industrial Facility			
Facility physical address: 5124 W. Reformatory Road, Pendleton, IN 46064			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 765 778-8811			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendent Wendy Knight			
Number of staff assigned to the facility in the last 12 months: 856			
Designed facility capacity: 1449			
Current population of facility: 1425			
Facility security levels/inmate custody levels: Medium/ Close Security			
Age range of the population: 18 - 79			
Name of PREA Compliance Manager: Matthew Johnson		Title: Investigator II	
Email address: JMJohnson@idoc.in.gov		Telephone number: 765 778-8011 ext. 1226	
Agency Information			
Name of agency: Indiana Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 302 W. Washington Street, Indianapolis, IN 46204			
Mailing address: <i>(if different from above)</i>			
Telephone number: 317 232-5705			
Agency Chief Executive Officer			
Name: Bruce Lemmon		Title: Commissioner	
Email address: BLemmon@idoc.IN.gov		Telephone number: 317 232-5705	
Agency-Wide PREA Coordinator			
Name: Bryan Pearson		Title: Executive Director of PREA	
Email address: BPearson@idoc.IN.gov		Telephone number: 317 232-5288	

AUDIT FINDINGS

NARRATIVE

The Correctional Industrial Facility (CIF) is located at 5124 W. Reformatory Road, Pendleton, Indiana 46064. CIF is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of February 8 – 12, 2016. Following coordination, preparatory work and collaboration with management staff at the CIF, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit.

PRE-AUDIT PHASE

On December 17, 2015, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from IDOC-CIF in January 2016. Notices were to be posted in areas accessible to both offenders and staff.

Pre-audit section of the compliance tool: In January 2016, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The certified auditors started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. The auditor received no letters from offenders at the facility prior to arrival at the institution

ON-SITE PHASE

On February 8, 2016, the audit team arrived at CIF. The audit team consisted of 3 certified auditors and 4 additional CDCR staff who have been assigned to the PREA team and have applied to attend the formal auditor training. The team included myself, certified auditor and PREA Coordinator for CDCR; Nancy Hardy, certified auditor, retired Chief Deputy Administrator and previous PREA Coordinator for the CDCR; Matthew Rustad, Correctional Lieutenant and certified auditor; James Moore, Correctional Lieutenant; John Day, retired Chief of the Office of Internal Affairs; Ray Harrington, retired Correctional Administrator; and Roger Benton, retired Captain.

On February 8, 2016, the audit team met with the Superintendent, PREA Coordinator, and PREA management staff for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization.

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

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

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. CIF custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit

team to select random custody staff and offenders for interviews. The auditor informed the PREA Coordinator that audit teams would compile lists of custody staff and offenders selected randomly for interviews. The list did not specifically identify offenders according to all of the seven categories. However, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories, a complete list was later supplied.

On-site Review: The audit team conducted a thorough site review of the facility. The Superintendent, PREA Coordinator, PREA Compliance Manager and custody staff escorted the audit team. The team toured all of the housing units, medical, mental health, the main kitchen, the warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, chapel, etc.

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

PREA Management Interviews: Two audit team members were assigned the responsibility for interviewing members of the management team, including the Commissioner (Agency Head or designee), the Superintendent (Warden or designee), the PREA Coordinator, and the PREA Compliance Manager. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, several audit team members were escorted to the work locations of individual specialized staff to perform the required interviews. In some cases, it was necessary to conduct the interview via telephone because the person to be interviewed was at a distant location; examples of these were the agency contract manager and the sexual assault nurse examiner.

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

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

During interviews with investigative staff, the team learned that offender grievances against staff are forwarded to the grievance coordinator; Investigations and Intelligence (I&I) may investigate where appropriate or may just

track the progress of staff's response to the offender. The members of the audit team interviewed two investigators and questioned designated staff about the process for logging and tracking cases assigned and offender grievances received by the division. Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standard. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. Two audit team members were escorted to a centralized location where identified staff members were provided for the interviews. The interviews were conducted in private offices. The auditor introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 16 random staff interviews were conducted.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. Three audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from their assigned housing units. Audit team members were escorted to a centralized location where the identified offenders were made available to participate in the interview in a private interview room/office. The audit team members introduced themselves, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 13 offenders were interviewed as part of the random offender interviews.

PREA-Interest Offender Interviews: Two audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender and Intersex Offenders (None Currently at Facility)
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization (None Currently at Facility)
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

Audit team members selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews. The offenders were escorted to where the auditor was located. The auditor introduced them self, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. Audit team members also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. Audit team members interviewed one offender identified as limited visibility, two limited English proficient (Spanish and Vietnamese) offenders, two offenders who were identified as being gay, and four offenders who reported sexual abuse. A total of 9 offenders were interviewed based upon these interview categories. Facility staff did not identify offenders in any of the other categories.

Document Reviews: The document review process was divided up between 3 auditors. One auditor reviewed all documents related to allegations of sexual abuse. Two auditors reviewed all training records, personnel records, contractor and volunteer records, and reviewed the records maintained through the offender intake process. These auditors collected copies of documents, as necessary.

The PREA Compliance Manager provided Sexual Incident Report (SIR) for all 21 allegations received during the previous twelve month period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

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

Audit team members recorded this information for each case reviewed and provided additional relevant information in the space provided for additional notes.

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

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the team members and took responsibility for completing the interim report. The auditor, as a probationary certification, has 21 days to turn the interim report in to the department of justice, which has 10 days to review it. The probationary auditor then has 10 days to consider the department of justice's suggestions and provide the interim report to the facility by March 24, 2016 (total of 41 days). This information was also provided to the agencies PREA Coordinator via the probationary certification template letter. This process was lengthened slightly due to some confusion in document preparation.

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager. Also, community-based victim advocates were interviewed via telephone during the post-audit phase. These interviews were conducted on March 03, 2016. An audit team member conducted a telephone interview with Alternatives, Incorporated. Alternatives, Incorporated was identified as the community-based victim advocacy agency and was also identified as the primary outside agency designated to receive reports of sexual abuse and sexual harassment of offenders in the custody of CIF. A member of the Indiana Coalition Against Domestic Violence (ICADV) was also interviewed. ICADV provides victim advocate follow-up services and is contacted by utilizing #66 from the offender phone system.

Audit team members documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and sent the request on February 23, 2016. Requested information was returned to the auditors on Friday, February 26, 2016.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which

interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard. The interim report was submitted to the PREA Resource Center for review/approval on 03/04/2016.

Corrective Action Plan: Along with the interim report, a Corrective Action Plan (CAP) was also provided to the facility on April 4, 2016. Via a conference call between the auditor and CIF staff, the CAP was discussed including actions needed and tentative completion dates. Throughout the corrective action period additional conference calls were conducted providing updates on items listed on the CAP. All items identified on the CAP were corrected and a final review of the CAP was completed by the auditor on August 26, 2016.

Final Audit Report: Following final review of the CAP, the auditor completed the final audit report for CIF and provided it to the facility on August 29, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

On October 18, 1984, the Indiana Department of Correction broke ground on the correctional industrial complex, later renamed the Correctional Industrial Facility (CIF). CIF was originally built for a capacity of 714 but because of overcrowding it was changed from singled cells to double cells. The current maximum capacity is 1449 with an average daily population of 1425. CIF is a level 2/3 (medium security) correctional facility housing adult male offenders.

The CIF is located at 5124 West Reformatory Road, Pendleton, Indiana. The State Correctional Facility includes 6 housing units which include primarily double cells. Segregated/Restrictive housing is single celled. The facility has self-contained medical, laundry, and food preparation facilities. The Steam Plant is operated by Pendleton Correctional Facility.

Housing is comprised of an indoor gym/recreation, programs and services building, maintenance shops and a large prison industries area. The industries area offers a brake refurbishing factory in partnership with the industrial company Meritor, the facility's largest employer. CIF has 5 apprenticeship programs where offenders are awarded a certificate from the federal department of labor upon completion in the following areas: Pen Products, Aramark, ICAN, physical plant, CIF facility and Animal Trainer.

General population housing units are comprised of two-tiers, each containing double-bunked cells with no toilet/sink fixtures. Each tier contains two bathrooms offering multiple shower/toilet facilities. Segregated/Restrictive housing units are single bunked cells with toilet/sink fixtures. Each restrictive housing unit also contains shower facilities on each tier. Each housing unit has a common area called the range and a TV/ dayroom. There are multiple phones and a j-pay kiosk in each housing unit.

