

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    June 14, 2018

### Auditor Information

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### Agency Information

Name of Agency:      Governing Authority or Parent Agency (If Applicable):

Indiana Department of Correction      Indiana Department of Correction

Physical Address: 302 W. Washington Street      City, State, Zip: Indianapolis, IN 46204

Mailing Address: 302 W. Washington Street      City, State, Zip: Indianapolis, IN 46204

Telephone: 317-232-5711; Commissioner's Administrative Assistant      Is Agency accredited by any organization?  Yes     No

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

Agency mission: Mission: We promote public safety by providing meaningful, effective opportunities for successful re-entry. Vision: As the model of best correctional practices, we strive to return productive citizens to our communities and inspire a culture of accountability, integrity and professionalism.

Agency Website with PREA Information: <https://www.in.gov/idoc/2832.htm>

### Agency Chief Executive Officer

Name: Robert Carter      Title: Commissioner

Email: rocarter1@idoc.in.gov      Telephone: 317-232-5711

### Agency-Wide PREA Coordinator

Name: Bryan Pearson      Title: Executive Director PREA Compliance

<b>Email:</b> bpearson@idoc.in.gov	<b>Telephone:</b> 812-526-8434 ext. 220
<b>PREA Coordinator Reports to:</b> Bill Wilson, Northern Regional Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 22

### Facility Information

<b>Name of Facility:</b> Edinburgh Correctional Facility	
<b>Physical Address:</b> 23rd and Schoolhouse Rd	
<b>Mailing Address (if different than above):</b> P.O. Box 4730; Edinburgh, Indiana 46124	
<b>Telephone Number:</b> 812-526-8434	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison

**Facility Mission:** Embedded within the IDOC Mission: We promote public safety by providing meaningful, effective opportunities for successful re-entry. **Vision:** As the model of best correctional practices, we strive to return productive citizens to our communities and inspire a culture of accountability, integrity and professionalism.

**Facility Website with PREA Information:** <http://www.in.gov/idoc/2832.htm>

### Warden/Superintendent

<b>Name:</b> Frances Osburn	<b>Title:</b> Warden
<b>Email:</b> fosburn@idoc.in.gov	<b>Telephone:</b> 812-526-8434

### Facility PREA Compliance Manager

<b>Name:</b> Mike Gaudet	<b>Title:</b> PREA Compliance Manager
<b>Email:</b> mgaudet@idoc.in.gov	<b>Telephone:</b> 812-526-8434 ext. 229

### Facility Health Service Administrator

<b>Name:</b> Nicole Ferree	<b>Title:</b> Wexford Health Service Administrator
<b>Email:</b> nicole.ferree@wexfordindiana.com	<b>Telephone:</b> 812-526-8434

### Facility Characteristics

<b>Designated Facility Capacity:</b> 344	<b>Current Population of Facility:</b> On site review dates 4/18/18 – 311; 4/19/18 - 306
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Number of inmates admitted to facility during the past 12 months		239	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		239	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		239	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 20 – 66 years old	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		None	
Average length of stay or time under supervision:		18 months	
Facility security level/inmate custody levels:		Level 1	
Number of staff currently employed by the facility who may have contact with inmates:		54	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		16	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
<b>Physical Plant</b>			
Number of Buildings: 8		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Cameras were installed on 3/1/18, there are a total of 23 which are located for primary viewing in the control room area, and mounted primarily throughout Building 714 (Visiting/Multi-Purpose Room), Programs, and the In-Door Recreation Room.			
<b>Medical</b>			
Type of Medical Facility:		Medical Office	
Forensic sexual assault medical exams are conducted at:		Terre Haute Regional Hospital, Terre Haute, Indiana	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		76	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		44	

# Audit Findings

## Audit Narrative

Edinburgh Correctional Facility (ECF), part of the Indiana Department of Correction (IDOC), agreed to participate in a Prison Rape Elimination Act (PREA) audit to be conducted by a probationary auditor and audit team members from the California Department of Corrections and Rehabilitation (CDCR). The CDCR is part of a consortium of states agencies, to include the IDOC, who have formed an agreement to complete PREA audits, which ensures non-reciprocity and equivalency for the auditing assignments of each state.

Site Review Location: The site review for this audit took place at ECF located at 23<sup>rd</sup> and School House Road, Edinburgh, IN, on base at Camp Atterbury. The site review phase of the audit took place on April 18 and 19, 2018. The audit team had the opportunity to review the pre-audit questionnaire components and conduct pre-audit work prior to arrival at the facility for the onsite audit. Of note, the IDOC refers to their incarcerated population as 'offenders', thus, the terminology 'offenders' and 'inmates' will be used interchangeably throughout this report to demonstrate awareness of and attention to IDOC's agency and PREA Handbook terminology.

### Pre-Audit Phase

Website Review: During the pre-audit phase the auditor visited the agency and facility website. Specifically, she reviewed content on the website as related to PREA information. The probationary auditor investigated the agency and Indiana-based websites to gain familiarity with mandatory reporting laws in the state. During the pre-audit phase, the auditor was also able to establish contact with community advocacy for the facility. First, having reviewed the Indiana Coalition Against Domestic Violence (ICADV) log provided of calls initiated by inmates at ECF the auditor found there were none (0) generated during the previous twelve (12) month period. With this information, an audit team member conducted an interview with an ICADV advocate contact, during the pre-audit phase, and corroborated that this was consistent with their data.

Posting: On February 26, 2018, CDCR provided the audit notice to the agency's PREA Executive Director by email with instructions to post copies in the housing units, and other areas as deemed appropriate by staff. Notice postings were to be posted in accessible areas to ensure visibility by staff and offenders. The posting was designed with large text, bolded and underlined in segments, for enhanced readability. Steps taken to ensure confidentiality were explained on the posting, with exceptions when confidentiality must be legally broken included.

PAQ: On March 14, 2018, the probationary auditor uploaded the pre-audit checklist. The pre-audit questionnaire (PAQ), checklist of policies and procedures, and other relevant documents from the IDOC were uploaded and shared with the auditor in March 2018. In March she also provided the institutional warden and PREA Compliance Manager (PCM) with email notification of her and her team's upcoming onsite visit. As the probationary auditor reviewed the materials provided by the facility, she collated documents that were outstanding on the Issue Log. When completed she had telephonic and email correspondence, to include a log attachment, with the PREA Executive Director to receive documentation required to fill remaining informational gaps.

Pre-audit compliance tool: As indicated, prior to the onsite audit, in March of 2018, the PREA Executive Director provided the complete PAQ, including the upload of supporting documentation, and notified the probationary auditor of availability of this information by email. The documentation upload included all grievances/allegations received during the twelve (12) months preceding the site review, of which there were zero (0) allegations of sexual abuse, and one (1) allegation of sexual harassment reported for investigation, with one (1) corresponding PREA grievance. A log of hotline call was reviewed with zero (0) calls for the facility during the same period. The probationary auditor began transferring the information from the PAQ to the pre-audit compliance tool. There were no letters received from offenders at the facility prior to arrival at the institution, and none to this point. While this action remains pending until June 18, 2018, as during site review it was discovered the institution had inadequately posted the notification of audit.

Site Review Preparation: Prior to the onsite portion of the audit, the probationary auditor was made aware that the facility did not house youthful offenders at any time and did not have a segregated housing unit. With this knowledge, she sent communication by email to the Warden requesting the following information be prepared for the site review:

- A map of the facility with a listing of all buildings and rooms
- Access to personnel files
- The current staff roster for ECF (with training records)
- A list of volunteers/contractors at ECF (with training records)
- Access to inmate files (including some medical/mental health records)
- A list of inmates currently at ECF, including:
  - o A list of known transgender, bisexual, gay or intersex inmates
  - o A list of English second language or non-English speaking inmates
  - o A list of hearing-impaired, vision-impaired or mobility-impaired inmates
  - o A list of any inmates who filed a PREA complaint (regardless of the outcome of the complaint)
  - o A list of inmate who reported sexual victimization during risk screening
  - o A list of inmates who have learning disabilities

Additionally, a request was made for a private work location for the audit team to set up computers and review documentation. A separate location was requested to hold private interviews with the inmate population and staff. She also expressed that her team would need to interview several different classifications of staff, including the: Warden, PCM, Volunteers and Contract Staff, Head of Human Services, Medical and Mental Health Personnel, Training Manager, ECF Investigator, Intake and Classification Staff, in addition to the randomized staff interviews.

## **On-Site Phase**

Team Composition and Entrance: On April 18, 2018, the audit team arrived at Edinburgh Correctional Facility. The team was comprised of the probationary auditor, Dr. Kate Burkhardt, Chief Psychologist; John Katavich, retired Warden; Roger Benton, retired Correctional Captain; J.J. Moore, Correctional Lieutenant; Gary Turner, Correctional Lieutenant; and Jose Zepeda, Correctional Lieutenant. On the first day of the site review, the team met with the PREA Executive Director, Warden, PCM, and Executive team in the administrative conference room for an entrance meeting. The conference room served functionally as the team's work area for the two (2) day site review. At the entrance, the team collaborated with facility representatives to complete initial introductions, data requests, and information sharing.

Upon conclusion of the entrance meeting, the audit team requested the data and interviewee lists, as initially requested by the probationary auditor in email to the Warden during the pre-audit phase. The appropriate lists were provided. At this point, the audit team broke into two (2) groups; one to complete the physical plant site inspection and the other to begin interviews, in order to maximize efficiency in completing the site review. Specifically, while one set of auditors inspected the facility, the other group began to conduct interviews with the offender population.

Interviews: Informal interviews were ongoing throughout the course of the site review, as the probationary auditor and fellow team members would have conversations with staff and offenders with whom they had spontaneous contact (for example, during the physical plant inspection, asking offenders in the dorms if opposite gender announcements were made on a regular basis; querying staff about PREA awareness and knowledge who had not been selected for interviews when encountered at their job sites).

For the formal interviews, those members of the audit team participating in the interviews began to select the names of individuals who would be interviewed, and facility staff prepared the offenders for interview in a staged manner. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements communicated with the interviewing audit team member recording responses by hand. Specifically, the offenders list was processed first, and then staff members were interviewed, while Specialized Staff interviews were completed at the earliest availability of the appropriately represented party (and when necessary, telephonically). All interview participants were made aware their participation was voluntary, and that personally identifying information would be redacted from the final report.

Random Inmate Interviews: The audit team members conducting interviews received an offender roster, with assigned beds and identification numbers, and began the process of random selection for interviews. On the first day of the site review, 4/18/18, there were 311 offenders, and on the second day, 4/19/18, there were 306 offenders at the facility. Offenders were randomly selected based upon housing assignment to ensure as equivalent representation from each dorm as possible. On the day of interviews, offenders had been held back from job assignments due to dorm inspections. As a result, all offenders were potentially available for interview. None (0) of the selected offenders refused to participate in the interview process, while each was asked at the beginning of interview if their participation was voluntary and not coerced. There was a total of thirty (30) random offender interviews completed; one of whom disclosed PREA-Interest categorical representation during interview.

All random offender interviews were conducted in staff offices in the administrative suite that were soundproof and largely visually confidential from other offenders. This was gauged to have provided the offenders an environment in which they felt comfortable to openly share with the auditors. At the beginning of the interview, the auditor introduced themselves, communicated the PREA audit participation standard advisory statements, and proceeded with questions from the random inmate interview protocol. Any clarification required was requested at the time of interview, in order to ensure responses provided information sufficient to make determinations associated with standard compliance. Responses to the interview questions were transcribed by the auditor, pen to paper on the interview document.

PREA-Interest Offender Interviews: As the auditor had requested information prior to the site review, regarding offenders falling within the PREA-Interest categories, she was able to discuss these categorical classifications with the PREA Executive Director immediately upon arrival. He indicated that onsite to his knowledge there were no (0) inmates who met criteria for the following considerations: disabled; limited English proficient; gay or bisexual; transgender or intersex; segregated for risk of

sexual victimization; and/or individuals who reported sexual abuse. As noted previously, there are no youthful offenders incarcerated at the facility and no utilization of segregated housing. Further, to qualify for placement at the facility, offenders need to be capable to support the functions of the facility, which include providing assistance with physically strenuous activities at Camp Atterbury. All individuals must meet determined medical clearance criteria. Based upon this factor, disabled individuals are generally ineligible for placement at this facility. The PREA Executive Director's assertion that there were no (0) physically disabled, and/or limited English proficient inmates at the facility was consistent with informal interviews, and the audit team members' observation during the site review. As there is no segregated housing on site, there were no offenders segregated for risk of sexual victimization, which was also confirmed by site review. The one offender who had reported sexual abuse had since been transferred, paroled, and could not be interviewed. Per the offender population, there were gay offenders, while these individuals had not openly disclosed their status at the facility, thus, could not be identified for interview. Based on information provided by the inmate population, and consistent with the report provided by the transgender offender self-identified during random interviews, the reason for non-disclosure appears unrelated to communication received from or safety concerns at ECF. Instead discomfort with disclosing status as gay or transgender was allegedly generated through being discouraged to disclose by sources at other facilities. All inmates interviewed both formally and informally emphasized that they felt their sexual safety was a priority at ECF.

Of note, there were reportedly no offenders who disclosed sexual victimization during risk screening per the PAQs and initial onsite information. However, this information was found to be inconsistent with inmate file review. There were individuals identified after file review found to have disclosed prior sexual victimization, while this disclosure appears to have occurred during screenings at facilities prior to transfer to ECF. Thus, ECF had not been the location of primary disclosure upon screening. No offenders who disclosed sexual victimization during risk screening were interviewed as the auditor did not discover the nature of this deficiency in the audit process until note review during the post-audit phase. These individuals had been appropriately scored on the Sexual Violence Assessment Tool (SVAT) associated with PREA victim flag status; however, referral to Medical and Mental Health was not documented appropriately. Referral processes for Mental Health and Medical follow-up services was established during the site review for individuals who met such criteria, including email communication between the case managers and Medical Department for any offenders who triggered the need for prior victimization or abuser criterion referral.

There was, as indicated, one (1) offender identified to meet the PREA-Interest Offender Interview status with identification as a transgender offender. Historically, this offender had consistently denied their transgender status to classification officers. Reportedly, this individual had been discouraged from identifying as transgender at a different facility by unknown sources. The individual's physical presentation suggested they may be transgender, and during the preamble of the Random Inmate Interview they disclosed to the audit team member that they are transgender. The inmate subsequently accepted referral to the facility PCM and follow-up was provided. This case was discussed with the PCM, PREA Executive Director and Warden, specifically, regarding the perception at the facility that offenders may be hesitant to disclose their gender identity or sexual orientation. The Warden and PCM emphasized that offenders would not be transferred solely on the basis of identifying as transgender or gay, and the facility does not tolerate any discriminatory practices against offenders who identify as transgender, intersex, bisexual or gay. The Warden sought counsel from the audit team regarding how best to communicate this information to the offender population. The auditors supported refresher training and continuous dialogue with staff and contractors at the facility, such as they would feel increasingly comfortable in discussing terminology associated with LGBTQI offenders' needs. This is hoped to translate to the offender population with knowledge that their gender identity and/or sexual orientation is both understood and accepted at the facility.