The main entrance to the facility allows for the screening of all visitors. All staff, visitors and their property are screened by metal detector and x-ray. In addition, all staff and visitors are pat-searched upon entering the facility. There is a central control booth sally port which all must pass through to enter the visiting room and facility. The central control unit is staffed by custody staff, which has views of the facilities video monitoring output.

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

CIF offers activities to all offenders. These activities include voluntary education, recreational library, religious services, substance abuse counseling groups, dayroom activities with television viewing, and an outdoor recreation yard and in-door gym. The facility has education, law library, a barbershop, and a chapel. Also offered is the PLUS program (purposeful living units serve), animal programs; FIDO (faith + inmates + dogs = opportunity), ICAN (Indiana Canine Assistance Network), the 9 Lives cat program, and the Saving Max program.

SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above regarding seeing to the needs of the auditors and the hospitality. The audit team thanks the Superintendent, PREA Coordinator, PREA Compliance Manager and the entire staff at CIF.

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

Some of the positives observed by the audit team included:

- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- Supervisory and management staff have a clear understanding of the policy.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training had been completed and that a process was in place to ensure mandatory training will be completed for new hires.
- Staff has already begun to address issues that the audit team identified during the site review.
- Classification staff has taken ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.
- Human Resources staff were well prepared and able to quickly provide the needed information.
- The PREA Compliance Manager is very knowledgeable about all procedures and processes of the facility.

Some of the areas of general concern include:

115.15 Limits to cross-gender viewing and searches

115.52 Exhaustion of administrative remedies

115.67 Agency protection against retaliation

115.71 Criminal and administrative agency investigations

115.73 Reporting to Inmates

115.86 Sexual abuse incident reviews

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

Number of standards exceeded: 0

Number of standards met: 41 (100%)

Number of standards not met: 0 (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.

Policy and Administrative Procedure (PAP) #02-01-115, Sexual Abuse Prevention Policy outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy. The policy further outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 31-page policy provides definitions of prohibited behaviors and a description of agency strategy and response to reduce and prevent sexual abuse and harassment of offenders. In many cases the policy mirrors the language contained in the PREA Federal Standards.

The Commissioner's designee and Superintendent confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy.

The policy mandates that a PREA Coordinator will be assigned, at the Level of Executive Director. This is confirmed by review of the agency organizational chart provided with the pre-audit questionnaire. He has regular contact with the twenty-four assigned PREA Compliance Managers through site visits, emails and direct conversations. In addition, Bryan Pearson, Executive Director of PREA, was at the facility for the entire site-review and answered questions, as needed. Mr. Pearson is leading the agency's commitment to attain PREA compliance.

The policy mandates the assignment of the facility PREA Compliance Manager. Matthew Johnson is assigned to the role of PREA Compliance Manager at CIF. Mr. Johnson reports to the Executive Director of PREA, for PREA related questions and issues. The facility organizational chart identifies Mr. Johnson as the PREA Compliance Manager. During formal and informal discussions with the auditors, it was evident Mr. Johnson was very knowledgeable about the standards and could explain the processes the facility followed in preparation for this audit.

The staff looks to Mr. Pearson and Mr. Johnson to provide direction regarding PREA compliance. It was also clear that Mr. Pearson provides guidance, as needed, to the PREA Compliance Managers.

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.

The GEO Group contract was provided and demonstrates compliance with this standard. The contract directs that the contractor (GEO Group) will comply with PREA and will ensure all applicable PREA standards, state policies related to PREA and standards related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state facilities/programs/offices owned, operated or contracted by the GEO Group.

The Contract Administrator indicated that for each contract that is renewed, the updated PREA language is added. Monitoring is done by either the PREA Coordinator or a contract analyst. He further indicated that the agency has entered into or renewed only one contract during this review period.

Standard 115.13 Supervision and monitoring

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

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

The Superintendent and PREA Compliance Manager stated that during development of the staffing plan, the eleven (11) criteria outlined in standard provision 115.13(a) were considered. It was provided with the PAQ and reviewed by the auditor.

The staffing plan establishes a minimum staffing level of 53 posts during the day shift and 49 posts during the night shift. Custody Supervisors are assigned to various areas throughout the institution. Staff assigned in the housing units provide offender supervision and utilize the Guard One system during mandatory rounds conducted twice per hour. Supervisors in areas identified in the staffing plan were available for questions by auditors during the site-review. The institution has a total of 146 cameras that are located throughout the institution with recording capabilities. The camera system is an additional tool utilized to enhance supervision by staff.

The staffing plan is evaluated annually or more frequently if needed, and provides for adequate levels of staff to protect offenders against abuse. Average daily number of offenders is 1416, the same number of offenders that the staffing plan was predicated upon.

Deviations from the staffing plan are documented on the shift rosters, as required by policy. In the pre-audit questionnaire and during the on-site review, CIF provided copies of several shift rosters that displayed the deviations that had occurred and the reasons for the deviation. The reasons for deviations included sick leave, long term medical, military duty, etc.

Policy mandates that intermediate level or higher level supervisors conduct and document unannounced rounds on all shifts. These rounds are documented on the shift report including the date, time, and person's name who made the rounds. Also, audit team members reviewed unit logs and noted consistent entries by supervisors on both the day and night shifts.

Staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operational functions of the facility. There were 3 interviews conducted with intermediate or higher level staff. These interviews affirmed that staff are making unannounced rounds and documenting these rounds. In addition, during random interviews and discussions with staff, who were asked about the policy on the unannounced rounds, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the log book.

Standard 115.14 Youthful inmates

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

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

This standard is N/A for CIF as they do not house offenders under the age of 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.

PAP #02-03-101, Searches and Shakedown clearly prohibits cross gender strip searches and body cavity searches except in exigent circumstances. If exigent circumstances arise, these searches are documented on the incident report. PAP #02-01-115 states that offenders must be able to shower, perform bodily functions and change clothing without non-medical staff of opposite gender viewing their breasts, buttocks and genital areas except in exigent circumstances or when viewing is incidental to routine cell checks. The policy also requires staff of the opposite gender to announce their presence when entering an offender housing unit and prohibits staff from

searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.

There was 16 random staff questioned about cross gender search practices. The majority of these staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility. The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months.

Most of the housing units, except for segregated housing, are designed with bathrooms on each tier. The bathrooms have several toilets and several showers. Segregated housing cells contain toilets inside of the cells that are situated to the side of the cell window. All of the showers have doors that protect against opposite gender viewing. Most toilets have surrounds or are situated in a way that prevent opposite gender viewing. During the on-site review 4 bathrooms were identified as being designed in a way that opposite gender staff could view one of the toilets from the housing unit open area (range). This was discussed with the PREA Compliance Manager and a plan to correct this and a supply order was provided to the auditor prior to the end of the tour. Random offenders interviewed reported that they are able to utilize the bathrooms without staff of the opposite gender viewing them. Almost all offenders reported hearing opposite gender staff announce their presence when entering the housing unit. All staff interviewed reported that opposite gender staff announcements are made when entering the housing units.

Opposite gender staff was observed entering the housing units and announcements of their presence were made over the PA system. Opposite gender auditors were announced by CIF staff via the PA system when entering the offender housing units.

The training presentation guide for "Pat, Frisk, and Modified Frisk Searches" which was provided to the auditors outlines the process used to conduct opposite gender pat searches and searches of transgender or intersex offenders. The pre-audit questionnaire indicates 100% of the staff received training in proper search procedures. Auditors reviewed the search curriculum and proof of training documents.

During the random staff interviews, many staff recall receiving training on opposite gender pat searches, but did not recall the training on searches of transgender/intersex offenders. However, random staff were able to articulate how they would conduct transgender pat searches and did recall training on being respectful and referring to transgender and intersex offenders appropriately. Most staff indicated they had had PREA training within the last year. In reviewing the training records, it was clear that training for all staff had been conducted during the last year. A small number of staff who were off work had not received the training.

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

1. Provide adequate protection from opposite gender viewing in the four identified bathrooms designed with toilets that are in direct view from the range.

During the corrective action period, the facility made the necessary modifications. Pictures of the four identified bathrooms showing installation of stall type doors were provided. The stall type doors prevent opposite gender viewing.

Based on the additional information provided, this standard has been met.

Standard 115.16 Offenders with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115, PAP #00-02-202, Offenders with Physical Disabilities and the contract with the Language Training Center, Inc. were reviewed.

Written documents to include the PREA brochure are provided in English and Spanish to the offender population. During the tour, it was noted that PREA posters were prominently displayed in areas in both English and Spanish. During discussion with the PREA Coordinator, he shared that brochures are available in braille, for offenders who are able to read braille.

PAP #02-01-115 and #00-02-202 mandate steps to be taken to ensure offenders with disabilities (including offenders who are deaf or hard of hearing, blind or low vision, or those who have intellectual, psychiatric or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Policy prohibits reliance on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigations of the offender's allegations.

The Language Training Center Inc. contract provides over the phone and in person interpretation services. Language line staff confirmed the contract with the facility and stated telephonic interpretive services are provided for most languages.

The agency head designee stated the offender handbook is provided in English and Spanish and the language line is available to provide interpreter services for disabled and non-English proficient offenders.

Random staff that was interviewed recalled the process of utilizing the Language Line for interpreter services. Most indicated they would first try and find another staff member to provide translation. One randomly selected offender who spoke Vietnamese was interviewed utilizing the Language Line. Both the staff and Offender were familiar with the process and access was accomplished in a timely manner. It was apparent that use of the system with this offender was frequent. The offender stated that he is able to access the interpreter services when needed to understand information and to ask questions. He said he had received information on PREA and felt he could make a report if he needed to. One Spanish speaking offender was interviewed with the help of a staff translator. This was also accomplished in a timely manner and appeared to be a frequently used process. The offender stated that he had not received the PREA brochure in Spanish but has seen the Spanish PREA posters posted and knew of ways to report if needed. A disabled (legally blind) offender interviewed said that staff read information to him and that he felt he could report to them or family if he had to.

Facility policy does not provide a mandate that requires documenting limited circumstances in which offender interpreters, readers or other types of offender assistances are used. However, staff interviewed indicates that

offender assistance would not be used when responding to a PREA allegation as this would be confidential. There have been no instances of use of offender interpreters over the past 12 months per the PAQ.

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.

The PAP #04-03-103, Information and Standards of Conduct for Departmental Staff was reviewed. During the on-site review, a random sample of applications for contractors and employees and a random sample of criminal records and background checks were reviewed by the audit team. Informal conversations and formal interviews with human resource staff were conducted.

The PAP #04-03-103 covers the provisions of this standard. It prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the 3 criteria outlined in standard provision 115.17(a). It also mandates the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone that may have contact with offenders. This policy states that a criminal background records check be completed before hiring staff that may have contact with offenders and make best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy requires a criminal background records check be performed before enlisting the services of any contractor who may have contact with offenders. It requires that all applicants & employees who may have contact with offenders be asked directly about previous sexual misconduct in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews of current employees. PAP #04-03-103 imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The number of persons hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 105. Of the files reviewed by the audit team, three applicants had previous employment at Institutions. All three employers had been contacted and personnel files had been reviewed.

Other documents reviewed, showed that the three questions are being asked on state applications and on the pre-interview questionnaires for staff. Backgrounds checks on custody staff are maintained on site. For contracted staff they are maintained at headquarters. Both were reviewed by audit team members. Personnel file reviews are required prior to making hiring decisions.

Formal and informal interviews with human resource supervisors and staff were conducted during the site visit. They stated the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions. This is accomplished through completion of background forms and IDACS or Starling. The facility responds to requests from other institutions to allow access to the entire personnel file and status of ongoing and incomplete investigations

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.

PAP #02-01-115 was reviewed by the audit team. Staff indicated they are in the process of making modifications to the video monitoring system. This process was viewed during the site review and the PREA Compliance Manager explained that the placement and camera angles take into consideration areas that PREA incidents were alleged to have occurred. The updated system will provide a better quality video and the system will retain the recording for a longer period of time.

During interviews with the Commissioner’s Designee, he stated that in projects where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations. Areas where PREA incidents have occurred or where blind spots have been identified are considered in the case by case review. He indicated they have installed or updated video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012, and CIF is currently updating their system.

The Superintendent told the auditor that CIF reviews previous PREA reports and considers identified blind spots in determining the placement of cameras. The institution is in the process of replacing cameras and updating the system.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

The agency Policy #02-01-115 and #00-01-103, The Operation of the Office of Investigations and Intelligence (I&I) and a copy of the Sexual Assault Manual, Health Services Division were provided to the audit team for review.

The agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. PAP #02-01-115 and #00-01-103 provide uniform evidence protocol for sexual abuse. The facility ensures that offenders who allege the incident occurred within the last 96 hours are offered a forensic medical examination and if accepted, transported promptly to ensure evidence is not lost. The facility through the existing MOU is following the growing trend across the United States in the use of sexual assault nurse examiners (SANEs) to conduct the exam. SANEs are registered nurses who receive specialized education and fulfill clinical requirements to perform these exams. The facility strives to ensure that victims of a recent sexual assault have access to specially educated and clinically prepared examiners to perform the medical forensic exam. I&I staff are trained in the collection and preservation of evidence, according to jurisdictional policy, which might include:

- Offenders' clothing and underwear and foreign material dislodged from clothing;
- Bedding or other items identified by the offender; and
- Foreign materials on offenders' bodies which might be lost during transport, including blood or body fluids, fibers, loose hairs, vegetation, or soil/debris.

There is specific language for staff to separate victim and perpetrator and to ensure both do not destroy evidence, secure the scene and either secure or obtain usable physical evidence.

The PAQ indicates that when SAFEs or SANEs are not available, a qualified medical practitioner performs the forensic medical examination. The SAFE/SANE contract states that they have someone available 24 hours per day/ 7 days per week to conduct forensic exams.

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SAFEs or SANEs where possible and the facility documents efforts to provide SANEs or SAFEs. Over the past 12 months, no forensic medical exams have been conducted.

The PREA Compliance Manager was interviewed and verified that the role of the Victim Advocate is provided through the MOU with Alternatives, Inc.

In the 11 cases reviewed, evidence or lack of evidence was not consistently documented.

Interviews with 16 random staff indicate that a majority of staff would contact their supervisor and close off the cell to limit who had access. They would separate the victim and suspect. Photographs would be taken. They would make sure all evidence was collected and the offender was given a SANE exam. They indicated that investigative staff usually handles this process.

The PREA Compliance Manager indicated the current forensic evidence collection protocol was based on the most recent edition of the U.S. Department of Justice's Office of Violence Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

Through an interview with a SAFE/SANE staff, the auditor was informed that services are provided 24 hours a day 7 days a week. When services are requested the SAFE/SANE response time is one hour from the time of notification. St Vincent Anderson Regional Hospital currently has six SAFE/SANE staff available with two additional staff in

training. SAFE/SANE services are always provided by the SAFE/SANE staff. In the event of life threatening injuries, the emergency room physician may perform the services.

Review of the Alternatives, Inc. MOU for Victim Advocate Services, determines the MOU is written to service victims during forensic exams at the hospital. In compliance with the existing MOU and as requested by victim, a victim advocate or qualified community-based organization staff member accompanies and supports the victim in all steps of the forensic medical examination and investigation. Of the 21 cases reviewed, there was no documented request by victims for access to a victim advocate.

The victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given, education, mental health referrals, and offered follow-up services.

The auditor has determined this standard is met because the facility has a contract in place to ensure forensic medical examinations can be conducted and the evidence protocols being used are in compliance with the PREA standards. Staff interviews revealed that they understand the need to ensure a forensic examination is conducted, when appropriate. Documentation of evidence collection will be addressed in 115.71.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

PAP #02-01-115 mandates that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and to notify the State Police liaison of the assault to request assistance, if needed. This investigation shall be conducted by either the facility's Internal Affairs staff or staff from the Internal Affairs Section in Central Office. It further requires that all allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment, or are no longer under the Departments authority. The facility documents all allegations on a Sexual Incident Report. The policy is published on the departments' public website.

PAP 00-01-103 The Operation of the Office of Investigations and Intelligence outlines investigative staffs responsibilities in response to allegations of sexual abuse and harassment.

The Commissioner's Designee stated that the agency, through the PREA Coordinator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Investigative staff stated that the agency has authority to conduct criminal investigations. Criminal cases are referred to the Indiana State Police and presented to the District Attorney.