PREA Management Interviews: The lead probationary auditor was responsible for the interviews with the facility management, including the Warden and PCM. She had conducted an interview with the PREA Executive Director (PREA Coordinator) earlier in the week, and an audit team member met with the Agency Head Designee when able to meet in person at Madison Correctional Facility, while the team was conducting a PREA site review at the Madison facility. The audit team worked with the facility to make the interview times most conducive to manage routine scheduling needs. The interviews were conducted primarily in the conference room or staff offices, as available.

Specialized Staff Interviews: The Specialized Staff were interviewed by different members of the audit team, as available. Randomization in selection for Specialized Staff was difficult, as for the majority of cases all staff available at the facility comprised the total number of required interviews necessary for a particular category or there was only one (1) designated staff who fulfilled a specialized role. For example, every staff member who performs Intake and Risk for Victimization/Abusiveness Screenings present on 4/18/18 was interviewed for the total sample required. Attempts were made when possible to randomize from different shifts and locations for staff and contractors, as well as seek volunteers and individuals who performed diverse functions. Some of the interviewees were based at external locations or off-site, and it was necessary to conduct interviews via telephone with these individuals. For example, the sexual assault nurse examiner (SANE), agency contract administrator, and Telehealth psychologist participated in the interview process telephonically as their offices are located remotely. The facility Investigator was interviewed earlier in the week, on 4/16/18, by telephone as he was not onsite during the audit dates. Of note, the facility does not use external investigators and conducts all of their own administrative and criminal investigations, unless in rare cases back-up services are deemed to be necessary. The facility Investigator is trained as a correctional police officer with arresting powers.

The audit team created a list of Specialized Staff to be contacted for PREA standard related information and interviewed, as applicable. The interviewee list included the following:

- Victim Advocate – Indiana Coalition Against Domestic Violence (ICADV)
- Agency Contract Administrator
- Intermediate or Higher Level Facility Staff; four (4) staff
- Medical and Mental Health; four (4) staff
- Sexual Assault Nurse Examiner (SANE)
- Administrative Human Resources
- Training Coordinator
- Volunteers; four (4) selected of sixty-three (63)
- Aramark Contractor; three (3) selected of five (5). The eight (8) remaining contractors are with Wexford and interviewed to fulfill Medical Specialized Staff interview requirements
- Facility Investigative Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness; two (2) staff
- Incident Review Team Member; two (2) staff
- Designated Staff Member Charged with Monitoring Retaliation
- First Responders (Security and Non-Security); two (2) staff
- Intake Staff

Random Staff Interviews: For staffing interviews, it should be noted that the facility is small, with a total of fifty-four (54) IDOC state employed security staff. In smaller facilities, several staff often perform multiple functions. During the day shift nearly all staff onsite were interviewed in order to capture sufficient interviews to fulfill auditing standards. Attempts were made to consider a variety of work locations and ensure staff were represented from both shifts. Night staff are rotated through all of the

dorms, therefore randomizing based on dorm assignment was not possible. On day one, the probationary auditor requested that if there were staff working overtime who normally work night shift she would like to interview them; while there were no overtime staff. Shifts are 12-hours, so the audit team decided to remain at the facility through shift change at 1800h in order to conduct interviews with staff from the night shift on the first day of the site review. There were a total of twenty-one (21) random staff interviews conducted with a variety of staff members, including dorm housing officers, crew supervisors, as well as yard and correctional officers assigned to control areas across the different shifts.

All random staff interviews were conducted by each of the team members in private rooms, specifically staff offices, in a variety of locations throughout the facility. At the beginning of the interview the audit team member would introduce themselves, query staff if their participation was voluntary and ensure consent was not coerced. Following, the audit team member would continue with the interview, asking questions that conformed to the randomized staff interview protocol, and transcribe responses by hand on the paper document. Clarification requests were made when necessary, specifically to ensure responses provided sufficient information in the determination of standard compliance.

Site Review: The audit team performed a comprehensive site review of the facility. The physical plant inspection of the facility was completed by visiting all locations onsite where inmates had access and could be present, even if their entry occurred solely in presence of a staff member. The PREA Executive Director, Warden, PCM, Training Coordinator, Assistant Administrator, and Correctional Supervisor on duty were all part of the security staff escort of the audit team during the facility inspection.

The team members who viewed the facility inspected all housing dorms (both first and second floor), multi-purpose/visiting building, education room, in-door recreation area/library, laundry, kitchen, offender dining hall, medical clinic, greenhouse, work change/receiving and release area, clothing exchange, recreation yard, warehouse, administrative suite, and main control.

While inspecting the facility, doors, restrooms, and office areas were checked consistently to ensure they were secured and locked. The team engaged with offenders and staff on a spontaneous basis, asking questions related to agency procedures and PREA-related safety considerations. The team members noted placement and coverage of video monitoring technology, along with surveillance monitors, and gave consideration to potential blind spots. Inspection of bathroom and shower areas was conducted, with particular concern regarding possibilities for cross-gender viewing. There were potential blind spot areas identified in the clothing distribution area, which necessitated movement of shelving; and amongst the library shelving, which involved remedy by re-angling a camera view. In the dorm bathrooms there was a concern with potential incidental cross-gender viewing as the doorway was unmounted with no visual barrier. The facility mounted curtains in front of the commode doorways in all of the dorms to resolve this issue. All remedies to these deficiencies were visited in person and viewed by members of the audit team prior to the site review exit on April 19, 2018.

During the site review, the audit team members observed the presence of supervisors in offender work, recreation, and education areas to assess for adequate levels of supervision, queried if offenders were left unsupervised in isolated areas or were in lead positions as supervisor over other offenders. In the dorms, the phones were tested for the functionality of the facility's #80 hotline utilized to report sexual abuse and sexual harassment. Mechanisms the agencies has provided to offenders for reporting sexual abuse were inspected for functionality and availability, including: JPay (for which posters were visible in English and Spanish with outside sexual abuse reporting contact information on the inmate kiosks, and the Ombudsperson address provided), ICADV (with posters throughout the facility,

particularly near inmate phones in English and Spanish with a published outside reporting hotline and address), and #80 on the inmate phones. The #80 hotline dials directly to the facility's investigator, who receives reports of sexual abuse and sexual harassment. Testing confirmed a positive result. The probationary auditor was also able to confirm through informal conversation and interviews with the inmate population that they were aware of how to utilize the JPay, as well as outside support hotlines and addresses provided to process a report through outside contacts of sexual abuse and/or sexual harassment. The audit team noted the placement of PREA posters in both English and Spanish. Information availability related to Language Solutions – Language Training Center (LTC), who is the contracted provider for offenders requiring translation services was confirmed. Posters for Language Solutions with information as to how to request an interpreter along with the languages available for translation were observed posted in high visibility areas of all housing units. LTC services, per the postings, include, a full service language provider offering interpreting with availability 24 hours per day, 7 days per week.

At this time, it was observed that the notice of PREA audit was inconsistently posted throughout the facility. Remedy for this deficiency was implemented prior to the end of the site review, and viewed by the audit team members, to include the reposting of the audit information with direction to contact the probationary auditor up to sixty (60) days following the site review (end date: June 18, 2018). As of present, the auditor has received no letters.

During the physical site tour, three (3) offenders were arriving at the facility. Onsite observation of the intake process showed that the offenders were receiving the PREA brochure in their intake package and signed a Verification of Receipt form. A discrepancy was noted in the verbiage of the form, indicating the offender had read the brochure when in fact they had not had time to read the form while had been instead presented the form. Further, the quality of the brochure was degraded secondary to utilizing a copy of a previously copied version. Both of these deficiencies were resolved during the site review. One, by rewording the Verification of Receipt Form to indicate they had been provided with a copy of the form, and two, utilizing an original version to print the PREA brochure.

Subsequently, a member of the audit team attending the medical screening portion of the offender intake, and was able to observe the process by which the offender responded to questions posed by the Medical contract staff. This observation supported the contract's staff ability to directly contact Telehealth in the event the offender disclosed previous status as a victim or abuser of sexual abuse.

Document Reviews: During the site review, document review included but was not limited to the audit team's inspection of personnel files and training records of staff, contractors, and volunteers, inmate intake, screening, and education records, as well as sexual abuse investigation/grievance related documentation for the prior twelve (12) month period. The document review process was divided up amongst the audit team. One auditor reviewed all documents related to the only PREA investigation reported and conducted, which was a substantiated case of staff sexual misconduct. One auditor reviewed a random sample of background records checks and personnel training records of staff, contractors and volunteers. Another auditor reviewed documents associated with training of the offender population, and records maintained through the offender intake process.

The auditor had requested during the pre-audit phase, and received list documentation to support her request upon site review for the following:

- |  |                         |
|--|-------------------------|
| - Youthful inmate/detainees                  | n/a                     |
| - Inmates with disabilities                  | None on site            |
| - Inmates who are Limited English Proficient | None on site            |
| - LGBTI Inmates                              | One (1) per site review |

- Inmates in segregated housing	n/a
- Residents in isolations	n/a
- Inmates/residents who reported sexual abuse	One (1) - IP paroled
- Inmates who reported sexual victimization during risk screening	None newly disclosed at facility
- Complete staff roster	Obtained (54 staff)
- Specialized staff	Obtained (included in staff roster)
- All contractors who have contact with inmates	Obtained (13 Contractors)
- All volunteers who have contact with inmates	Obtained (63 Volunteers)
- All grievances in the 12 months preceding audit	Obtained = 1
- All incident reports in the 12 months preceding audit	Obtained = 0
- All allegations of sexual abuse and sexual harassment reported for investigation in 12 months preceding audit	Obtained = 1
- All hotline calls during 12 months preceding audit	Obtained = 0

As there was not a specific sample to corroborate associated with targeted inmates with the exception of one identified transgender individual, and minimal randomization was able to be performed on selection of specialized and random staff interviewees due to the small size of the facility, randomization of documentation review was done in two processes. First, attempts were made to ensure representation from different dorms, shift-selection, and consideration of a diverse array of program areas. Secondly, further randomization was completed through random number generation and subsequent selection from lists of alphabetically organized names in order to ensure review of appropriate sample sizes. The auditor team members collated their findings on the relevant PREA Audit – Documentation Review (Confidential Auditor Work Product) forms, and made copies of documents, as necessary.

**Personnel and Training Files:** The facility has 54 full and part-time security staff. The audit team reviewed fifteen (15) personnel records for background records and PREA-question compliance checks, personnel records which included representation across shifts, job functions, and post assignments. Six (6) files for volunteers and four (4) contractors (total = ten [10]) who had contact with inmates were sampled randomly for the same documentation compliance across an array of service provision locations. When possible one-hundred percent of the sample was reviewed. Specifically, the audit team reviewed all of the 54 staff members, as well as 76 contractors and volunteers. There are also Wexford (Mental Health and Medical), as well as Aramark (Food Service) employed contract staff, totaling 13, and 63 volunteers. All were reviewed for training compliance, which included 100% of the sample. Compliance with PREA-required training was 76 of 76 for volunteers and contractors, and 48 of 54 for employees, with six (6) employees noted to be out of compliance based upon fiscal year training provisions. These employees were brought into compliance per signed proof of practice provided to the auditor on 5/7/18.

**Inmate Files:** On the first day of the onsite phase of the audit, the inmate population was 311, and the second day 306. A total of fifteen (15) inmate records were reviewed by the audit team. The inmate records were sampled across all housing units in the facility, with sampling thereafter generated by utilizing random number generated selection from an alphabetized list of names. The one (1) identified transgender offender’s file was also reviewed, while the offender who had reported the only PREA-reported grievance and investigation conducted during the year had since transferred and paroled, thus, his file was no longer at this facility and could not be reviewed.

Medical and Mental Health Record: During the previous twelve (12) months, there were no (0) inmates who reported sexual abuse, and none (0) who newly reported prior sexual victimization upon screening. Three (3) offender files who had previously reported sexual victimization (while initial report was at a previous facility) were reviewed with none showing documentation of the appropriate mental health referral. Remedy was immediately put into place to resolve this deficiency and ensure direct communication occurs between the counselors who complete screenings and the Mental Health staff with associated documentation completed. The auditor also reviewed the medical and mental health file of an identified transgender offender who had recently been transferred from the facility to establish that the transfer was clinically merited. Based upon review, the determination for transfer was judged to be based upon sound clinical judgment related to the facts of the case as available to the Telehealth provider.

Grievances: Of note, there was solely one (1) PREA-related allegation which was reported at the facility during the previous twelve (12) month period, and filed concurrently to the only PREA-related investigation of sexual harassment. This was confirmed through comprehensive review by an audit team member of the facility's grievance and incident packages during the site review, as well as interview with the Warden, PCM, PREA Executive Director, and Facility Investigator. This was further verified by reviewing all of the facilities received grievances over the previous twelve (12) month period to ensure that other grievances would not have qualified as PREA-related matters. There was no discovery during the interviews with the offender population, both formal and informal, which would suggest that there were additional PREA-related investigations or grievances filed during this period. The PREA-related grievance was resolved through investigative processes in a timely fashion. The offender population uniformly iterated that ECF places a high priority on inmate sexual safety, and upholds standards to maintain an environment which has zero-tolerance towards sexual abuse and/or sexual harassment.

Incident Reports: The facility reported there was only one (1) PREA incident report during the previous twelve (12) month period prior to the audit. There were no additional incident reports, investigations, or Sexual Incident Reports (SIRs) documented as related to PREA investigations based upon information gathered during site review, which was further corroborated by random inmate interviews. There were no investigations initiated that were later determined not to be PREA-related during the previous twelve (12) months, and no pending PREA investigations at the time of the site review. The cumulative SIR breakdown at the facility is as follows, with one (1) case reported and investigated:

Sexual Abuse:

Staff on Offender – 0                      Offender on Offender – 0

Sexual Harassment:

Staff on Offender – 1                      Offender on Offender – 0

PREA Investigation Outcome Totals:

Founded – 1	Unfounded – 0	Unsubstantiated - 0
Administrative - 1	D.A. Referral – 1	D.A. Prosecution – 0
Criminal - 1		

The PREA Executive Director provided the auditor with a completed copy of the one (1) Sexual Incident Report (SIR) and associated investigative file, as well as one (1) PREA Grievance which had been filed concurrently and was related to the aforementioned SIR. The one (1) completed SIR provided to the probationary auditor included the report number, report date, victim and suspect names, and the disposition/status of the case. This SIR was substantiated, and reviewed utilizing the PREA audit

investigative records review tool criterion, ensuring compliance with information contained within an investigative report, to include: case#/ID; date of allegation; date of investigation; staff or inmate on inmate; sexual abuse/harassment; disposition; is disposition justified; investigating officer name; notification given to inmate. In this case, the PREA was substantiated with all appropriate PREA investigative review criterion included. The offender was provided with notification and retaliation monitoring. The case was processed as an administrative investigation. Once the completed case was substantiated as staff sexual misconduct and resulted in the employee's termination, subsequent case referral as "Threatening" was made to the County Prosecutor. The County Prosecutor declined to prosecute the case.