Investigative staff stated that all allegations are documented on an SIR and are referred to them for investigation.

Over the past 12 months, this facility received 21 allegations of sexual abuse and sexual harassment. All were investigated and none resulted in criminal referrals to the District Attorney. The facility reported all 21 investigations have been completed, and provided SIR's for each case.

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.

The audit team reviewed PAP #02-01-115, PAP #01-05-101 Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets.

PAP #01-05-101 mandates the agency to train all employees who may have contact with offenders on all 10 specified criteria as outlined in standard provision 115.31(a). The training curriculum includes 9 of the 10 criteria outlined in standard provision 115.31. The requirement for civil immigration was not addressed in the policy or lesson plan because Indiana Department of Corrections does not house offenders detained for civil immigration purposes. Employee training tailored to the gender of the offenders is provided at the employee's facility on an annual basis and provides employees additional training if he/she is reassigned from a facility that houses only male offenders to a facility that houses only female offenders or vice versa.

The lesson plan is a general lesson plan designed to help train all levels of staff on the implications of PREA. Refresher training is scheduled on an annual basis. Two phases of PREA training is provided. Initial training is provided during orientation and additional facility specific training is provided later through on-the-job training.

Through random staff interviews, the auditors learned that staff had received training on PREA within the last 12 months. The training included prevention, detection, reporting and response. The policy is zero tolerance and retaliation is not allowed. Staff also indicated they had been provided with written information.

During the on-site visit, record reviews were conducted and it was determined that almost all staff had received the mandatory PREA training. The few staff who had not received the training were currently off work and the facility had a plan to ensure training was completed upon the staff's return to work. 587 staff who may have contact with offenders were trained or retrained in PREA requirements.

PREA training requirements mandate attendance at the required training is documented, through employee signature that they understand the training they have received. Employees are required to complete the Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" upon completion of training. As part of this acknowledgement process, the employee is certifying that they understood the training materials.

Standard 115.32 Volunteer and contractor training

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

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

PAP #02-01-115 was reviewed by the audit team. The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA. The facility has 269 volunteers and contractors currently authorized to enter the facility. All have been trained in the agency's policies and procedures per policy. The policy further mandates 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 offenders. Both volunteers and contractors have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the site visit, volunteers and contractors were interviewed and training records were checked. All training records reviewed consistently showed that the training had been provided previously and during the last 12 month period. The facility has a good process in place to ensure contractors and volunteers receive PREA training.

During the interviews, auditors were told that volunteers and contractors are provided PREA training annually. All of the individuals who were interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training being received is recorded via completion of the PREA Acknowledgement of Receipt of Training and Brochure.

Standard 115.33 Inmate education

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

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

PAP #02-01-115, the Offender Handbook, PREA Offender Orientation Checklist, and PREA posters were reviewed

by the audit team. The audit team reviewed written materials in English and Spanish. We were also informed the brochure is available in braille.

Policy mandates that offenders receive information at intake regarding the zero-tolerance policy and how to report incidents of sexual abuse/harassment. This information is provided in the offender handbook on page 23. It further mandates that within 30 days of intake, offenders receive comprehensive education either in person or through video regarding their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The policy states that offenders received PREA education within 7 days of intake or transfer. All current offenders received PREA information by 12/31/2013. This was certified by the Superintendent of the facility.

During the intake process, 378 offenders were admitted to the facility over last 12 months whose length of stay in the facility was for 30 days or more, per facility characteristics, all of them were provided with PREA information including, their right to be free from sexual abuse, and policies and procedures for responding. The percentage provided the information vs total offenders admitted was 100%.

Per the Facility Characteristics provided, over the last 12 months during the intake process, 597 offenders were admitted to CIF and all were provided the zero-tolerance policy which equates to 100% compliance.

During interviews with Intake staff, they shared that offenders are provided with orientation upon arrival at a new institution. They are also provided with a 2-sided brochure, each time they transfer. Offenders sign an acknowledgement form which is maintained in the offender's packet. In addition, there are flyers posted around the institution and information on the kiosk about the PREA policy. The orientation is generally provided on the same day as the offender arrives.

During random offender interviews, most of the offenders remembered receiving written materials (Offender handbook and brochure) when they arrived at the institution. Several interviewed that had been at the facility for more than 12 months indicated that they saw a video and had seen information in the offender handbook. Of the offenders who recalled receiving information (either verbally, by video or in writing), they all indicated it was within a few days of their arrival.

PAP #02-01-115 mandates the agency to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. The agency does have access to a braille brochure for the visually impaired, but states they would read the offender handbook to the offender to provide effective communication, if necessary. The policy ensures that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

The facility maintains documentation of offender participation in PREA education sessions. Documentation is made via their signature on the Offender Education Program form which is maintained in the offender packet.

During the site visit, the team observed posters available for viewing around the institution in housing units and other areas. Also, the information is available on the kiosk and through brochures that are provided to offenders. There are slides about PREA being run on the offender television system. Language lines are available through a contract provider.

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.

PAP #02-01-115 and #00-01-103, Conducting Sexual Assault Investigations Presentation Guide, IDOC–SART Training Curriculum, and training records and certificates were reviewed by the audit team.

Policy mandates that in addition to the general training provided to all employees, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in a confinement setting. This agency conducts both administrative and criminal investigations on sex abuse cases. It requires that the agency maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.

PAP #00-01-103 requires specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutor referral.

Investigative staff receive training specific to conducting sexual abuse investigations in confinement settings. Trainings include quarantining area, interviews, start a scene log, medical response, reporting and making determinations.

Through documentation reviews, investigator training certificates were provided which demonstrate completion of “PREA – Investigating Sexual Abuse in a Confinement Setting” presented by the National Institute of Corrections, State of Indiana-SART Training and Sexual Assault Prevention Program training. Some investigators are Correctional Police Officers and have received additional training in the police academy.

Investigative staff interviews confirmed knowledge and receipt of specialized training in all areas required per this provision during SART training and the investigators academy/training. Garrity training is provided during NIC training.

Standard 115.35 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 and Corizon Health Services specialized training materials were reviewed by the audit team.

Medical and mental health services are provided by Corizon via an approved contract with the Indiana Department of Corrections.

The agency policy provided does not mandate that all full and part-time medical and mental health care practitioners who work regularly in its facilities be trained in all 4 of the criteria as outlined in standard provision 115.35(a). The facility employs 38 medical and mental health care practitioners who work regularly at the facility. 100% have received the general training. Corizon provides specialized training for medical and mental health staff. Auditors reviewed training materials which addressed the requirements of 115.35(a).

Medical and mental health care practitioners receive general PREA training mandated for employees, volunteers & contractors as identified in policy and outlined in PREA standards, depending upon the practitioner's status in the agency. During the on-site visit, audit team members reviewed and verified attendance at PREA training through the training records. Documentation is maintained that medical and mental health practitioners have received the general PREA training and the specialized training referenced in standard 115.35 either from the agency or elsewhere. Acknowledgement of Receipt of Training and Brochures forms are completed, but it is only for general training. Corizon in-service check off list is used to document participation in specialized PREA training.

Medical and mental health staff interviewed indicated they have received both the general and the specialized training, as required in the standards. Through discussions with supervisory personnel, it was clear that all medical staff is prohibited by procedure from performing forensic examinations on sexual abuse victims.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

PAP #02-01-115, PAP #04-01-101, Adult Offender Classification, a random sample of intake records, and a random sample of Sexual Violence Assessment Tool (SVAT) were reviewed by the audit team.

Policy requires all offenders to be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other offenders via the use of the standardized SVAT. It further mandates intake screening ordinarily be conducted within 24 hours of the offenders arrival at the facility. Refusal to answer questions asked during screening does not result in disciplinary action. Policy also requires that within a set time period, not to exceed 30 days from the offenders arrival at the facility, the facility will reassess the offenders risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. CIF indicated that all offenders are reassessed within 30 days of arrival at their facility based on criteria outlined in standard provision 115.41(f). The assessments are done annually, thereafter.

Most offenders interviewed indicated they had been asked questions about sexual abuse when they arrived at this institution. Only a few of the offenders interviewed indicated that either they didn't remember if it happened or that it did not happen. Of the offenders which remembered participating in an intake screening, all indicated that

it occurred either on the day they arrived or the next day. Several of the offenders interviewed had been housed at CIF for more than 12 months.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner.

Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within 24 hours of the offender's arrival and that the risk screening is completed utilizing a standardized SVAT. Offenders are provided with orientation and given a 2-sided brochure which outlines the IDOC PREA policy. Policy mandates the SVAT consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. Classification staff reviews the offender's history and flags, then assign offender housing. The case worker or case manager screen the offender and provides PREA education. During their interview with the offender, the staff goes over the intake packet and the offender's conduct report looking at their prior criminal history. They discuss programs available and tell the offender how to report abuse. The facility assesses offenders promptly upon arrival as part of the intake process. This process evaluates risk of sexual victimization and abusiveness. The auditors were provided with a copy of SVAT, on which these risks are documented. The SVAT meets all protocols under PREA except for 115.41(d)(10). This criterion is related to offenders retained solely for civil immigration issues and is not met because IDOC does not house offenders detained solely for civil immigration purposes.

During the site visit, auditors observed the actual intake process. The screening/assessment process is completed as part of an overall intake assessment and the standardized SVAT was being used. Intake and screening records were also reviewed by the audit team to demonstrate institutionalization of this screening practice. It was noted that SVAT forms were present in the offender packets that were reviewed.

Even though some of the offenders did not remember participating in the screening process, this auditor believes this standard is met because the intake process was observed where all offenders were being screened in compliance with policy and through the record review, completed SVAT forms were present in the offender packets.

Standard 115.42 Use of screening information

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

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

PAP #02-01-115 and #04-01-101 were reviewed by the audit team. Agency policy mandates the facility to use information from the risk screening to inform housing, programming, and education assignments, to keep offenders at high risk of sexual victimization apart from high risk abusive offenders. The SVAT which is used for the risk assessment is incorporated into the electronic offender record and is available for use in making housing decisions. Offender flags are utilized to signal potential aggressor or potential victim and are incorporated into the electronic offender record and available for designated staff to review when assessing housing. Use of the standardized SVAT and the instructions included assist staff in determining appropriate housing for each offender.

Staff responsible for risk screening shared that information obtained through the interview with the offender is used to assess the appropriateness of housing for the offender. Staff evaluates the answers on the questionnaire and determine if the offender is likely a victim or an aggressor. Once the information is gathered, it is submitted to classification for review. They will house the offender in general population, administrative segregation, or protective custody.

PAP #02-01-115 and #04-01-101 mandate that decisions regarding appropriate transgender or intersex housing in either male or female facilities and programming assignments are determined on a case-by-case basis. Placement decisions will ensure the offender's health and safety, and will consider whether placement would present management or security problems. It requires offenders be reassessed at least twice a year to review any threats to safety experienced by the offender. Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments. The facility has not housed any transgender or intersex offenders in the last 12 months.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders.

Housing units have bathrooms on each tier with individual shower stalls. Each shower stall has a shower door. Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to.

Policy mandates the agency not place Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The PREA Coordinator confirmed that the agency has no consent decrees, legal settlements, or legal judgements for the purpose of protecting such offenders.

In reviewing the housing assignments for LGBTI offenders, it was noted by the audit team that they are not housed in a specific area. LGBTI offenders are housed in various units within the facility. Through interviews with gay offenders, the audit team confirmed that gay offenders have never been put in a housing area designated only for gay offenders.

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.

A review of PAP #02-01-115 and #02-01-111, Use and Operation of Adult Offender Administrative Restrictive Status Housing, were conducted by the audit team. The team also reviewed the intake screening process.

Policy basically mirrors Standard 115.43 and prohibits placing offenders who are at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It mandates offenders, who are placed in segregated housing for the purpose identified in standard provision 115.43(a), shall have access to programming, education and work opportunities to the extent possible and requires that restrictions be documented and include the 3 areas as identified in standard provision 115.43(b). Policy mandates that offenders will be reviewed every 7 days for the first 2 months of assignment and then every 30 days thereafter, to ensure that for each such offender there exists a continuing need for separation from the general population.

In practice, if an offender is placed in segregated housing, any limitations will be documented on the offender record maintained in the housing unit. Offenders assigned in segregated housing are not allowed to have a work assignment. Over the past 12 months there have been no offenders who were identified to be at risk of sexual victimization, held in involuntary segregation.

During the interview with the Superintendent, she confirmed that CIF does not place offenders who are at high risk of sexual victimization in segregated housing unless all other alternatives have been eliminated. She explained that the institution has several different housing units running different programs that offer options when housing offenders that have victimization concerns. But, if alternate housing is not identified, the offender may be placed in segregated housing for less than 24 hours, while appropriate housing is identified or the offender is transferred to an institution that can more appropriately house the offender. If an offender alleges sexual abuse the length of time the offender is retained depends on the case and the length of the investigation. These investigations are a priority and are usually completed within 3 days.

Intake staff interviews confirmed that screening assessments are conducted immediately upon arrival. Housing assignments are made based on information from the SVAT and other case factors.

Staff who supervises offenders in segregated housing told the audit team that offenders who are placed in segregated housing for protection or after having alleged sexual abuse have access to limited privileges and programs. They have access to education which is completed, in cell. Offenders assigned to segregated housing are not allowed to work. The time retained in segregation depends on the length of time the investigation takes and the ability to transfer the alleged victim to another institution. Thirty day reviews are conducted by the facility PREA committee.

During the tour, it was noted that there were no offenders currently housed in segregated housing due to PREA related victim concerns. The counseling staff provided a sample for a non-PREA offender who was reviewed every 30 days to determine the continued need for retention.

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.

PAP #02-01-115, the Offender Orientation Handbook, and the PREA Brochure were reviewed by the audit team.

PAP #02-01-115 requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. Policy further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request. The standard further requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, Indiana Department of Corrections does not house offenders detained solely for civil immigration reasons.

PAP #02-01-115 requires staff to accept reports made verbally, in writing, anonymously, and from 3rd parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the Executive Director of PREA.

During random staff interviews, staff indicated they would accept the report from the offender and document on a Sexual Incident Report (SIR). They shared that offenders can report several different ways including reporting to any staff, calling the number on the poster, using #80, using the kiosk, and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In most cases, staff believed they could report to a supervisor, and it would be kept private.

Offenders that were interviewed reported, that there are several ways they could report. These include use of the kiosk, use the telephone number from the poster, call #80, tell family, tell staff, and put a note in the mail box. Most indicated they would tell family or would tell staff.

Review of offender handbook indicates internal reporting mechanism for offenders is by: 1) writing an offender grievance and giving it to a staff member; 2) placing the grievance with outgoing mail in any housing unit; 3) mailing the grievance directly to the institution; 4) family reports; or 5) submitting the report on kiosk. In addition, the offender handbook allows offenders to privately report by dialing #80 or the public number which is monitored and recorded. PREA posters, written in both English & Spanish, provide a number which can be called confidentially.

During the tour, the audit team noted posters providing reporting information in English and Spanish, and observed reporting instructions on the kiosk. The team was also shown brochures that are provided to offenders. The audit team tested the numbers posted and all work. Posters provided contact information for an entity outside of the IDOC who will take reports and forward immediately to the Headquarters PREA Coordinator for response. We saw copies of these reports that had been forwarded to the Headquarters PREA Coordinator and investigated.

Standard 115.52 Exhaustion of administrative remedies

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

review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 and #00-02-301, Offender Grievance Process, were reviewed by the audit team. The auditor obtained offender grievance forms from staff for review.

The agency has an administrative policy for dealing with offender grievances regarding sexual abuse. Offender grievances alleging sexual abuse or sexual harassment are forwarded to the PREA Compliance Manager and the I&I Office. This establishes that the agency has administrative procedures where offenders can fill out a form articulating an issue they wish to grieve; submit their completed grievance form to a designated staff member for review and response. The response is provided in writing on the grievance form and within a specified timeframe. The policy establishes timeframes for responding to emergency allegations.

Policy mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Review of offender handbook reveals reports of sexual abuse allegations may be made at any time using the Grievance Suggestion Form. There is nothing to restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.

Policy mandates a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by offenders in preparing any administrative appeal. The agency may claim a 70 day extension to respond and offender must be notified in writing of any such extension and provided date in which decision will be made. At any level of the process, including final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. The audit team reviewed a grievance alleging staff sexual misconduct. The allegation was investigated and a final decision was issued to the offender in 39 days.