Information Consolidation: The audit team members met frequently throughout the two days to consolidate information and ensure that interviews, documentation reviews, and facility observations were providing coverage of all of the required PREA standards. The team members had good communication amongst each other, and would discuss any discrepancies or deficiencies in order to ensure ongoing communication with the facility to seek clarification and remedy. When further information was required to establish standard compliance, requests were made via the PREA Executive Director, Warden, or PCM. The management team at the facility was extremely responsive to requests and efficient in their delivery of documentation with proof of practice when required. Furthermore, the facility staff addressed identified deficiencies promptly and in a manner reflective of investment in providing a safe environment for the offender population.

Exit Meeting: The audit team conducted an exit meeting on 4/19/18 at which preliminary findings of the review were communicated to the facility executive team. The same attendees who had been present at the entrance, also attended the exit. During the exit, the probationary auditor provided a listing of the identified deficiencies and related standards, while noted the majority of these deficiencies had been brought into compliance during the site review. She also confirmed any outstanding issues should be resolved following the exit by providing the auditor with proof of practice through photographic evidence or written documentation upon completion via electronic communication directed to the auditor to ensure resolution.

## **POST-AUDIT PHASE**

Upon return from the onsite phase of the audit, the probationary auditor and facility executive staff had agreed to communication by email and telephone regarding the need for any additional documentation required, or questions/clarification that arose based upon collating data during the post-audit phase of this review. Further, the facility executive management indicated they would provide the auditor with proof of practice on an ongoing basis, as related to identified deficiencies. The bulk of this information was received by email from the Administrative Assistant on 5/7/18. Communication with the PREA Executive Director and Administrative Assistant (who has recently been placed in the facility's PCM position) has been ongoing, with timely and thorough responses to any of the auditor's requests. The efficiency in documentation and proof of practice production resulted in the ability to close all onsite observed deficiencies, with the exception of the pending item associated with awaiting closure of correspondence from facility inmates until June 18, 2018 per the amended Audit Posting Notification.

Audit Section of the Compliance Tool: The auditor began to review documentation and interview notes gathered while onsite, and compile information to enter into the audit portion of the compliance tool. The auditor integrated details from the interviews into sections of relevant standards, utilizing the compliance tool as a guide. Upon entry of all gathered document, interview, and observational notations into the compliance tool, the auditor proceeded standard by standard through each subsection and provision to check the appropriate 'yes' and 'no' boxes, which were later used in the

final determination of standard compliance. Following completion of all data entry from the audit into the compliance tool, the probationary auditor prepared to make an overall determination of compliance, and utilize the evidence collected to support standard determination as 'exceeded', 'met', or 'does not meet' compliance.

Final Audit Report: The probationary auditor completed the compliance tool, and initiated writing of the final report, as all standards had been found to meet compliance. The final report includes reference to policies and procedures, reports, and supplementary documentation provided by the facility on upload and during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit. The reviewer made the determination item-by-item, by reviewing each provision as a stand-alone measure, to ensure that every provision of a standard was met in all material ways for the relevant review period. The auditor incorporated evidence gathered onsite and through documentation review as proof for the final conclusion of whether the facility exceeds, meets, or does not meet the standard of review. The final report was uploaded to the PREA Training and Resource Center for review on 5/18/18 (twenty-nine (29) days after the site review was completed) and directed to the PREA Resource Center for audit feedback. The PREA Resource Center returned the draft document to the probationary auditor for revision on 5/31/18. At this point, the probationary auditor began to incorporate guidance instruction and all required revisions. She returned the document in full to the PREA Resource Center for review on 6/7/18, and returned on 6/11/18 for final revisions. On 6/14/18, the probationary auditor was authorized by the PREA Resource Center to send the Final PREA Audit report via electronic mail to the Warden and PCM at ECF, including the PREA Executive Director by 'cc'.

## Facility Characteristics

Edinburgh Correctional Facility is a minimum security facility located in Edinburgh, Indiana. The facility was founded in 1991, and is based on Camp Atterbury. In the previous twelve (12) months there was an average daily population of 312 male offenders housed at Edinburgh, with day one (4/18/18) of the site review at 311, and day two (4/19/18) at 306. The inmate population ethnicity was comprised of approximately 77% Caucasian, 21% Black, and 6% Other. The inmates were between the ages of 20 and 66 years of age, each with largely less than five years remaining in their sentence.

As stated previously, to qualify for placement at ECF offenders need to be physically capable to support the functions of the facility, which include providing assistance with maintenance of the base at Camp Atterbury. The offenders at this facility primarily provide support to the community through work crews. The community happens to be the Indiana National Guard. The work crews provide support by mowing lawns, cleaning buildings, as well as maintaining ranges and training facilities. The inmate population comprises approximately 44 work crews whose work assignments support the needs of Camp Atterbury, as well as other state and community agencies. These partnerships are estimated annually to save thousands of dollars for the taxpayers of Indiana. The Administration/Agency Leadership have received feedback that this work is highly appreciated by the Indiana National Guard and the Department of Army.

The facility is, as indicated, contained within the perimeter of Camp Atterbury. The containment is delineated by a boundary, basic chain-link fence that separates the prison from the rest of the base and the soldiers. As the facility is located on an active National Guard base there is continuous military activity and drills conducted on base throughout the day. The offenders do not participate in military exercises. The offender population is bused to their job sites on a daily basis to assist with related work assignments. All inmate supervisors are trained to monitor for PREA related issues, regardless of the offender's work location. The state employees on Camp Atterbury that supervise the work crews are

trained to supervise the offenders to include PREA and keeping them safe while maintaining security and observation of the offenders. These are the same requirements the IDOC has with any community work crew at all prisons in the state, and the IDOC staff at ECF receive the same training that all IDOC staff receive for providing sexual safety. This includes consideration of offender visibility and potential for isolation or blind spots where there is possibility for sexual abuse to occur.

The main entrance to the facility ensures the screening of all visitors, both professional and those visiting offenders, who enter the facility. Specifically, there is a full-stop at the front gate house of Camp Atterbury to show personal identification. Visitors are bused to the ECF from the front entrance of the camp. At the facility entrance of Edinburgh, a thorough screen with metal detector and x-ray is conducted for detection of weapons and contraband. All staff and visitors must submit to a pat-down search upon entry. The central control is staffed with a correctional officer, who has access to the video monitoring output gathered from the 23 camera located throughout the facility.

The facility itself has fourteen (14) primary buildings, including a greenhouse. There are four offender housing units, each of which holds two identical open bay dorms; a main and upper story. The open bays are capable of holding 43 bunkbeds each (86 inmate beds per dorm with 172 inmates per housing unit). The housing units are built as two-story units with a front and back entrance on the first floor, the back of which is continuously locked for security purposes. The second floor has a secured back door and a stairwell entrance at the front of the building which exits to the bottom floor. The offender commodes and showers are located in the front on the first floor of each dorm. The bathrooms had been open to incidental cross-gender viewing, upon entry into the dorm, a deficiency which was resolved during the course of the site review with implementation of curtains in each dorm bathroom doorway.

There is a multi-purpose room (Building 714), which is utilized for a variety of volunteer activities and visiting (for family/friend visits), and a building dedicated to Education programming. Each of these buildings are locked with the exception of when there is staff, contractor or volunteer presence to run activities. Offenders are not permitted to be present alone in these areas. Further, offenders are not allowed to utilize the bathroom in the visiting, but instead must leave the visit and return to their dorm to use the restroom. There is an in-door recreation room, in which there is a library, gymnasium, and barbershop. On the backside of the in-door recreation room is an attached offender run laundry room. While there had been no reported PREA-related incidents in this area, supervision of the laundry room was viewed to be deficient with regard to the PREA supervision and monitoring standard, as there were solely three (3) random checks per shift, which could be clustered to occur with three (3) checks consecutively completed in the first three (3) hours of a shift, leaving the area unmonitored for nine (9) hours. The increase of checks to be conducted on a randomized basis of no less than hourly in this area was judged to be appropriate to meet PREA standards for compliance. Post orders were revised accordingly and high priority email notification was distributed facility wide during the site review with proof of practice compliance sent to the auditor through training signatures and copies of hourly randomized log documentation on 5/7/18.

The facility has a fully-functioning kitchen, responsible for all offender nourishment needs, with dining room area, and associated dry and frozen storage lockers. There is contract staffing present on a continuous basis whenever there is offender access to this area. The kitchen area has video-monitoring in place. In this area an offender bathroom was discovered unlocked with a locking mechanism on the inside. This bathroom was immediately converted into a staff only bathroom, and offenders would be required to return to housing units to utilize the bathroom, if necessary. The Administrative Assistant provided a photograph of this location to the auditor on 5/8/18 to confirm the retrofit.

There are self-contained medical, administration, and security control buildings, all of which require staff awareness prior to an inmate entering the building. Inmates may be present in this area by staff invitation or appointment only. Each of these areas also have continuous video-monitoring.

The facility has no Disciplinary, Protective Custody, or Administrative Restricted housing units, which was confirmed by physical site plant inspection.

The facility, per discussion with the Warden and website review, offers a full complement of programming, educational courses, and vocational activities. The selection of these activities is based on both facility and offender needs, as well as available resources. Some of the independent programming available to offenders at the facility includes educational development, recreational library, law library, dayroom activities with television viewing, and an outdoor recreation yard. There are many group activities and services also available. Many groups are volunteer provided, and ECF has a substantial complement of volunteer, in addition to their state and contract staffing resources. At the time of the site review, their volunteers and contractors stand at 76 filled positions, with IDOC state correctional staffing at 54. Particular state run with volunteer assistance offender activities, include:

- USDOL Apprenticeship Programs
- IN2Work
- Employment Readiness
- Outpatient Substance Abuse and Alcoholics Anonymous/Narcotics Anonymous
- Celebrate Recovery
- Pre-Release Re-Entry Programs (START)
- Nurturing Fathers
- Religious Services

Through volunteer support, there are also group opportunities, including: Indiana Veterans Educational and Transition Unit (INVET; A unit designed specifically for veterans); Test Assessing Secondary Completion (TASC/GED; Classes to help offenders prepare for the high school equivalency exam); Mentorship (volunteers mentor individual offenders on a one-to-one basis); Book Clubs (volunteers facilitate small group book discussions); Mock Interviews (volunteers assist with mock interviews); Pre-Release (volunteers present on various topics); and Special Activities (volunteers assist with various recreational activities, as well as concerts and community projects).

## Summary of Audit Findings

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 43

### Prevention and Planning

- **115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**
- **115.12 Contracting with other entities for the confinement of inmates**
- **115.13 Supervision and monitoring**
- **115.15 Limits to cross-gender viewing and searches**
- **115.16 Inmates with disabilities and inmates who are limited English proficient**
- **115.17 Hiring and promotion decisions**
- **115.18 Upgrades to facilities and technologies**

### Responsive Planning

- **115.21 Evidence protocol and forensic medical examination**

- 115.22 Policies to ensure referrals of allegations for investigation

#### Training and Education

- 115.31 Employee Training
- 115.32 Volunteer and contractor training
- 115.33 Inmate education
- 115.34 Specialized training: Medical and mental health care

#### Screening and Risk of Sexual Victimization and Abusiveness

- 115.41 Screening for risk of victimization and abusiveness
- 115.42 Use of screening information
- 115.43 Protective custody

#### Reporting

- 115.51 Inmate reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting

#### Official Response Following an Inmate Report

- 115.61 Staff and agency reporting duties
- 115.62 Agency protection duties
- 115.63 Reporting to other confinement facilities
- 115.64 Staff first responder duties
- 115.65 Coordinated response
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.67 Agency protection against retaliation
- 115.68 Post-allegation protective custody

#### Investigation

- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.73 Reporting to inmates

#### Discipline

- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates

#### Medical and Mental Care

- 115.81 Medical and mental health screenings: history of sexual abuse
- 115.82 Access to emergency medical and mental health services
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

#### Data Collection and Review

- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction

#### Audits and Corrective Action

- 115.401 Frequency and scope of audits
- 115.403 Audit content and findings

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any):** None

All standards demonstrated substantial compliance and complied in all material ways with the standards for the relevant review period. There was no corrective action required for any of the PREA standards evaluated during the current audit. There are forty-three (43) standards for adult prisons and jails.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.11a:** Policy and Administrative Procedure (PAP) #02-01-115 – Sexual Abuse Prevention (31 pages) was reviewed by the auditor towards this standard. The PAP materially provided the agency's written policy mandating zero tolerance towards any form of sexual abuse and/or harassment. The policy specified the agency's processes towards prevention, detection, and response of any such conduct. Specialized interviews with the Agency Head Designee, Warden, and contract staff, as well as random staff interviews (21 of 21; 100%) supported agency policy of zero tolerance towards sexual abuse and sexual harassment with efforts related to prevention, detection, and response able to be elucidated by the facility's staff. Site review observations and interviews with the offender population further supported the agency's commitment to zero tolerance of sexual abuse and sexual harassment.

**Standard 115.11b:** Per the PAQ, the position of Executive Director of PREA Compliance is filled for the agency, which is a designated position within upper-level management, reporting to the Northern Regional Director. In this position, the PREA Executive Director oversees 22 direct report PREA Compliance Managers (PCMs). During interview with the PREA Executive Director, he indicated that he is provided with sufficient time and authority to conduct responsibilities associated with the development, implementation, and oversight of PREA standards at all of the assigned facilities. He reports interacting with PCMs through group and individual contact on a regular basis, via trainings, site visits, and conference calls. Regarding the facility site review, the PREA Executive Director provided responses to the PAQs in a timely fashion, was available prior to the visit for consultation, and attended the entirety of site review. He was also available telephonically and by email for questions and clarification after the review. Per interviews with the Warden and PCM, the PREA Executive Director is available to respond to PREA-related questions on a consistent basis.

**Standard 115.11c:** The facility assigned PREA Compliance Manager position is filled based on information provided in the PAQ. This position is assigned in the facility's organizational chart. The PCM reports to the Administrative Assistant 2, and has responsibilities at the facility in the organizational chart to include: Program/PREA Coordinator. During interview with the PCM, he stated that he has sufficient time and authority to coordinate the facility's efforts towards compliance with PREA standards. His responses to the onsite questions during interview suggested that he was aware of the PREA standards, and could articulate the associated responsibilities. Through interviews it was clear that staff and offenders at the facility were clear regarding his position at PCM. He was present throughout the course of the site review, and available for post-audit email contact with any questions posed by this auditor.

It is evident that staff know who the PREA Executive Director and PCM are through random staff interviews and would seek PREA standard related direction from either of these individuals. Through the course of the site review, via both informal and formal observation it was clear that both individuals were able to provide appropriate guidance associated with the agency's Sexual Abuse Prevention policy, specifically zero tolerance of sexual abuse and sexual harassment, as well as effectively implement PREA standards towards certification.

**No corrective action was required for this standard.**

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.12a:** PAP #02-01-115, Sexual Assault Prevention; IV. Zero Tolerance of Sexual Abuse and Sexual Harassment, current contracts, and PREA Audit reports from contracted facilities were reviewed by the auditor towards compliance with the provisions of this standard. The 2016 New Castle Correctional Facility and 2017 Heritage Trail Correctional Facility Survey of Sexual Violence (SSV) were also reviewed by the auditor.

Since the last PREA review in May of 2016, per the PAQs, the agency has entered into or renewed ten (10) contracts for the confinement of inmates. The GEO Group holds current contracts. All of these contracts require the contractors to adopt and comply with PREA standards in full. There were no (0) contracts that permitted contractors to not adopt or comply with PREA standards. Agency contracts were provided for review and all conformed to this provision. Per interview with the PREA Executive Director and Agency Coordinator any agency that refused to adopt or comply with PREA standards would be terminated from contract services.

**Standard 115.12b:** Further, during onsite discussion with the PREA Executive Director, and Agency Contract Coordinator all contracted agencies engage fully in PREA compliance and equivalently submit reports for monitoring to ensure their continued compliance with PREA standards. Per policy, all contracted agencies shall be capable of providing the agency with cycled monitoring to ensure they are

complying with PREA standards. PREA Audit reports which passed PREA certification standards were provided and reviewed by the auditor for Bartholomew County, Lake Hall, Brandon Hall, Crain House, and Lake House Community Corrections. All contracts are reviewed on a consistent basis with agency contract monitoring, per interview with the Agency Contract Administrator, to ensure that the contractor is and continues to comply with PREA standards.

**There is no corrective action required for this standard.**

## **Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number

and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.13a:** The auditor reviewed the 2018 Staffing Plan Review and Policy in support of the facility's best efforts to develop, document, and comply with an adequate level of staffing plan that protects offenders against sexual abuse. Per policy, the agency conducts a staffing plan review annually, and more frequently if required. During interviews with the Warden, PREA Executive Director, and PCM all indicated that the eleven (11) criteria above are considered when evaluating the needs associated with appropriately staffing the facility. The annual staffing plan review meeting (and whenever otherwise deemed necessary) per policy, review of the document, and interviews with the PCM, Warden, and PREA Executive Director includes the assessment, determination, and documentation of whether adjustments are needed to the staffing plan, the facility's continued deployment of video monitoring systems and other monitoring technologies, as well as any additional resources the facility has available to commit to ensure adherence to the staffing plan. Per the PAQ upload, the facility uses the American Correctional Association standards and principles of the Indiana Justice Model in their correctional practices. Based upon the auditor's review of the 2018 review, the staffing plan is predicated on the average daily number of inmates at 310, with the reported actual average daily number of offenders slightly less at 298. Documentation utilized in the development of the staffing review, and also provided to the auditor, includes:

- 1.) The IDOC Post Analysis,
- 2.) Master Roster,
- 3.) Vacancy Report Breakdown,
- 4.) 18-Month Vacancy Rate, and
- 5.) Facility Organization Chart.

**Standard 115.13b:** There were no documented cases which necessitated deviation from the staffing plan. However, in such cases as deviation from a staffing plan must be made, the facility shall document, per policy, and justify all deviations from the plan on a shift report or shift roster. During interview with the Warden, she discussed the need to both review and document such situations.

**Standard 115.13c:** Per policy and in practice, the facility is in consultation with the PCM, which occurs, whenever necessary, and no less than once annually to assess, determine and document whether adjustments are required to the facility's master staffing plan, video monitoring or other monitoring technologies, and resources the facility has available to commit to ensure adherence to the facility staffing plan. Furthermore, the PREA Executive Director has an office at the Edinburgh facility, thus is available for consult whenever necessary, and is included in the annual staffing plan review process. The staffing plan meeting conforms to the processes as described in Standard 115.13a per auditor's

review of the documentation provided, and input gathered during interviews with participants of the Staffing Plan review, most specifically the PREA Executive Director and the PCM.

**Standard 115.13d:** Unannounced rounds are documented by intermediate and higher-level staff in the log books across each of the four (4) dorms. The documentation was observed during the facility inspection to be randomized and conducted on both day and night shifts with the date, time, and name of the supervisor indicated. It is also written into the Sexual Assault Prevention policy (PAP #02-01-115), as XII Facility Prevention Activity that staff are prohibited from alerting other staff members that these supervisory rounds are occurring (p. 19). During the site visit, four (4) interviews were completed with Intermediate or Higher Level Facility Staff, in which each indicated they had conducted and documented unannounced rounds, and were able to state that staff were not permitted to advise or contact other buildings to inform them of unannounced rounds occurring. Random staff interviews confirmed that unannounced rounds occurred and that the staff were prohibited from sharing this information with surrounding dorms. The logs were reviewed, both those submitted for the PAQ upload, and those viewed during the physical plant review, and the unannounced rounds were found to have been documented in red across the shifts.

Rounding within each of the dorms was occurring at approximate but not greater than fifteen (15) minute increments, while the audit team noted that the randomization of the fifteen minute increments in two housing units was not consistent (of note, this was related to a singular staff member's documentation). All logs submitted with PAQ upload had been randomized. This deficiency was resolved with a 'High' importance email sent from the Warden to All Edinburgh Staff to ensure randomization of fifteen (15) incremental observation checks, to be announced at Roll-Call for two weeks. Proof of practice training and logs to assure continued compliance were provided to the auditor by the Administrative Assistant on 5/7/18. The agency went above the recommended remedy for deficiency and added a locked box on the second floor of all dorms, to ensure that the rounding was completed on a randomized basis on the upper floor as well. Proof of practice was sent by way of a picture of the locked box, and a scanned copy of the randomized fifteen (15)-minute increment logs to the auditor with the original request.

During the site review the supervision post orders associated with the offender laundry were occurring at a rate of three (3) random checks per shift. While there had been no reported PREA-related incidents in this area, supervision of the laundry room was viewed to be deficient with regard to the PREA supervision and monitoring standard, as three (3) random checks per shift could be clustered to occur consecutively and completed within the first three (3) hours of a shift, thereby, leaving the area unmonitored for nine (9) hours. The recommendation was made that while the offender laundry was operational, staff would make hourly checks on a randomized basis, demonstrated by sign-in on the log sheet. The increase of checks to be conducted on a randomized basis of no less than hourly in this area was judged to be appropriate to meet PREA standards for compliance. This deficiency was implemented immediately with a 'High' importance email sent from the Warden to All Edinburgh Staff, and an Addendum made to the Yard Officers Post Orders, to be announced at Roll-Call for two weeks. Post orders were revised accordingly and high priority email notification was distributed facility wide during the site review with proof of practice compliance sent to the auditor through training signatures, Post Order revision documentation, and copies of hourly randomized logs on 5/7/18 by the Administrative Assistant.

The facility implemented video monitoring on March 1, 2018 with the introduction of 23 cameras. The cameras are located for primary observation in the control room area, while the warden may observe at any time. The cameras are not located in any area where the offenders may be showering, using the toilet, or in a state of undress. The location of the physical cameras is not in any of the housing areas,

while instead located in Building 714 (visiting and multi-purpose room), programming areas, and the In-Door Recreation Building/Library. As such, the cameras are located in the areas where the largest part of offender programming activities take places. The Warden indicated during interview that the cameras have been placed in blind spots to enhance offenders' protection from sexual abuse, while have not in any case replaced staff.

During the physical plant inspection there was a potential blind spot observed in the library between shelving that was demonstrated to be able to be viewed by re-angling of the cameras to provide coverage of a greater viewing area. Changes were made within hours to the angle of the camera to provide coverage of the blind spot and video imaging provided to the auditor to demonstrate the change had been completed. There was an additional blind spot observed in the intake area/clothing distribution, which necessitated rearrangement of shelving in order to provide greater visibility. The shelves were removed within the course of the site review and this potential issue resolved.

During the site review, there was an offender bathroom discovered unlocked with a locking mechanism on the inside. This was a concern associated with inmates' potential for isolation, creating an area with potential risk for sexual abuse to occur. This deficiency was conveyed to the Warden. The facility determined immediately to convert the restroom into a staff-only bathroom. Offenders following this conversion were required to return to housing units to utilize the bathroom, if necessary. A photograph of the posting on the outside of the bathroom door of 'staff-only', and confirmation made of the door knob changed to a continuous key-locking mechanism was provided to this auditor on 5/7/18 by the Administrative Assistant for proof of resolution regarding this deficiency.

**No corrective action was required for this standard.**

## **Standard 115.14: Youthful inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### **115.14 (c)**

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.14 a-c:** Per the PAP #01-04-102 – Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth, and PAP #02-01-115 – Sexual Assault Prevention; XII. Transfer Assessment (p. 18), the facility does not house offenders under the age of eighteen (18). If an offender was sentenced and under the age of eighteen (18), all male offenders would be placed at Pendleton Juvenile Correctional Facility. This information is consistent with the previous PREA Audit of May 2016. Consistent with policy and report, there were no youthful offenders observed by auditors throughout the on-site visit. The standard is met materially because the facility does not house offenders under the age of eighteen (18).

**No corrective action is recommended for this standard.**

## Standard 115.15: Limits to cross-gender viewing and searches

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.15a:** PAP #02-01-115 – Sexual Assault Prevention states specifically that no facility shall conduct cross-gender strip or visual body cavity searches with the exception of emergency circumstances or when performed by medical personnel. Further, all searches of such nature shall be thoroughly documented and provide justification of the search (p. 21). Per policy, the facility indicated that cross-gender strip searches or cross-gender visual body cavity searches of offenders would only be conducted in exigent circumstances. If a cross-gender strip search was to occur it would be documented on an Incident Report, of which there were none discovered during the site review. Through random interviews with twenty-one (21) staff and thirty (30) inmates it was reported that cross-gender strip and visual body cavity searches do not occur at Edinburgh.

**Standard 115.15b:** Per facility report there are no female offenders housed at Edinburgh. Auditors found this information to be consistent upon observation while on-site, and thus, 115.15(b) is deemed to be not applicable.

**Standard 115.15c:** A Memorandum authored by the Warden stated that in the previous twelve (12) months the facility had no cross-gender strip searches and no cross-gender visual body cavity searches in any circumstance. PAP #02-03-101 – Searches and Shakedowns clearly delineates that in the event of a strip search being conducted by a staff member of the opposite gender, the event of such a search shall be documented on an Incident Report and submitted to a Custody Supervisor or designee (p. 8). Based upon onsite review of Incident Reports and random interviews with twenty-one (21) staff, which were further confirmed by interviews with the Warden, PCM, and PREA Executive Director no cross-gender strip searches or cross-gender visual body cavity searches had occurred at the facility during the previous twelve (12) months.

**Standard 115.15d:** The PAP #02-01-115 – Sexual Assault Prevention; XIV. Limits to Cross-Gender Viewing and Searches speaks directly that all offenders shall be afforded the opportunity to shower, perform bodily functions, and change clothing absent of non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia with the exception of emergency situations or when such viewing is incidental during security checks. Staff and offender interviews during the site review confirmed that the delineated opportunities are afforded to the inmate population.

At the facility, offenders are only permitted to undress in the dorm area to their boxers, a practice which was confirmed through staff and offender interviews. If they are to change their boxers, inmates are to do so in the privacy of the latrine or shower area. The auditors expressed a concern that the commode areas were viewable upon entry into each of the dorm residences. This concern was addressed while the auditors were onsite with the installation of a curtain in each of all four (4) dorms. Also during the site review, the Medical Exam room was found to be missing a folding screen partition, which could create incidental cross-gender viewing. The facility provided proof that the privacy screen has been ordered by email (received 5/7/18) from the Administrative Assistant, and a picture of the privacy screen installed in the Medical Exam Room from the PREA Executive Director on 6/5/18.

Per written policy, PAP #02-01-115, all staff of the opposite gender shall announce their presence when entering an offender housing unit or bathroom (p. 21). During the site visit it was observed that female staff announced 'female' in a loud voice prior to entry into the housing areas. Informal interviews with both offenders and staff during the site review confirmed that these announcements have occurred consistently even when the auditor was not present. The announcement of 'female' was also documented in the log books in red pen, and logs provided with the PAQ upload showed announcements occurring per dorm log report.

**Standard 115.15e:** The PAP #02-01-115 – Sexual Assault Prevention; XIV. Limits to Cross-Gender Viewing and Searches notes that staff are not to search or physically examine a transgender or intersex inmate solely for the purpose of determining their genital status. If necessary, such a determination shall be made through conversations with the inmate, record review, and as a component of a broader medical examination conducted by a qualified medical practitioner (p. 21). Per report provided by the Warden in written Memorandum no such searches have occurred in the previous twelve (12) months. All random staff interviews (21 of 21; 100%) aligned with this information, indicating that staff are prohibited from conducting searches or physical examinations for the sole purpose of determining an inmate's genital status, and all random staff denied ever having been asked or having performed such a search. The one identified transgender offender was queried regarding such a search, and responded that they did not believe they had been searched or physically examined while in IDOC custody for the sole purpose of determining their genital status.

**Standard 115.15f:** The Staff Training Lesson Plan was provided and reviewed by the auditor. The curriculum contained a section on conducting cross gender pat down searches and searches of transgender and intersex offenders in a professional and respectful manner, consistent with security needs. Confirmation with the PCM on 5/7/18 by email was made that 54 of 54 (100%) of staff had been trained on this Lesson Plan (indicating that the six (6) staff noted to have been deficient per the fiscal year in PREA training had been brought into compliance and received this training). In the Random staff interviews, all staff consistently reported receipt of this training, and knowledge of how to perform the same. The review while onsite of training records showed that of the staff sampled each had signed documentation regarding receipt of PREA Training.

**No corrective action is recommended for this standard.**

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with 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, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with 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, including: inmates who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with 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, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with 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, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with 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, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with 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, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.16a:** PAP #01-02-115 – Sexual Assault Prevention; VII. Offender Education Program and X-A. Establishment of a Facility Sexual Assault Response Team (SART), PAP #00-02-202 – Offenders with Physical Disabilities, as well as the contract for interpretation services provided through Language Solutions were reviewed by the auditor to demonstrate compliance with the provisions of this standard. Based upon review of the above documents and interviews with the Warden, PREA Executive Director, and Agency Head Designee, it is believed that the agency provides appropriate steps to ensure that offenders with disabilities have an equal opportunity to engage in and benefit from all elements contained within the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The agency has developed provisions to provide services specifically for inmates who are deaf or hard of hearing (to include written materials), blind or have low vision (to include a televised segment of the PREA brochure in which the PREA pamphlet is read in its entirety and verbal provision of PREA materials are provided via their counselor), have intellectual disabilities (provision of a counselor to discuss the content of the PREA brochure and standards with effective communication established), have psychiatric disabilities (Telehealth services and Medical staff onsite, while individuals who have established mental health concerns meriting routine mental health contacts must be transferred to a facility where a broader spectrum of treatment is available), have speech disabilities (onsite counselor and educators to discuss PREA-specific questions), and other (any exceptional situation involving difficulty in communication; specifically, referral to and discussion with the PCM to explain any facets of the PREA standards that require additional time or attention).