Policy states that 3rd parties are permitted to assist offenders in filing request for administrative remedies relating to allegations of sex abuse and shall be permitted to file such requests on offenders' behalf. If a 3rd 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 or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

The standards require establishment of procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. Standard provision 115.52 (f) requires initial response within 48 hours and issuance of the final agency decision within five calendar days. The agency policy indicates initial response within two business days and final response within five business days. The facility has a policy outlining the grievance process; however, it is not in compliance with the standards. Over the past 12 months, no emergency grievances have been filed.

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

1. The agency is to modify PAP #00-02-301 to clarify initial response is required within 48 hours and final response within five calendar days of receiving the emergency grievance.

Through the corrective action period, ED 16-20 was issued and reflects the necessary changes to policy regarding timeframes for initial and final response times for offender grievances which contain allegations of sexual misconduct. The changes will be incorporated in AP 00-02-301, "Offender Grievance Process" upon next annual review.

Based on the additional information provided, this standard has been met.

Standard 115.53 Inmate access to outside confidential support services

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

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

PAP #02-01-115, PREA posters, PREA pamphlets, the Offender Orientation Handbook, the MOU for Alternatives, Inc., and the Professional Services Agreement with the Indiana Coalition Against Domestic Violence (ICADV) were provided for review.

PAP #02-01-115 mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

Policy mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Also included in the policy, counselors from victim advocacy groups shall be allowed access to the offender as a special visit arranged through the PREA Compliance Manager in accordance with PAP #02-01-102, "Offender Visitation." The reason for this visit shall be kept confidential and limited to the coordinator.

Policy further requires the facility to maintain or attempt to enter into an MOU or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The facility maintains copies of agreements and provided copies to the auditor for review.

Offender information sheet and brochure entitled "Sexual Assault Reporting and Counseling Services Information Brochure" provides contact numbers for the rape crisis center. This brochure is given to offenders during intake and each time they transfer to a new institution.

Random offender interviews indicated that some offenders knew about outside victim advocates that would be available to talk with them. Of the offenders who knew, they indicated there were posters around the institution that provide the contact information and telephone number. Most offenders interviewed said they would talk to psych staff at the facility if they needed services.

The audit team interviewed several offenders who had made allegations of sexual abuse or harassment. Overall they knew about the outside victim advocate for support services and how to contact them. They had received the brochure when they arrived at the institution.

The audit team observed posters in the housing units which provided contact information for the outside victim advocate.

The audit team contacted the victim advocate at ICADV and was told that they have been receiving calls from the facility and that the process has worked well. When the call is received, it goes to a voice mail or to the Victim Advocate's cellular phone.

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.

PAP #02-01-115 and a Visitor Information Brochure were reviewed by the audit team.

The Policy mandates establishment of a method to receive 3rd party reports of sexual abuse/harassment and distribute public information on how to report sexual abuse and sexual harassment on behalf of an offender.

The auditor reviewed the IDOC website and found information available to the public on reporting.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was included.

Standard 115.61 Staff and agency reporting duties

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

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

PAP #02-01-115 and the PREA Duty to Report for Medical and Mental Health Staff form were reviewed by the audit team.

PAP #02-01-115 mandates all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is a part of the agency. This includes any retaliation against any offender or staff who reported such an incident and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, other security, and management decisions.

Policy also requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law. Policy mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility’s designated investigators.

Interviews with random and specialized staff at all levels of this facility indicate that all PREA related allegations/reports go to the facility PREA investigators for investigation.

During random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During interviews with medical and mental health staff, mental health and medical staff expressed their understanding of the policy and duty to report. They stated they explain to the offender the limitations of confidentiality prior to the initiation of services.

The Superintendent informed the audit team that CIF does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would report to the appropriate agency, as required in state law. All allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility.

The PREA Coordinator confirmed that the facility does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would contact the Department of Aging. In addition, a “potential victim” flag would likely be attached to the offender’s record.

The agency provided a copy of the medical informed consent form which is provided to offenders prior to the initiation of services in accordance with the policy.

Standard 115.62 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 was reviewed by the audit team.

PAP #02-01-115 requires immediate action to be taken to protect the offender when it is learned that said offender is subject to a substantial risk of imminent sexual abuse. Investigative case files for allegations made within the past 12 months were reviewed. All indicated that an offender in substantial risk of imminent sexual abuse was immediately removed from the situation/scene to ensure the offender's safety and those actions were documented in the SIR.

During the interview, the Commissioner's Designee indicated that if he received such information, he would notify the facility where the offender is housed. Direct that the offender be placed in protective custody while an investigation is completed into the threat. If the perpetrator is identified, he would be placed in disciplinary segregation pending completion of the investigation. The victim would only be retained in segregation until alternate housing if necessary, could be identified.

During the interview with the Superintendent, she stated that if she received an allegation, she would take immediate action to protect the offender. This may require that they move the offender to a place where he would be safe until the suspect is identified and the investigation was concluded. This may require that the offender be transferred.

Through random staff interviews, they indicated that if they received an allegation, they would immediately separate the victim and suspect, notify their supervisor and investigations.

Standard 115.63 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 was reviewed by the audit team and requires the facility that receives an allegation of an offender being sexually abused while confined at another facility, to notify the other facility or appropriate office of the

agency where the alleged abuse occurred within 72 hours of receiving the allegation. Policy further requires that allegations received from other facilities/agencies be investigated in accordance with the PREA standards and PAP #02-01-115.

During the interview with the Commissioner's Designee, he stated any such allegation received is referred to the Director of Investigations. Contact is made with the PREA Compliance Manager and an investigator is assigned to conduct the review.

Both the Superintendent and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

Standard 115.64 Staff first responder duties

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

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

PAP #02-01-115 and Sexual Incident Reports (SIRS) and Investigatory Reports, were collected and reviewed by the audit team. Policy requires that, upon learning that an offender was sexually abused, the first staff member to respond to the report shall be required to separate the victim and abuser, preserve and protect the crime scene, request that the victim not take any action which may destroy physical evidence, and ensure the alleged perpetrator does not take any action to destroy evidence. Policy further mandates that non-sworn staff, acting as first responders, request the alleged victim not take any actions that could destroy physical evidence and then notify custody staff, as soon as possible.

Custody staff first responders stated they would separate the victim from the alleged abuser and immediately notify their supervisor and investigative staff. They would take the victim to medical and tell the offender not to use the bathroom or clean off any potential evidence. If the incident occurred in the cell, they would close the cell door to preserve the crime scene. They would secure the abuser as soon as the abuser was known. Responding investigative staff usually collects the evidence.

Non-custody staff first responders said they would notify custody staff and direct the alleged victim to not destroy evidence.

Through random staff interviews, they stated they would secure the offender, separate him from the alleged perpetrator, call the supervisor for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

Offenders who reported sexual abuse indicated that the suspect was sent to segregation and they were taken for medical and told not to destroy potential evidence by showering or using the bathroom.

The provision of the standard was met in policy and practice. Issues concerning documentation of these criteria in incident and investigative reports will be addressed in 115.71.

Standard 115.65 Coordinated response

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

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

PAP #02-01-115 and the Correctional Industrial Facility Directive 02-01-115, Sexual Abuse Response Team policies and procedures were reviewed.

Both statewide and local policy establishes the coordination to be followed in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Executive and line staff understood the role they have in the response required when allegations of sexual abuse are made.

The Superintendent stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities and communities SART team members.

During the site visit, we did not observe response to an allegation of sexual abuse; however, through staff interviews, SANE interview, and policy review, the audit team has determined CIF is in substantial compliance with this standard.

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.

There is no collective bargaining within the IDOC; therefore, this standard is N/A.

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.

PAP #02-01-115 was reviewed by the audit team. The policy requires protection for all offenders and staff who report sexual abuse/harassment or cooperate with sexual abuse/harassment investigations from retaliation by other offenders or staff. Policy establishes multiple protection measures such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with offenders or staff who fears retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Items the agency monitors include offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency continues monitoring beyond 90 days if a continuing need is identified. Policy establishes that in the case of offenders, such monitoring includes periodic checks. Policy further states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the department shall take appropriate measures to protect that individual against retaliation.