**Standard 115.16b:** The PREA materials are provided in poster form and available in brochures written in both English and Spanish throughout the facility. The PCM indicated that the material would be read verbally to anyone who had cognitive or visual limitations. The Language Solutions contract provided information as to how to request an interpreter along with the languages available for translation purposes. A poster of which has been posted in high visibility areas of all housing units. The services

covered through Language Solutions at the Language Training Center (LTC) include, per the brochure, a full service language provider offering interpreting with availability 24 hours per day, 7 days per week.

During random staff interviews, it seemed that all staff were not clear regarding how to contact the Language Solutions service. In order to resolve this deficiency, the Warden sent an email to all Edinburgh staff as a reminder of the Language Solutions service, including an attachment of Language Solutions, and stated, "...they are our contract for offenders who need an interpreter." This email with attachment was read at Roll-Call for two-weeks, and reposted in all Housing Units, and placed in the Housing Unit Post Orders. A sign-in sheet of training completion by all institutional staff was provided to the auditor for proof of practice by the Administrative Assistant on 5/7/18.

**Standard 115.16c:** There were no offenders housed at the facility who were identified to be English mono-lingual (or required language assistance), or were identified as hearing or vision impaired. Individuals with an active mental health code are not eligible for placement at Edinburgh. PAP #02-01-115 – Sexual Assault Prevention, reads, "Arrangements shall be made to ensure that SART members who must interact with the sexual assault victim are able to communicate directly, through interpretive technology, or through offender interpreters during exigent circumstances, with offenders who have limited English proficiency, are deaf or speech-impaired." There were no instances of use of offender interpreters in the previous twelve (12) months, at the facility, per Memorandum report provided by the Warden. Per the PCM, only in exigent circumstances would an inmate interpreter be utilized to assist with translation for a sexual abuse victim. Based upon interview with the facility Investigator, Warden, PCM, PREA Executive Director, and SART members, there was no need for use of translation assistance during the previous twelve (12) months for alleged PREA incidents. Site review information was consistent with facility reports as there were no individuals identified who appeared to speak English as a second language, or require language assistance.

**No corrective action is recommended for this standard.**

## Standard 115.17: Hiring and promotion decisions

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its 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?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.17a:** PAP #04-03-102 – IDOC Human Resources, PAP #04-03-103 – Information and Standards of Conduct for Departmental Staff; VIII. Employment Requirements, as well as PAP #02-01-115 – Sexual Assault Prevention; VI. Volunteers, Interns, and Contractual Staff (p. 8) were reviewed by this auditor towards compliance with the provisions of this standard. PAP #04-03-103 – VIII. Employment Requirements, A. Background Check affirms that the agency prohibits hiring or promotion of anyone (staff or contractor) who has been engaged in any of the conduct outlined in 115.17(a). This policy demonstrates that the agency must consider any incidents of sexual harassment in the determination of hiring or promotion of anyone who may have contact with offenders. The Human Resources representative and PREA Executive Director affirmed this during interview.

**Standard 115.17b:** In discussion with Human Resources, Warden, and Vice President of Wexford Operations (Medical and Mental Health contracting agency), it was affirmed that the prior incidents of sexual harassment would be considered when determining whether to enlist the services of contractors who may have contact with inmates. Policy cited above mandates the same.

**Standard 115.17c & d:** According to policy, a criminal background check must be completed prior to hiring staff and best efforts made to contact all prior institutional employers regarding information related to queries of substantiated allegations of sexual abuse. The facility has in place a process to ensure continuous background criminal record checks are completed every four (4) years. In this

process, all hired employees and contractors receive a background criminal record Indiana Data and Communications System (IDACS) check prior to hire. Site document review demonstrated that all of the eight contractors and volunteers (four (4) of each), and ten (1) departmental personnel files had the appropriate initial criminal record checks. The Human Resources representative was aware of and indicated ECF has fully implemented this practice.

**Standard 115.17e:** On a four (4) year annualized cycle all facility employees' background criminal record checks are completed at the same period. This ensures the catchment of each institutional staff prior to the five (5) year period. The last pass of IDACS had been in 2016, and all contractors, four (4) files as reviewed were up-to-date with the secondary review during the site review, while it was noted that only one of the ten randomly selected employee files had the continuous completion of a background check documented in their file within the past five (5) years. The institution immediately initiated a renewal cycle in April of 2018 to resolve this deficiency for the IDACs check. A confirmation email was provided to this auditor from the facility's Administrative Assistant on 5/7/18 that IDACs had been completed for all staff. The next four (4)-year cycle shall occur in 2022 per the Warden.

**Standard 115.17f:** Each of the following standard provisions (Standard 115.17 f, g, & h) are part of policy and iterated during the hiring process. The Warden and Human Resources representative affirmed that employees are aware of this duty. Staff members during interviews were able to confirm their understanding of these responsibilities.

As stated above, PAP #04-03-103 prohibits the hiring or promotion of any applicant who may have contact with inmates, who have engaged in the three (3) criteria outlined in standard 115.17(a), including: 1.) sex abuse in a confinement facility, 2.) convicted of engaging or attempting to engage in sexual activity in the community by force, threats, coercion or non-consent of victim, or 3.) has been civilly or administratively adjudicated to have engaged in the activity described in part 1 and 2. During the document review, it was found that the 3 questions were not consistently being documented, as four (4) of the ten (10) files reviewed did not have the Mandatory PREA Questions responses contained. In order to resolve this deficiency, the facility had all staff on-shift complete and submit the Mandatory PREA Questions form, and during the second staffing rotation had the next set of staff complete the form. On 5/7/18, this auditor received confirmation from the Administrative Assistant that all employees had completed the Mandatory PREA Questions and the forms were now contained in all appropriate Personnel folders. Per policy, employees are assigned a continuing affirmative duty to disclose any such misconduct.

**Standard 115.17g, & h:** Per policy, the provision of materially false information or the omission of details related to sexual misconduct shall be the grounds for termination. Should the agency receive requests from an institutional employer regarding an employee who has previously worked at the facility, the policy authorizes the disclosure of information related to substantiated allegations of sexual abuse or sexual harassment. The PAQ upload provided documentation of such facility to facility disclosure agreements, each of which were false on substantiated allegations. During interview, the PREA Executive Director indicated that he completes these document requests in order to preserve disclosure of sensitive information.

**No corrective action is recommended for this standard.**

## **Standard 115.18: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.18a:** PAP #02-01-115 – Sexual Assault Prevention was reviewed by the auditor towards compliance of the provisions of this standard. Per the PAQ report no significant expansion, upgrades or modifications had occurred at the facility since the previous PREA Audit in May 2016. While inspecting the site, it appeared to the auditors that only remodeling and maintenance upkeep had been conducted, and this standard provision would not apply.

**Standard 115.18b:** Since the previous PREA Audit, the facility had installed twenty-three (23) video surveillance cameras on March 3, 2018. The cameras were placed strategically throughout the buildings in order to provide greatest coverage over blind spots and high program areas to enhance the agency's ability to protect offenders against sexual abuse. As such, the cameras are located in Building 714 (i.e., visiting and multi-purpose room), programming areas (i.e., laundry, kitchen, dining room), and the In-Door Recreation Building/Library. Primary observation of the cameras is located in the control room area, and inspected by members of the audit team during the site review. The Warden may observe footage captured from the cameras by computer screen in her office at any time.

The Warden indicated during interview that the cameras have been placed in blind spots to enhance offenders' protection from sexual abuse, while no staff have been removed from the duty roster and replaced by the video surveillance system. Based upon site review, it was observed that no cameras have been placed in the offenders' dorms or any areas where they may be visible in any manner of

undress to perform bodily functions or for hygiene purposes (e.g., showering). The Warden explained that while the cameras are an asset, they are not able to be moved independently. Specifically, the cameras are placed at set angles, at which they remain while mounted in a particular direction within their globe. The Warden indicated that the facility expects to install additional cameras in the upcoming months as a continued enhancement to inmate protection. During interview with the Agency Head Designee, she made it clear that the agency both considers and utilizes monitoring technology to enhance the agency's ability to protect inmates from incidents of sexual abuse. The PREA Executive Director confirmed the Warden and Agency Head Designee's statements.

**No corrective action is recommended for this standard.**

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.21a:** PAP #00-01-103 – The Operation of the Office of the Investigation and Intelligence; IX. Investigating Sexual Abuse and Harassment and PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p. 24) were reviewed by the auditor. Per PAP #02-01-115, sexual abuse reports shall be investigated by the facility’s Investigations and Intelligence (I&I) staff, and sexual harassment reports shall be investigated by staff designated by the Warden to conduct administrative investigations, primarily assigned to the Administrative Assistant. The facility is responsible for investigating allegations of sexual abuse, both criminal and administrative.

Throughout the course of the randomized staff interviews, all twenty-one (21) staff interviewed were able to describe the agency’s uniform evidence protocol that would maximize the potential to obtain useable evidence towards administrative and criminal prosecution of alleged sexual abuse cases. The staff indicated they would seal off the location as a crime scene, separate the alleged victim and abuser, notify a supervisor, and contact the SART. Specifically, staff were aware that investigations of this nature required specialized training, and reported that it was their responsibility to preserve evidence, while Investigations and Intelligence would conduct any investigations related to sexual abuse and harassment. None indicated that they would proceed independently with conducting the investigation.

**Standard 115.21b:** The facility does not house youthful offenders, protocol is not developmentally appropriate for youth. Thus, standard 115.21(b) is judged to be met as not applicable.

**Standard 115.21c:** PAP #02-01-115; XVII. Medical and Mental Health Services states that each facility shall establish a written agreement with a qualified, independent forensic health services professional to conduct forensic medical examinations of sexual abuse victims (p.28). All victims of sexual abuse at ECF, per policy, are to be provided access to forensic medical examinations through an outside facility at Terre Haute Regional Hospital. The auditor reviewed the appropriate and current contract. Per PAP #00-01-103; IX. Investigating Sexual Abuse and Harassment all forensic medical examinations are offered without cost to the victim. Comprehensive documentation from Terre Haute Regional Hospital with SANE contact information and the scope of forensic medical examination services offered was provided to the auditor. The SANE nurse, Director of Emergency Services, was contacted by this auditor, and acknowledged the agreement with the facility, including 24-hour, on-call service provision, which is provided free of cost to the offender. She indicated that there are currently five (5) trained SANE staff, and two (2) more in training. She also indicated that there is a current call schedule and trained physicians available to respond. Throughout the previous twelve (12) month period there were no situations necessitating a forensic medical examinations to be conducted by the facility or through a SANE contracted site based upon Memorandum provided by the Warden and confirmed with contact at the contracted SANE provision location.

**Standard 115.21d:** The agency has a current contract with the Indiana Coalition Against Domestic Violence (ICADV) to provide services to victims, which was reviewed by the auditor. The contact number, which is an 800 hotline, for the ICADV is available on posters throughout the facility. Per the provided call log, and an audit team member’s contact with an ICADV representative, the ICADV had

not received contacts from any offenders at the facility during the previous twelve (12) month period. While the offenders were unable to state what the acronym ICADV stood for, per informal interviews the offenders were able to note where the hotline number was located near the telephones in the dorms. Further, during random inmate interviews inmates were able to report they could contact the hotline 800-number for victim support.

**Standard 115.21e:** Beyond the ICADV, there are trained SART members available at the facility to provide advocacy services. Per PAP #02-01-115, SART services may include assistance with the forensic medical examination process, investigatory interviews, provision of emotional support, crisis intervention, as well as information and referrals when requested by the victim. The offenders spoke during interview regarding their ability to utilize SART members for support, and the staff also referenced the SART as available to provide victim advocacy.

**No corrective action is recommended for this standard.**

## Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.22a:** PAP #00-01-103 – The Operation of the Office of Investigation and Intelligence; IX. Investigating Sexual Abuse and Harassment, PAP #00-02-301 – Grievances; D. PREA Grievances, and PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p. 24) were reviewed by the auditor towards compliance with the provisions of this standard. The agency has written into policy that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PAP #02-01-115; XVI. Investigation of Sexual Abuse states further that all allegations shall be investigated even when the alleged perpetrator or alleged victim has left the Department’s employment, or are no longer under the Department’s authority (p.24). During the previous twelve (12) month period there was one (1) allegation of sexual harassment that was received. This particular case was referred for criminal investigation, and was completed. The completed case was substantiated as staff sexual misconduct and resulted in the employee’s termination with subsequent case referral as “Threatening” to the Johnson County Prosecutor. The County Prosecutor declined to prosecute the case. Both the facility Investigator and Administrative Assistant responsible for conducting PREA allegations were aware, during interview, that all cases must be carried through until completion.

**Standard 115.22b:** Per policy, sexual abuse reports shall be investigated by the facility’s Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Warden to conduct administrative investigations. During the interview with the onsite Investigator, he acknowledged that the Administrative Assistant would primarily conduct administrative investigations, while the facility Investigator would conduct criminal investigations. The facility Investigator is active as a police officer onsite at the facility and has arresting powers. He indicated that he would contact the agency for additional investigative team support, and local Law Enforcement, if backup was necessary. Per interviews with the facility Investigator and Administrative Assistant, both stated their responsibility to thoroughly document the investigation of any PREA allegation and process of investigation that follows through to conclusion. Further, the facility Investigator acknowledged an appropriate process for referral of PREA investigations to the local prosecutor.

Per the PCM and PREA Executive Director, the agency documents all sexual abuse referrals through PREA Committee Minutes, as well as the annual Staffing Plan Review, the Adult Survey of Sexual Victimization, and the Sexual Assault Prevention Annual Report, each of which were reviewed by this auditor.

The agency's policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation is published on the agency website. This auditor visited the website on 4/12/18 and confirmed the policy is both public and available.

**No corrective action is recommended for this standard.**

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.31a:** PAP #02-01-115 – Sexual Assault Prevention; V. Staff Orientation and Training was reviewed by the auditor which stated that all new employees and annual in-service training shall include the following components (p.7):

- a.) The Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- b.) How staff fulfills their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c.) Offenders' right to be free from sexual abuse and sexual harassment;
- d.) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e.) The dynamics of sexual abuse and sexual harassment in confinement;

- f.) The common reactions of sexual abuse and sexual harassment victims;
- g.) How to detect and respond to signs of threatened and actual sexual abuse;
- h.) How to avoid inappropriate relationships with offenders;
- i.) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- j.) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training lesson plan curriculum for the Staff/Contractor lesson plan was reviewed by the auditor and contained all items indicated above. Per random interviews with twenty-one (21) staff interviews and training record reviews it was confirmed that staff had been appropriately trained on and signed their receipt of training for the above defined components. Confirmation was received that 54 of 54 staff had completed the required PREA-training on 5/7/18, as during the site review six (6) staff were found to be deficient based upon fiscal year requirements. These six were brought into compliance demonstrating 100% staffing compliance with PREA-training.

**Standard 115.31b:** The training lesson plans, as reviewed by the auditor, are written specifically for Male and Female offenders, as well as Youth and are provided appropriately for the designated facility. The Male offender lesson plan is provided at the facility, as male offenders are housed at Edinburgh. Any staff reassigned to the facility from another facility receive training upon their entry to the facility at new employee orientation, per facility procedure, which was confirmed through interview with the PCM and Training Coordinator. Staff interviews also affirmed receipt of PREA-training upon initial employment prior to reporting to their post.

**Standard 115.31c:** The lesson plan is reviewed with staff on an annual basis at in-service training, as stated on page 7 of Staff Orientation and Training of PAP #02-01-115, and confirmed by the Training Coordinator. Any additional information throughout the year is made available by all-staff email updates, and announced during Roll-Call by Sergeants, as indicated by the PREA Executive Director. Further, random staff interviews and statements made from the PREA Executive Director indicated that as part of the annual training staff are provided with a brochure to keep which has been created to assist them with continuous identification of incidents of sexual abuse and sexual harassment (p.8).

**Standard 115.31d:** Staff signature is provided in the employee Personnel file on the PREA Training Documentation Form. As part of the signature process, the employees is acknowledging they understood the material presented in the PREA training. Of all ten (10) random employee file reviews completed, 100% had a current Training documentation on file. When all 54 of the staff were reviewed, six (6) employees were noted to be out of compliance based upon fiscal year training provisions. In order to remedy this, these employees attended PREA training immediately following the site review. Per the PCM, all fifty-four (54) of fifty-four (54) staff had completed the PREA training as of 5/7/18.

**No corrective action is recommended for this standard.**

## **Standard 115.32: Volunteer and contractor training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.32a:** Per PAP #02-01-115 – Sexual Assault Prevention; VI. Volunteers, Interns, and Contractual Staff, all volunteers, interns and contractual staff shall be provided with the same training as staff regarding sexual abuse, sexual harassment prevention, detection, and reporting (p.8). The lesson plan provided for Staff was identified as the same lesson plan for Contractors, as reviewed by the auditor. This practice was affirmed by the PREA Executive Director and PCM.

**Standard 115.32b:** This lesson plan includes the agency's zero-tolerance of sexual abuse and sexual harassment and how to report such incidents. Further, each volunteer, intern, or contractor shall be given a copy of the brochure provided to staff regarding sexual behavior and receive the same information and training materials as staff. Interviews conducted with agency volunteers and contractors confirmed that they received annual trainings, as well as computer based curriculum that supported the components of the PREA training listed in the employee training section. Volunteers and contractors interviewed were also able to explain the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report such incidents. During an interview with the Wexford Vice President, the agency's Medical and Mental Health contracted staff provider, he indicated all Wexford contract staff received the agency supported, in addition to, continuing education PREA supported trainings.

**Standard 115.32c:** Per policy, agency maintains documentation in the confirming the volunteers and contractors understand the training they received. Based upon the onsite record review, Wexford (Medical and Mental Health) and Aramark (Food Services) contractors (who are the onsite contract providers) were up-to-date on trainings. The agency has 76 contractors and volunteers (13 contractors,

and 63 volunteers) permitted to provide services onsite; per the PAQs have all received the required PREA training. The onsite record review consisted of a random review of eight (8) contractor and volunteer files (four [4] of each), in which a signed documentation of receipt of training was found in all. By providing signature on this form, the volunteer or contractor acknowledged their understanding of the material presented in the PREA training provided.

**No corrective action is recommended for this standard.**

## **Standard 115.33: Inmate education**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### **115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### **115.33 (c)**

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### **115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.33a:** Agency PAP #02-01-115 – Sexual Assault Prevention, VII. Offender Education Program was reviewed for this standard. A Memorandum provided by the Warden confirmed that all offenders were provided with PREA information at the time of intake through video, PREA brochure, as well as question and answer session. The PREA brochure states the agency’s zero tolerance policy towards sexual abuse and sexual harassment, and includes multiple resources regarding how to report sexual abuse and sexual harassment. Per the PAQ, there have been two-hundred and thirty-nine (239) intakes during the previous twelve (12) month period, and all (100%) received the appropriate intake information in the mandated timeframes. Random interviews with thirty (30) inmates confirmed that all offenders interviewed had been educated about the agency’s zero tolerance policy and multiple reporting resources.

The intake process is done in two-steps at the facility, by review. Upon the offender’s arrival they are presented with an intake packet, including the Offender PREA brochure, and within 72-hours participate in the Offender Orientation Briefing. Onsite observation of the intake process showed that the offenders received the PREA brochure in their intake package and signed a Verification of Receipt

form. The form, upon review, stated, "I have read or have had read to me the guidelines and understand the content of the brochure." However, there was insufficient time between receipt of the PREA brochure and signing the form to have read the materials. The facility was made aware of this discrepancy and changed the form to read, "I have been provided with a copy of the IDOC Edinburgh Correctional Facility's Sexual Assault Prevention and Reporting Offender Information Brochure", which indicates instead the offender has received a copy of the brochure. Further, the brochure utilized was a facsimile of a previous copy and the readability of the document had been diminished by the prior duplication of multiple copies. The facility resolved this issue, and located an digital format original of the Sexual Abuse Prevention and Reporting Offender Information Brochure (Revised August 2016), which will be utilized to print future copies. Of note, the institutionalization of this change was assured as the copy for making future versions is stored as a computer file. Future versions will now be printed directly from the document original, which is now the file stored on the computer.

**Standard 115.33b:** Following the offenders' arrival, they are housed, and within 72-hours they participate in an Intake Orientation Briefing, which includes the PREA Offender Education Program, a PREA video, and question and answer session. The Intake Orientation Briefing also includes information related to inmates' rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting sexual assault and sexual harassment incidents, as well as agency policies and procedures for responding to such incidents. At this time, the offender signs the Acknowledgement Form stating that they understand the agency's zero tolerance policy regarding sexual abuse and sexual harassment, and have been provided with various methods to report victimization. From the offenders interviewed, the majority reported their Intake Orientation had occurred within their first 'few days'. Fifteen of the fifteen (100%) of the inmates files reviewed were consistent for Comprehensive PREA Education provided and documented within 72 hours.

**Standard 115.33c:** In Indiana the policies do not differ, as IDOC has agency-wide PREA policies. Per policy, transferred offenders within the IDOC are required to receive additional information only to the extent that the PREA policies differ from those at their previous facility. At ECF, based upon information gathered during site review, which included audit team members watching the Orientation process and interviews with offenders, it appears that inmates without exception receive PREA training upon arrival. During random interview with offenders who had been at the facility longer than a year, some indicated they had not initially received PREA education upon initial arrival at Edinburgh, while had received information regarding PREA at their intake institution. These offenders acknowledged they had watched a PREA refresher video training during the week(s) prior to the auditors' arrival onsite. Based upon responses during random interview, all inmates interviewed (30 of 30; 100%) were able to explain the agency's zero tolerance policy and reporting mechanisms. To confirm offender population understanding of PREA education, the Intake Counselor goes over the intake packet, which includes the PREA Brochure, in the initial 72-hour intake meeting. During the audit team member's interview with the Intake Counselor, she explained that during this interview with the offender, she discusses PREA-education specifics, to include the agency's zero-tolerance policy towards sexual abuse and sexual harassment, while answering any PREA-related questions, completing the SVAT, and initiating appropriate Medical, and Mental Health referrals, as necessary. With all evidence taken into consideration, the facility materially meets this standard provision.

**Standard 115.33d:** The PCM indicated that the material would be read verbally to anyone who had cognitive or visual limitations. The Language Solutions contract provides information as to how to request an interpreter along with languages available for translation purposes, and has also been posted in all housing units. The services covered through Language Solutions at the Language Training Center (LTC) include multi-lingual interpretation 24 hours per day, 7 days per week. The agency has specific provisions for accessibility services for inmates who are deaf or hard of hearing

(e.g., written materials), blind or have low vision (e.g., a televised segment in which the PREA brochure is read in its entirety and verbal provision of PREA materials given via counselor), or otherwise disabled (e.g., a counselor to discuss the content of the PREA brochure and standards with effective communication established).

**Standard 115.33e:** The agency maintains documentation of inmate participation in the PREA education sessions in the offender files. Inmate files were reviewed on a randomized basis to assure fidelity associated with documentation of inmate participation in PREA inmate education sessions. The PAQs provided indicate that 239 of 239 (100%) offenders who had been transferred to the facility during the previous twelve (12) months had received the PREA Inmate Education. Based upon fifteen (15) random inmate file reviews, and five (5) uploaded sample files, all twenty (20) of the sample had both confirmed by signature receipt of PREA Information at Intake, and PREA Comprehensive Education within 30 days of Intake.

**Standard 115.33f:** Policy indicates that PREA information, such as posters, inmate handbooks, and brochures in English and Spanish must be continuously available throughout the prison. Based on site review, the PREA materials (including posters, inmate handbooks, and brochures) are continuously visible in both English and Spanish throughout the facility, including in the visiting room. During inmate and staff interview, each were able to draw attention to the presence of these posters in multiple locations.

**No corrective action is recommended for this standard.**

## Standard 115.34: Specialized training: Investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.34a:** Per PAP #02-01-115 – Sexual Assault Prevention; X-C1. Staff Designated as First Responders, all agency appointed investigators shall have received training in completing sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults. This training is to be documented in the employee’s training records. PAP #00-01-103 – The Operation of the Office of Investigation and Intelligence; IX. Investigating Sexual Abuse and Harassment; A1. Training specifies that all training for specialized investigators shall include:

- 1.) Interviewing sexual abuse victims;
- 2.) Proper use of Miranda and Garrity warnings;
- 3.) Sexual abuse evidence collection in confinement settings;
- 4.) Criteria and evidence required to substantiate a case for administrative action; and
- 5.) Criteria and evidence required to refer a case for prosecution.

The Warden certified that there was one (1) trained investigator at the facility, and stated he was also trained as a correctional police officer with arresting powers. The facility Investigator asserted he had completed the same training during interview.

**Standard 115.34b:** During a telephone interview conducted with the facility Investigator, he was able to articulate the specific training topics he had taken during specialized training. He discussed the IDOC Investigations and Intelligence Academy, and the PREA training provided by the Moss Group, which

covered how to handle both administrative and criminal sexual abuse and sexual harassment investigations. The content curriculum was provided for the PREA specialized training, and reviewed by the auditor, including modules on a.) PREA Investigative Standards, b.) First Response and Evidence Collection, c.) Agency Culture, d.) Legal Liability and Use of Miranda and Garrity, e.) Trauma and Victim Response, f.) Interviewing Victims of Sexual Misconduct, g.) Sexual Harassment, and h.) Report Writing.

**Standard 115.34c:** The signed investigator training record, which had each of the above components was provided for the facility's Investigator. This auditor reviewed the PREA specialized training for which he was certified to have attended March 2, 2018.

**No corrective action is recommended for this standard.**

## **Standard 115.35: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### **115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.35a:** PAP #02-01-115 – Sexual Assault Prevention; XVII. Medical and Mental Health Services and XVIII. Victim Support address specialized training provided to Medical and Mental Health staff designed to ensure their ability, per policy, to detect signs of sexual abuse, preserve evidence, to whom to report, as well as how to effectively and professionally respond to victims. A copy of the lesson plan utilized to train medical and mental health contract providers was reviewed by the auditor, and contained the components indicated for specialized training. Based upon specialized Medical and Mental Health staff interview, each were able to provide evidence of training to support their ability (dependent upon their role) to detect signs of sexual abuse, preserve evidence, professionally and appropriately interact with victims, and identify reporting channels.

**Standard 115.35b:** The facility does not perform forensic medical examinations, which was confirmed in all interviews by Medical and Mental Health staff. Forensic medical examination needs are contracted for provision at Terre Haute Regional Hospital, thus, the facility staff do not receive training in conducting forensic examinations.

**Standard 115.35c:** At the facility, there are no Medical and Mental Health providers directly employed by the state, all onsite staff are contracted through Wexford. Wexford ensures training is up-to-date for their contracted providers. Per the Vice-President of Wexford, and based upon random record review of four (4) of four contractor files while onsite, Wexford staff were up-to-date in their PREA-mandated training.

**Standard 115.35d:** It is part of the PAP #02-01-115 that all contractors, including Medical and Mental Health providers, also receive the PREA training provided to institutional staff. This PREA training is comprised of the lesson plan mandated for agency employees to take at in-service training, as reviewed by the auditor, which includes the ten components of 115.31a.

**No corrective action is recommended for this standard.**

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) the age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) the physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) the inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  
 Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.41a:** In review of this standard, the auditor reviewed PAP #02-01-15 – Sexual Assault Prevention; IX, Offender Intake into the Department; and XII. Transfer Assessment, as well as PAP #01-04-104 – Offender Records. The facility has a comprehensive process in place, per policy, for the screening of offenders upon entry for the risk of sexual abuse victimization or sexual abusiveness toward other offenders. The facility receives a daily Incoming Offenders email received from the facilities where the incoming offenders are transferring, which the auditor reviewed. There is an attachment provided regarding offenders with their PREA potential-victim or potential-perpetrator status noted and highlighted based upon the screening completed by the counselor at the facility from where they are transferring. Staff utilize this list to make initial housing decisions by reviewing this list prior to placing offenders in their dorm beds. They receive the information from the screening conducted at the originating facility to inform initial housing placement (through the first 72-hours until the SVAT reassessment occurs), and then utilize information gathered from the reassessment of the SVAT conducted at ECF to make subsequent placement decisions (e.g., housing, jobs, programming, etc.).

The Medical Department is also involved in the intake process screening, whereas during the intake process all offenders meet with the intake nurse for Medical and Mental Health screening, typically within an hour of their arrival. If they trigger the need to meet with a Mental Health professional

associated with sexual abuse victimization the RN contacts Telehealth directly. At this time they go over the agency's policy to be free from sexual victimization. Further, upon entry all offenders are administered the Sexual Violence Assessment Tool (SVAT), in a collaborative interview with an intake counselor.

**Standard 115.41b:** The intake counselor was interviewed and indicated she meets with the offenders within seventy-two (72)-hours upon their arrival to the dorm to administer this tool. After administration of the SVAT, she then corroborates the information provided with that contained in the inmate's chart and previously completed SVATs. The PAQ reported 100% of offenders had completed the SVAT within the mandated timeframes. Per random inmate file review (15 of 15; 100%), and offender randomized interviews (30 of 30; 100%), each indicated they had participated in the SVAT and believed their sexual safety needs were appropriately considered in their placement.