The designated staff member charged with monitoring retaliation stated that this process, doing checks every 15 days, checking to see if an offender or staff member has been moved from their job assignment or housing and any disciplinary received, is new. They have always monitored for retaliation but not in a formal format like they are now. This process using this format was implemented around August and he was designated to complete this process. Since implementation, he has ensured that all offenders or staff that have made allegations of sexual abuse are monitored utilizing the new format.

During the interview with the Commissioner's Designee, he stated that the facility will use the protection against retaliation process to follow-up with victims and those who report. Staff will take appropriate action if there appears to be retaliation. Once follow-up is completed, the documents are maintained in the offender's packet. If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual who is retaliating.

The Superintendent, during her interview, indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc.

Offenders who reported sexual abuse did not recall a staff member checking with them every few weeks but did state they felt safe at the facility.

The audit team reviewed investigative reports and offender files for allegations made in the past 12 months. Some contained protection against retaliation forms but not all. Some cases viewed were prior to implementation of the form in August.

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

1. A new Protection Against Retaliation process has been implemented. During the corrective action period, this monitoring process will be evaluated to ensure consistent application.

During the corrective action period, the process used to ensure protection against retaliation was monitored. CIF staff provided completed documents demonstrating they are following the process for allegations of sexual violence and staff sexual misconduct.

Based on the additional information provided, this standard has been met.

Standard 115.68 Post-allegation protective custody

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

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

PAP #02-01-115 was reviewed by the audit team.

Policy states that any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements outlined in standard 115.43.

The audit team observed no offenders who allege to have suffered sexual abuse were held in involuntary segregated housing in past 12 months for more than 24 hours awaiting completion of the assessment.

The Superintendent stated that the facility has different housing options or programs that give them the ability to separate offenders. All housing options are considered and generally the longest a victim would be in segregation would be for one to three days pending completion of the investigation or identification of the alleged suspect.

Staff who supervises offenders in segregated housing shared that offenders are placed in segregated housing for their protection or after having alleged sexual abuse have access to limited privileges and programs. They have access to education which is completed, in cell. Offenders assigned to segregated housing are not allowed to work. The time retained in segregation depends on the length of time the investigation takes and the ability to transfer the alleged victim to another institution.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 and #00-01-103, Sexual Incident Reports (SIR) and investigative reports, training records and certificates, SART training curriculum, and the Records Retention and Disposition Schedule were reviewed by the audit team.

PAP #00-01-103 mandates that investigations of sexual abuse and sexual harassment be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It requires all investigators to receive specialized training for conducting sexual abuse investigations in confinement settings. Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy states that special attention shall be paid to all interviews, including compelled interviews; however, it does not mandate investigative staff to consult with prosecutors prior to conducting compelled interviews.

Policy mandates credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not determined by the person's status as an offender or staff. A voice stress analysis exam is never to be used on an offender as a condition for proceeding with an investigation of a sexual abuse or sexual harassment report.

Policy mandates administrative investigations shall include efforts to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments and investigative facts & findings. The substantiation standard for sexual abuse and sexual harassment administrative investigations is preponderance of evidence.

PAP #00-01-103 mandates criminal investigations be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated cases that appear to be criminal in nature are referred for prosecution. The substantiation standard for sexual abuse criminal investigations is beyond a reasonable doubt.

Policy requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews with investigative staff indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly. Investigative staff said they are contacted for all PREA allegations and respond to the facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. They can contact the Indiana State Police for assistance if it looks like the case is going toward felony prosecution. The State Police will contact the prosecutor for consultation. If staffs actions were not within policy, it would be addressed appropriately, investigated, and sent through the process. They stated that the investigation is continued on both staff and offender allegations and

referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

Offenders interviewed that alleged sexual abuse indicated they were not subjected to any truth telling device.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. Investigations and Intelligence (I&I) staff at the facility conduct all investigations to include third party and anonymous reports. If the allegation is criminal the state police can be contacted to assist.

Completed SIRs demonstrate that all allegations were investigated promptly, when the allegation was received from either the victim, a third party, or anonymously.

21 allegations of sexual abuse/harassment were alleged during the past twelve months. The PREA Compliance Manager provided SIRs for all allegations. During the site review additional investigative reports were reviewed and collected. SIRs document that all allegations were investigated promptly, when the allegations was received.

The SART training curriculum was provided demonstrating specialized training as described in standard 115.34(b) and was described during interviews with investigative staff. The curriculum did not include Garrity. Garrity is included in the on-line NIC training that investigators complete. The PREA Compliance Manager confirmed that investigative staff receive SART training and on-line NIC training which meet this provision of the standard. Certificates indicating completion of other specialized trainings were also provided to the audit team.

Investigative files reviewed included allegations against staff. The reports document a similar investigative process for allegations against staff and offenders. The investigative reports contained no documented assessment of credibility based on status as offender or staff. Allegations against staff and offenders did not consistently include reports evidencing findings, and whether staff actions or failure to act contributed to the abuse. Investigative reports reviewed documented reviews of video monitoring data but did not include information regarding reviews of prior reports or complaints.

No cases were referred for prosecution in the past 12 months. No investigative reports reviewed involved offenders that had transferred or were no longer in custody or staff that no longer worked for the agency.

The Record Retention and Disposition Schedule (RRDS) require an offender's packet to be retained for 10 years past the date of discharge. It requires retention of staff personnel files for one year after the employee leaves the state government agency or at the conclusion of any litigation, whichever is later. They are then transferred to the records center for retention. The records that are transferred include records relating to disciplinary notices, grievances and complaints. The RRDS does not address retention of investigatory files or referrals for criminal charges related to PREA allegations against staff.

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

1. Investigators to document in the SIR or other investigative report that reviews were conducted of prior reports and complaints of sexual abuse involving the suspected perpetrator.
2. Clarify local policy or procedure to provide direction for contacting the prosecutor prior to conducting compelled interviews.
3. Train investigative staff regarding consistent thorough documentation of the actions taken during the investigation, to include; evidence collected, SAFE/SANE contacted, Victim Advocate contact and presence for investigative interviews (when required), a clear description of what led to the findings, and whether staffs actions or failure to act contributed to the abuse.
4. Develop or amend RRDS for investigatory files and referrals to the DA for criminal charges related to PREA allegations against employees/staff.
5. Investigative Reports should clearly articulate that either evidence was identified/gathered or no evidence

was present. Reports should provide a description of the items of physical, testimonial and documentary evidence.

During the corrective action period in response to items 1, 3, and 5, the facility initiated a checklist to assist investigative staff in ensuring that investigative reports include all required and pertinent information. Training of staff was conducted into the use of this checklist and subsequent investigative reports were provided containing required and pertinent information. To address item 2, the facility investigative staff contacted the Prosecutor's Office regarding conducting compelled interviews. The Prosecutor's Office has provided written direction to the facility and a copy was provided to the auditor. Through discussion with the PREA Coordinator and facility investigative staff about item 4, it was discovered that the I&I policy contains the mandated language for retention of investigative records and referrals for criminal charges. These records are not forwarded to an off-site retention facility; therefore, the mandate has not been added to the official Record Retention Schedule.

Based on the additional information provided, this standard has been met.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

PAP #02-01-115 and investigative case files were reviewed by the audit team. Policy mandates the agency impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

A review of administrative investigative case files also confirmed compliance with the provision of this standard.

Standard 115.73 Reporting to inmates

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

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

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

PAP #02-01-115 and Sexual Incident Reports (SIR) were reviewed by the audit team. The policy requires that 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. Policy also requires that following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, the agency informs the offender of the four bullets in this provision. Policy further mandates that following an offender's allegation that he has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented.

Through interviews with investigative staff, they reported that notification would be given during a follow-up interview and documented on the paperwork.

Through interviews with offenders who alleged sexual abuse, the auditor learned that most were told of the outcome of their investigation.

In the past 12 months, 21 investigations of alleged sexual abuse/sexual harassment against an offender were completed by the facility. Copies of notifications to offenders were provided for approximately 60% of the cases reviewed by the audit team. The audit team was not able to locate notifications for all allegations. Investigative case files for allegations against staff were also reviewed.

The form template used for notification was reviewed and contains the required criteria per the standard.

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

1. Provide training to investigators on provisions of this standard and the requirement to retain a copy of the notification in the investigatory file for audit purposes.
2. Document the notification to the offender in the SIR or other investigative reports.
3. Provide a copy of the notification to the offender for all 21 allegations.