If the offender has reported a history of sexual victimization, they are afforded a referral to Telehealth (Mental Health offsite) to discuss their history. The offender has the right to decline this referral, while the opportunity for the referral should be documented in the chart. Based upon random chart review of three (3) individuals with PREA potential-victim flags, each were discovered to have originally reported a history of sexual abuse victimization at a previous facility, yet a referral to Mental Health at that facility was not documented appropriately in the chart. Upon arrival at ECF this information of victimization history was transferred onto the SVAT reassessment, while there was no subsequent documentation of a referral to Mental Health being offered. In these cases, it appears that these offenders may never have been offered a Mental Health referral for their history of victimization. Best practice would have been to initiate an offer to the offender of a referral to Mental Health at ECF based upon reassessment SVAT discovery that one may never have been offered (as there was no evidence of Mental Health referral documentation in the three offenders' charts). Each of these three (3) offenders subsequently were referred by the PCM to their case counselor to ensure appropriate follow-up with Mental Health was offered. In order to further resolve this discrepancy, a formalized process was established between the caseworkers and Medical department that if an individual was established as PREA likely victim or PREA likely aggressor written communication would be established between the Departments to ensure the offender would receive appropriate follow-up services (Dated April 19, 2018). This auditor conferred with the PREA Executive Director to establish the parameters of this email was over-inclusive, and instead intended to cover; specifically offers of Mental Health referrals only for offenders who reported a history of sexual victimization or abusiveness. He supported that this clarification had been made to the case workers and Medical Department (5/7/18), and reasserted this process has been functioning in a subsequent telephonic communication (6/5/18).

**Standard 115.41c:** The SVAT, completed copies of which were provided to the auditor for review, is an objective screening tool comprised of questions designed to elicit responses that would best determine if an offender is at risk as a potential victim of sexual abuse victimization or sexual offending behavior. It is not given to the offender to self-administer, but instead used as a tool to inform through interview and be utilized in combination with inmate chart information.

**Standard 115.41d:** The SVAT form has risk factors, including: (1.) whether the inmate has a mental, physical or developmental disability; (2.) The age of the inmate; (3.) the physical build of the inmate; (4.) whether the inmate has previously been incarcerated; (5.) whether the inmate's criminal history is exclusively nonviolent; (6.) whether the inmate has prior convictions for sex offenses against an adult or child; (7.) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8.) whether the inmate has previously experienced sexual violence; (9.) the inmate's own perception of vulnerability; and (10.) whether the inmate is detained solely for civil immigration purposes (while there are no offenders at ECF held solely for civil immigration purposes, so item 10 is

not applicable). Risk factors are not necessarily scored as a cumulative score or an all or nothing. The scoring is used in consideration with the offender's chart, and the pertinence of any item(s).

**Standard 115.41e:** The screening specifically considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in the scoring of this tool.

**Standard 115.41f:** Follow-up with SVAT reassessment is conducted within thirty (30) days of arrival with the assigned housing unit counselor. The counselor meets with the offender on a second occasion to discuss any concerns associated with adjustment to the unit, regarding sexual safety, potential victimization, concerns regarding abusiveness, and any reports received from collateral sources (e.g., housing officers, inmates, programming assignments) regarding the offender's behavior that would merit readjustment of their SVAT scores. The PAQ reported 100% of offenders had completed the SVAT within the follow-up mandated timeframes. Inmate file documentation review showed 100% of the sample (15 of 15) had a reassessment SVAT completed within timeframes. The Counselor responsible for SVAT risk screening also confirmed their compliance with this practice. During random offender interviews, each indicated they had participated in the follow-up SVAT and their sexual safety needs were appropriately considered.

**Standard 115.41g:** Per policy #02-01-115; XVII. Victim Support, at any time that a referral, incident of sexual abuse, request, or receipt of additional information that would bear on this individual's risk of sexual victimization or abusiveness an SVAT reassessment will be completed. The PCM shall change the PREA flag status if deemed appropriate (p.28). An event of this nature happened during the site review, as one of the offenders disclosed status as a transgender offender, which they had previously denied. This offender was open to a referral to the dorm counselor and PCM, to discuss their status, which was completed by the audit team. At which point a reevaluation for potential victimization was implemented per provision within this standard, and appropriate rescoring of the SVAT completed with relevant considerations made regarding program, work, bed, etc.

Per discussion with the Warden and PCM, the results of the SVAT are considered regarding housing placement, and those offenders who meet potential victimization concerns are placed on the first floor of the dorms, in closer proximity to the officers' station at the front of the building within direct line of sight. Per random interviews with the offender population, the offenders reported they believed their own perceptions were strongly considered by the facility in making dorm placement decisions. Each reported that they felt safe at the facility.

**Standard 115.41h:** Per interviews with the case counselors responsible for intake and risk screening, as well as written policy (#02-01-115; p.17), no offender can be disciplined for failure to respond to questions asked on the SVAT pursuant to items 1, 7, 8, and 9, as listed in the above SVAT contents.

**Standard 115.41i:** Policy #01-04-104 – Establishment, Maintenance and Disposition of Offender Records; VI Classification, Access, Review, Challenge, Expungement, Release, and Security of Information; A3. Classification of Information – Confidential, establishes appropriate controls on sensitive information. The results of the SVAT are considered confidential, and per policy filed in the offender's facility packet accordingly. Based upon site review, the SVAT evaluation is stored in a subfolder within the offender's facility file marked Confidential. The facility files are held under locked door in locked file cabinets, and only available for designated staff review. The file requires staff signature to obtain for review. Medical and Mental Health staff, Investigative Staff, PCM, PREA Executive Director, and counselors have access to the Confidential portion of the file containing the SVAT information. The facility, per policy and interview with the PCM, has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this

assessment. Such controls are designed to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. Should the SVAT results determine PREA victim-or abuser-potential this information is entered into the IDOC offender database to ensure accessibility to staff members making determinations regarding housing, bed placements, education, work positions, and program assignments, while will not have access to detailed SVAT information.

**No corrective action is recommended for this standard.**

## **Standard 115.42: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

### **115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

### **115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.42a:** PAP #02-01-115 – Sexual Assault Prevention; XI. Offender Intake into the Department and XII. Transfer and Assessment was provided in support of this standard. This section of policy addresses the appropriate assignment of those inmates at high risk for sexual victimization or sexual abusiveness. Specifically, the policy states that information gathered through the risk screening shall be utilized in the determination of: (1.) housing; (2.) bed placements; (3.) work assignments; (4.) education; and (5.) program with the aim of separating those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness. At ECF, per interview with the PCM and Intake staff, the SVAT is used by staff to inform determinations about the aforementioned five (5) placement decisions. Specifically, staff rely on the SVAT information from the originating facility for decisions within the first 72-hours of the offenders' arrival to ECF. Once the reassessment of the SVAT has been completed at ECF (within 72-hours), the SVAT from ECF is used as the basis for subsequent placement decisions, to include housing, bed placement, work assignments, education, and programming with the intent to keep separated those offenders with potential for sexual victimization from those with potential for sexual abusiveness. The facility utilizes SVAT results to make individualized determinations about how to ensure the safety of each offender.

**Standard 115.42b:** The facility utilizes this information on a case-by-case basis to make individualized decisions about each offender. Per informal interviews with the case manager, PCM, PREA Executive Director, and Warden, as well as observation during the site review, the facility takes great pride in their decision making processes associated with the appropriate placement for each offender in a location where they will feel safe and be able to participate in programming to maximum benefit.

**Standard 115.42c:** When discussing the case associated with the transgender offender who disclosed during interview with the Warden, PCM, and PREA Executive Director all indicated that per policy the facility was an inclusive environment, and they sought overall for inmates to feel safe at the facility. They emphasized that offenders who identified as transgender or intersex would be eligible for housing that would not be in a dedicated building or specific unit solely on their designated status. Specifically, per policy, the determination of transgender or intersex offenders housing would be made on a case by case basis.

**Standard 115.42d:** Specifically policy indicates that review will be done initially and subsequent reviews at six months in making decisions regarding whether to assign a transgender or intersex offender to a facility, on an individualized basis; consideration will be given to the offender's health and safety.

**Standard 115.42e:** Initial notification provided indicated that the facility had not knowingly housed any gay, transgender, gender nonconforming, or intersex offenders during the previous twelve (12) months. However, during the randomized interviews one of the offenders disclosed he identifies as transgender, and others expressed that they were aware of individuals at the facility who identified as gay. The offenders who expressed that they were aware of individuals at the facility who identified as gay were unwilling to identify any by name, as they believed this would be a violation of the other offenders' confidentiality. The auditor was unable to establish the identity of any of the potentially gay individuals. The transgender identified inmate was willing to have their status disclosed to the appropriate facility staff for reevaluation and continued follow-up per policy (PAP #02-01-115; XI. Offender Intake into the

Department (p.17)) at least every six (6) months, with respect given to the feedback provided by the offender regarding their perceived level of safety.

Immediately prior to the site review, there was an occurrence of an identified transgender offender having been placed at the facility and transferred within four (4) days to another facility. This occurrence was brought into question by the audit team, and thoroughly investigated. Clarification was derived specifically from the mental health provider and facility as to whether this individual was transferred exclusively associated with their status as an identified transgender offender, which ultimately was determined not to be the case. Upon thorough review of documentation associated with this offender's case history, and clinical consultation with the mental health provider involved in this case, the determination was made that the transfer was based upon clinical judgment, and case factors understood at the time to suggest the offender may better be placed at a different facility.

Further, the Warden asked for feedback as to how to better inform the inmate population that they could disclose their status related to being gay, bisexual, transgender, gender nonconforming or intersex at the facility without fear of punitive repercussions or potential transfer. The facility was encouraged to provide continued training to staff in order to feel more comfortable in speaking conversationally about LGBTQI issues, and that such information would confer to the offender population that they could openly disclose their sexual orientation and gender identity.

**Standard 115.42f:** PAP #02-01-115; XI. Offender Intake into the Department (p.17) states specifically that transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. The PCM discussed this policy during interview, as related to the newly disclosed transgender offender. In the shower area, there are separate shower stalls for each offender in the showering area. The transgender offender, per their interview, has been afforded the opportunity to shower when no one is in any of the other stalls in the shower section. The facility has a practice in place to ensure that transgender offenders are given the opportunity to shower separately from other offenders.

**Standard 115.42g:** Per policy, the agency always refrain from placing gay, bisexual, and transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed by discussion with the Warden, PCM, and PREA Executive Director, as well as random staff and inmate interviews. From site observation, this information appeared to be consistent, as there did not appear to be any areas cordoned off from the main population for offenders who may be perceived as designated of any particular grouping. The transgender offender, as disclosed, confirmed this report, and indicated they had not been placed in a dedicated wing, facility, or unit solely on the basis of their identification or status.

**No corrective action is required for this standard.**

## **Standard 115.43: Protective Custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.43 (a)**

- Does the facility always refrain from placing inmates 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?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.43 a-e:** PAP #02-01-115 – Sexual Assault Prevention; XII Transfer Assessment was utilized by the auditor in review of this standard. A Memorandum was provided by the Warden indicating the facility does not use involuntary segregated housing. Further, based upon site review there is not an involuntary segregated housing unit onsite at the facility. According to the PAQ there were zero (0) inmates at risk of sexual victimization who had been assigned to involuntary segregated housing in the past twelve (12) months.

There was some concern noted, based upon informal conversation that some staff understood policy to be that the victim and abuser would both need to be transferred following an incident of sexual abuse and/or sexual harassment. While this is clearly against policy, clarification was sought with the Warden. She indicated that victim transfer was not the standard practice. During interview she explained that the perpetrator would be transferred to another facility before the victim in a situation involving allegations of sexual abuse. Further, staff members would be removed from access to the offender victim in situations alleging staff sexual misconduct.

This standard is judged to materially meet this standards provision criterion on the basis of not utilizing involuntary segregated housing.

**No corrective action is required for this standard.**

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.51a:** PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) was provided to the auditor regarding the provisions for this standard. When choosing to speak with a staff member, offenders shall be allowed, per policy, to make reports to a staff member with whom he is comfortable in speaking about the allegations. Reports may include incidents of sexual

abuse, sexual harassment, perceived retaliation that may have occurred secondary to the reporting of such incidents, as well as staff neglect or violation of responsibilities that may be perceived to have contributed to the occurrence of such incidents.

**Standard 115.51b:** The agency has multiple processes in place by which to report offender sexual abuse, including: JPay (for which posters are provided in English and Spanish with sexual abuse report contact information on the inmate kiosks, and the Ombudsperson address provided), ICADV (posters throughout the facility in English and Spanish with a published hotline and address, information in the inmate handbooks (available in English and Spanish, and provided at intake), #80 on the inmate phones (which is automatically directed to the facility Investigator's phone), third party reporting (through peers, family, lawyers, and external contacts), as well as direct reports to staff members.

During random offender interviews, all inmates were able to provide a comprehensive list of avenues available for them to report sexual abuse and/or retaliation, and were confident that they would be able to effectively report such incidents. They believed there were channels that would be relatively private, while #80 required the offenders to enter their inmate identity PIN to access the phone initially, and thus, offenders believed that this information was not truly anonymous. This was discussed with the PREA Executive Director, which was known to be a system-wide issue and is being discussed with providers to determine if there is a way to activate the phone system without the use of a PIN to utilize #80.

Notwithstanding, offender also have the ability to contact both the ICADV by hotline and mail, as well as the Ombudsperson privately by mail. Both agencies are responsible for following up on allegations of sexual abuse and harassment, while allowing the offender to remain anonymous. Per randomized staff interviews it was widely misunderstood that Ombudsperson mail was not legal mail and thus, could be read. The Warden sent an all staff email, which instructed that Ombudsperson mail was to be handled as Legal Mail, which was to be read at Roll-Call for two weeks, and staff to sign an on-the-job training associated with reading this instructional notification. This auditor was provided proof of practice of training associated with this email notification on 5/7/18 by the Administrative Assistant indicating that all staff now understood that Ombudsperson mail is to be handled as Legal mail and not read prior to mailing.

Per facility report and onsite observation, there are no offenders at the facility detained solely for immigration purposes.

**Standard 115.51c:** PAP #02-01-115 addresses that all reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift. Based upon random interviews with twenty-one (21) staff, each were aware of their responsibility to both take any reports provided to them of this matter, as well as immediately notify their appropriate supervisor of the occurrence, take necessary action towards intervention, and document all reported incidents on an Incident Report.

**Standard 115.51d:** Per policy, staff also are informed regarding their own established ways to privately report sexual abuse and sexual harassment. Staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigation and Intelligence Investigator, PCM, or via the IDOC Sexual Assault Hotline to the PREA Executive Director. Staff are informed of these procedures through annual training, brochures, and institutional posters. Email via the IDOC website is also an available option. Based upon randomized staff interviews, staff were aware of their ability to report and felt confident that they had avenues available to them to privately report any knowledge of sexual abuse, harassment or retaliation that had occurred from reporting of such incidents.