Through the corrective action period to address items 1 and 3, staff were provided training regarding the mandate to notify the offender of the outcome of the investigation into sexual misconduct and copies of sign-in sheets were provided to the auditor. To address item 2, the auditor was provided copies of Outcome Notification Reports which have been issued to the offenders and the PCM stated that copies of these notifications will be retained in the investigative file.

Based on the additional information provided, this standard has been met.

Standard 115.76 Disciplinary sanctions for staff

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

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 and #04-03-103, Information and Standards of Conduct for Departmental Staff, were reviewed by the audit team. Policy states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy does not differentiate between lesser and more significant levels of staff misconduct and states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Through the interview with the Superintendent, the auditor learned that allegations are investigated and depending on what the allegation is, the staff member may be restricted from the facility pending completion of the investigation or directed to work in another area. Appropriate disciplinary sanctions would be administered to the staff member up to termination and criminal prosecution.

No terminations have occurred within the past 12 months. No staff resigned in lieu of termination during this rating period.

Standard 115.77 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 was reviewed by the audit team. The policy mandates any 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. It further mandates the agency shall not enlist the services of any volunteer, intern, or contractor, who may have contact with offenders. PAP #02-01-115 requires any contractor or volunteer who engages in sexual abuse 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.

Interview with the Superintendent confirmed that allegations against contractors and volunteer are immediately investigated. If the allegation is substantiated, the contractor is not allowed to enter the facility. Information is provided to the contract agency and the case is referred for criminal prosecution when appropriate.

Over the past 12 months, no contractors or volunteers were reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of offenders.

Standard 115.78 Disciplinary sanctions for inmates

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

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

PAP #02-01-115 and #02-01-101 Disciplinary Code for Adult Offenders, Reports of Disciplinary Hearing were reviewed by the audit team. Policy states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The policy mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Should the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. At CIF, participation in this type of counseling is not made a condition of access to programming or other benefits.

Policy states that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact and that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy states the agency may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity.

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.

When interviewed, the Superintendent said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender’s penalties. Penalties might include placement in restricted housing, loss of good time credit, and prosecution. If the offender has a mental health history, mental health staff will be involved.

During Medical and Mental Health Staff interviews, the auditors were told the facility offers limited therapy, counseling and other interventions to address/correct underlying reasons for abuse. The offender’s issues would be addressed during regular counseling sessions or group counseling sessions. They do not require participation in interventions as a condition to access other programming or benefits.

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

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

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

PAP #02-01-115 was reviewed by the audit team and mandates that if screening indicates that an offender has experienced prior sexual victimization, 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. It states that information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Policy mandates medical and mental health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and there is a form used to obtain the required consent. CIF does not house offenders under the age of 18.

In the past 12 months, no offenders disclosed prior victimization during risk screening.

The PREA Compliance Manager indicated that flag status is kept confidential and only certain classifications can view the information.

Interviews with staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse are offered a follow-up meeting with a medical and/or mental health practitioner. There are no secondary mental health/medical materials as the documentation is loaded directly on the computer that only medical staff have access to. Documentation is maintained in the automated system. Access is limited to staff in certain classifications.

Staff was unsure about the requirement to obtain informed consent before releasing information to custody staff about previous sexual abuse.

No corrective action recommended; however, as a best practice it would be beneficial to provide additional on-the-job training regarding informed consent and the process to be used by appropriate staff.

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)

review period)

Does Not Meet Standard (requires corrective action)

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

PAP #02-01-115 and the Sexual Assault Manual (01/15/2014) were reviewed by the audit team and they mandate treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff completes required documentation, which is secured electronically in medical computers where only medical and mental health staff have access.

Per the Sexual Assault Manual, initial assessment shall take place in a quiet closed place, immediately following the assault. Medical and mental health staff interviews revealed that staff responds immediately when noticed of an incident of sexual abuse. The treatment is based on their professional judgement. Offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

Medical and Mental Health staff interviewed stated the treatment they provide is immediate and based on their professional judgement. Medical and mental health work together to ensure the offender receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted infections prophylaxis, would be offered in accordance with professionally accepted standards of care and where medically appropriate.

Custody staff, non-custody staff, and first responders stated that notification is made via the telephone or institutional radio, to the medical staff who are on duty when informed of an incident of sexual abuse. They also stated that if no qualified medical or mental health practitioners are on duty at the time they receive the allegation, first responders take preliminary steps to protect the victim per standard 115.62, and notify the appropriate medical and mental health supervisory staff.

Offenders who reported sexual abuse stated they were seen by medical right after they made an allegation. One said he was provided with information and offered testing for sexually transmitted diseases.

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.

PAP #02-01-115 and the Sexual Assault Manual were reviewed by the audit team and require each facility to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse. The Sexual Assault Manual that was provided goes into detail about the process to be followed by staff. Policy requires the evaluation and treatment of offenders who have been victimized, to include as appropriate, follow-up services and referrals for continued care following their transfer to, or placement in, other facilities and upon the offender’s release. Policy mandates that victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and that treatment services are to be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are required for all known offender-on-offender abusers within 60 days of learning of such abuse history. Treatment should be offered when deemed appropriate by mental health practitioners.

During interviews with medical and mental health staff, the auditors learned that offenders are provided with treatment, screening, and follow-up mental health services, as determined appropriate by mental health staff. They also stated that if an offender states he has a history of sex abuse, he would be offered counseling services.

An offender who reported sexual abuse indicated he was offered tests for sexually transmitted diseases; however, he also indicated he was not offered any treatment.

There is no mention in the policy about providing services consistent with the community level of care; however, the policy indicates that the offender will have access to a forensic exam at the designated medical center and to victim advocates who work in a community rape crisis center. Also, medical staff interviewed stated that services are at or better than the community level of care. Based on this, the auditor feels this standard has been met.

Standard 115.86 Sexual abuse incident reviews

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

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

PAP #02-01-115 and PREA Committee Meeting minutes were reviewed by the audit team.

PAP #02-01-115 mandates that the Superintendent of each facility shall establish a Facility PREA Committee comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Facility PREA Committee is responsible to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated,

unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. Policy mandates the Facility PREA Committee to consider all six criteria as outlined in standard provision 115.86(d).

Facility PREA Committee meeting minutes document the date the investigation was completed and the date the Facility PREA Committee was held, showing the committee occurred within the required 30 days. The minutes include a list of staff and their titles that were present and all required to be present per this standard are represented.

The audit team reviewed several sessions of the Facility PREA Committee meeting minutes and found that discussions of the six criteria and how areas of concern are being addressed was not documented.

Interviews with the PREA Compliance Manager and the Facility PREA Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard. The minutes are submitted to the Superintendent and the PREA Compliance Manager and Assistant Superintendent ensure any modifications recommended by the committee are completed.

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

1. Develop a format for the Facility PREA Committee to utilize that ensures each criteria of this provision of the standard is adequately addressed and the committees assessment is clearly documented. Include the committee recommendations and how the recommendations are implemented or the reasons for not doing so.

During the corrective action period, the auditor was provided with several copies of Sexual Abuse Incident Reviews and PREA Committee Meeting minutes. Upon completing a review of these documents, it is noted that all required information is contained within these documents. The reviews are conducted timely and are being thoroughly completed.

Based on the additional information provided, this standard has been met.

Standard 115.87 Data collection

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

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

PAP #02-01-115 and the Survey of Sexual Violence documents were reviewed by the audit team and mandate the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey Of Sexual Victimization (SSV-IA)

conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations. The PREA Compliance Manager maintains a record of all reports of sexual abuse at the facility. Each individual Sexual Incident Report (SIR) is submitted to the PREA Coordinator and discussed at the next Facility PREA Committee meeting.

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

The audit team was provided with the agency's Survey of Sexual Victimization. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

Standard 115.88 Data review for corrective action

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

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

PAP #02-01-115, the Agency's Website and the 2013 and 2014 Sexual Assault Prevention Program Annual Report were provided and reviewed by the audit team.

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

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

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

The PREA Compliance Manager indicated all SIR information is provided to the PREA Coordinator for annual review.

The audit team was provided with 2014 Sexual Assault Prevention Program Annual Report which compares data from the past two years. No personal identifying information was included in 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.

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

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

AUDITOR CERTIFICATION

I certify that:

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

Shannon Stark

August 26, 2016

Auditor Signature

Date