No corrective action is required for this standard.

## Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, 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.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.52a:** PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) and PAP #00-02-301 – Offender Grievance Process; D. PREA Grievances (p.4-6) were reviewed by this auditor in consideration towards provisions of this standard. The agency does have an administrative process for dealing with offender grievances regarding sexual abuse and is not exempt from this standard. During the site review all facility grievances received were reviewed, with one (1) grievance meeting the criterion applicable to this standard to be deemed a PREA Grievance, as reported in the PAQ.

**Standard 115.52b:** The agency's policy subsection associated with PREA Grievances states specifically that the removal of standard time limits on submission for a grievance regarding allegation of sexual abuse apply. The Department may continue to apply standard time limits to any portion of the grievance that does not allege an incident of sexual abuse. Further the agency stipulates in policy that offenders are not required to use any informal grievance process, or otherwise attempt to resolve with staff an allegation of sexual abuse. During this period there was one (1) administrative grievance filed related to a substantiated PREA case involving staff sexual misconduct. This case had been handled as an administrative investigation simultaneous to the grievance receipt and was closed with staff termination. There was no evidence of attempts to employ any obligation for the offender to seek resolution with the staff member involved in this case.

**Standard 115.52c:** Per PAP #00-02-301; D. PREA Grievances, an offender who alleges sexual abuse against a staff member may submit the grievance to any staff member without submitting it to the involved party at any time after the alleged incident occurred. Furthermore, such a grievance shall not be referred for adjudication to the staff member who is the subject of the complaint (p.5).

**Standard 115.52d:** Agency policy states that the decision of the grievance portion alleging sexual abuse shall be issued within ninety (90) days of the initial filing of the complaint. If the agency extends beyond the maximum allowable extension of time to respond of up to seventy (70) days, the agency shall notify the inmate in writing of any such extension and provide a date by which the decision shall be made (p. 5). In the one (1) PREA-related grievance filed at the facility during the previous twelve (12) months, the offender filing the complaint was notified of the resolution (i.e., staff termination) within

forty-eight (48)-hours of the complaint (filed 6/4/17; notified with offender signature 6/6/17, stated, “Resolved”).

**Standard 115.52e:** PAP #02-01-115, Sexual Abuse Prevention, states, “Third party reports by family, friends, and other members of the public can be made by electronically submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877)385-5877. This contact information shall be posting in visiting rooms and on the Department’s website (p.23).” Posting of this information in both locations was confirmed by this auditor. PAP #00-02-301 permits the filing of PREA grievances by third parties, including fellow inmates, staff members, family, attorneys, and outside advocates, as well as to assist the offenders in filing requests for administrative remedies regarding sexual abuse allegations. If the offender declines assistance through a third party, the inmate’s declination is documented by the agency. Per Memorandum from the Warden, provided in the PAQ upload, there were no third party filings or declinations of assistance from third parties by offenders in the previous twelve (12) months at the facility. During the site review, there was no indication provided through informal interviews, no letters received from inmates, and no statements made to suggest that third party filings have been ignored and/or not received.

**Standard 115.52f:** Agency policy has established procedures for filing an emergency grievance which alleges an inmate is subject to a substantial risk of imminent sexual abuse. This requires forwarding of the grievance to the appropriate level for response immediately, and an initial response within forty-eight (48) hours. Final decision of allegations of substantial risk of imminent sexual abuse require, per policy, final decision within five (5) calendar days. The final decision shall document the Department’s decision regarding whether the offender is in substantial risk of imminent sexual abuse and the action taken. There were zero (0) emergency PREA grievances filed in the past twelve (12) months per the PAQ and comprehensive review of all filed grievances while conducting the site review.

**Standard 115.52g:** The facility may only elect to discipline an offender for filing a grievance of alleged sexual abuse when it may be demonstrated that said grievance was filed in bad faith. During the previous twelve (12) month period at the facility, per PAQ, and information gathered during site review no (0) offenders were disciplined for filing grievances alleging sexual abuse. This was confirmed by random inmate interview, in which no offenders (0 of 30; 0%) indicated having filed a PREA-related grievance nor indicated they felt pressured not to file grievances secondary to any possible disciplinary actions that may be taken against them.

**No corrective action is required for this standard.**

## **Standard 115.53: Inmate access to outside confidential support services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.53a:** PAP #02-01-115 – Sexual Assault Prevention; XVIII. Victim Support (p.28-29) was provided to this auditor for review in support of provisions towards this standard. The facility provides offenders with access to the Indiana Coalition Against Domestic Violence (ICADV) services as it relates to emotional services for sexual abuse. Specifically, the ICADV telephone number (including toll-free, 24/7 access) and address are posted in poster form available in both English and Spanish near the inmate phone access points throughout the facility. This information is also available on the JPay kiosks. Communication with ICADV is available through hotlines, written address, and the JPay, thus, reasonable communication is provided in as confidential manner as possible. There are no individuals held at the facility solely for civil immigration purposes.

The offenders during informal interviews were able to point to the signs near the telephones regarding hotline access for ICADV. While they did not seem to know what the acronym stood for, they did know they could report sexual abuse and sexual harassment to that hotline and address. They also did know during random interviews that there was a hotline and address, and that that they could use the Ombudsperson address on the JPay system for email. Inmates routinely reported during interviews

they had access to outside services through JPay and hotline 800-number. The hotline available is the ICADV 800-number, as referenced by the inmates during random interview. The auditor also spoke with a contact from ICADV, and no calls had been received from the facility in the previous twelve (12) months, while per logs previous to this time historically calls had been received infrequently.

**Standard 115.53b:** The Medical and Mental Health Duty to Report Acknowledgement form which is signed by offenders during the intake procedure includes verbiage associated with the limits of confidentiality in the ICADV contract. The offenders were able to acknowledge during interview the limits of confidentiality when providing a report of sexual abuse or sexual harassment.

**Standard 115.53c:** The agency provided on upload a renewed contract for provision of inmates of emotional services related to sexual abuse through ICADV with current expiration of 9/30/18. The call log provided for ICADV for the previous twelve (12) month period did not show contacts from the facility. However, when speaking with the PCM it was acknowledged that offenders may not be particularly familiar with the acronym ICADV. He indicated that at future PREA offender trainings the ICADV acronym would be further elucidated.

**No corrective action is required for this standard.**

## Standard 115.54: Third-party reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.54a:** PAP #00-02-301 – Offender Grievance Process; D. PREA Grievances (p.4-6) and Policy #02-01-115, Sexual Abuse Prevention, were provided in support of this standard. PAP #02-01-115, states, “Third party reports by family, friends, and other members of the public can be made by electronically submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877)385-5877 (p.23).” As indicated, posting of this information was confirmed on both the Department’s website and in the visiting room by this auditor. The agency policy further permits PREA grievances to be filed by third parties (i.e., fellow inmates, staff members, family,

attorneys, and outside advocates). Offenders may also request the assistance of third parties in filing for administrative remedies regarding sexual abuse allegations. As stated, the Warden provided a Memorandum, uploaded through the PAQs, stating that there had been no third party filings or inmates who had declined assistance from third parties for assistance in filing grievances related to allegations of sexual abuse in the previous twelve (12) months at the facility. Per offender interview report, no offenders had requested third party assistance with grievance filing.

**No corrective action is required for this standard.**

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.61a:** PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) was reviewed by the auditor towards provisions of this standard. Subsection XV. Reporting Sexual Abuse mandates that any staff, volunteer, or contractor who has reason to believe that sexual abuse or sexual harassment has occurred has the duty to immediately report this information to a supervisor (including the shift supervisor, PCM, facility executive staff, or PREA Executive Director). Reporting also includes any act of perceived retaliation against an inmate or staff for reporting an incident of sexual abuse or sexual harassment, as well as any staff neglect or violation of duty to report that may have contributed to any of the aforementioned incidents. Throughout contractor (3 of 3; 100%), volunteer (4 of 4; 100%), and random staff interviews (21 of 21; 100%), it was clear that all interviewed understood their duty to immediately report any incident of sexual abuse, sexual harassment or retaliation related to reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to the incident or retaliation.

**Standard 115.61b:** Per PAP #02-01-115, staff shall only reveal information related to the sexual abuse or sexual harassment to designated supervisors, the PCM and staff involved with investigating the incident. Specifically, staff are obligated to share details of the incident only to the extent necessary to make treatment, investigation, and other security and management decisions, and not to disclose to other parties unnecessarily. During randomized interviews, staff again were clear with their responsibilities to hold confidential details associated with sexual abuse and sexual harassment allegations, with disclosure provided only to those who were part of the investigation.

**Standard 115.61c:** Mental health and Medical staff, per policy, are required to report any detected signs of potential sexual abuse that are discovered during routine Medical or Dental examinations. They are further required to discuss their concerns with the offender and report their suspicions to Investigations and Intelligence staff. The Mental Health and Medical Duty to Report is delineated in the PREA Duty to Report: Medical and Mental Health Staff Acknowledgement form signed by offenders upon their intake to the facility. The auditor was provided a copy of this form to review towards this standard provision. During interview with Medical and Mental Health staff the staff interviewed were aware of their duty to report and the limitations of confidentiality. They indicated that upon meeting with offenders they informed the inmate of these limits prior to initiating treatment. Offenders during

interview were able to state the limits of confidentiality during treatment with medical and mental health providers.

**Standard 115.61d:** There is a subsection of XV. Reporting Sexual Abuse that addresses if an alleged sexual abuse incident involves an offender under the age of eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services or the Adult Protective Services at Indiana Family and Social Service Administration (FSSA). There are no offenders under the age of eighteen (18) held at the facility. Per the PAQ, there were no reports filed associated with vulnerable adults during the previous twelve (12) months. During the onsite visit by observation and informal discussion it appeared that there were no offenders onsite judged to be meet the criteria for vulnerable adult status.

**Standard 115.61e:** PAP #02-01-115 obligates that all incidents of alleged sexual abuse and sexual harassment are reported and investigated by the facility's Intelligence and Investigations. This is to include any third party and anonymous reports. The Warden confirmed during interview that all reports of allegations of sexual abuse and sexual harassment are forwarded for investigation to the facility's Intelligence and Investigations. Per interview with the assigned facility Investigator, all reports of alleged sexual abuse and harassment are investigated on an administrative or criminal level. Onsite review of Investigations and Incident Reports indicated that all PREA-related filings had been investigated.

**No corrective action is required for this standard.**

## Standard 115.62: Agency protection duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.62a:** Per PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) when the facility learns that an offender may be at substantial imminent risk of sexual abuse, immediate action shall be taken to assess and implement protective measures. This may include, per policy, placing the offender in Protective Custody, Administrative Restrictive Status housing, or any other appropriate action (p.23). As the facility does not have involuntary restricted housing, in discussion with the Warden during such instances, the alleged perpetrator would be transferred to

another facility prior to a victim in a situation involving substantial risk of imminent sexual abuse. Further, per interview with the Warden, staff members at the facility would be removed from their post and potentially placed on Administrative Leave, prohibiting them access to the potential victim in situations indicative of substantial risk of staff sexual abuse.

There were no incidents that met this criteria during the previous twelve (12) month period at the facility. In addition, during random offender interview, it was conveyed that the inmates felt safe in the environment and believed that should they have a concern for their sexual safety the facility would place priority on ensuring the situation was expediently addressed. Random interviews with twenty-one (21; 100%) staff also demonstrated that staff were aware that the management of a situation involving substantial risk of imminent sexual abuse would occur without unreasonable delay, involving assessment and implementation of protective measures.

**There is no corrective action required for this standard.**

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.63a:** PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) was reviewed by this auditor towards the provisions of this standard. Per policy, when the Warden or designee receives an allegation that an offender was sexually abused at another facility, the information about the allegation shall be conveyed to the Head of the facility where the alleged abuse occurred.

**Standard 115.63b:** This notification shall occur within seventy-two (72) hours of receiving the initial allegation.

**Standard 115.63c:** In the assurance that the investigation is completed, the receiving facility shall document that it has been provided notification.

**Standard 115.63d:** The Head of the facility receiving the notification shall ensure that the allegation is thoroughly investigated in accordance with appropriate policy.

The PAQs submitted for the facility indicate that there were no allegations of sexual abuse received at the facility which required notification to other Head of facilities. Further, there were no allegations of sexual abuse received at another facility for which notification was received at Edinburgh Correctional Facility. Based upon interview with the Warden and PREA Executive Director this information was consistent with the PAQ submission. Furthermore, the Warden, facility Investigator, Administrative Assistant, PCM, and PREA Executive Director were familiar with and able to speak to **Standards 115.63a-d**. There was no evidence gathered onsite or through PAQ upload review that there had been Incident Reports or Investigations that met Standard 115.63 criteria.

**There is no corrective action required for this standard.**

## **Standard 115.64: Staff first responder duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.64a:** PAP #02-01-115 – Sexual Assault Prevention; X. Staff Designated as First Responders and XVI. Investigation of Sexual Abuse were submitted for review towards compliance with provisions of this standard. The agency has a standardized policy for first responders in allegations of sexual abuse. Per policy, the first security staff responding to the scene of an allegation of sexual abuse are required to:

- 1.) Separate the alleged victim and abuser;
- 2.) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 3.) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, and/or;
- 4.) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.

During random staff interviews (21 of 21; 100%) and those identified as first responders (2 of 2; 100%), it was uniformly clear that staff understood the responsibilities and procedures associated with scene security, and evidence maintenance for both victim and abuser in an allegation of sexual abuse. Per the PAQs submitted, there were no (0) incidents of sexual abuse allegations submitted during the previous twelve (12) months at the facility necessitating implementation of a first responder protocol. Based upon record review conducted onsite and interviews with the Warden, PCM, and PREA Executive Director this information was judged to be consistent.

**Standard 115.64b:** Agency policy further delineates that if the first responder is not a security staff that the responder shall be responsible to:

- 1.) Request that the alleged victim not take any actions that could destroy physical evidence; and/or;
- 2.) Notify security staff to initiate the above protocol.

During interviews with non-security staff (including volunteers and contractors) it was again uniformly clear the parameters of their responder duties, and specifically stated they would bring the alleged victim with them when notifying security staff of the alleged sexual abuse incident. Per PAQs submitted there were no (0) incidents of sexual abuse allegations submitted during the previous twelve (12) months at the facility in which the first responder was a non-security staff member. Based upon record review conducted onsite and interviews with the Warden, PCM, and PREA Executive Director, this information was judged to be consistent.

**There is no corrective action required for this standard.**

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.65a:** PAP #02-01-115 – Sexual Assault Prevention; X. Sexual Assault Response Team (SART); A. Establishment of a Facility SART was reviewed towards the provision of this standard. Per policy, the Warden at each facility shall be responsible to establish a SART and a written plan in the Facility Directive, in which actions are coordinated to be taken in the event of a sexual assault. The coordinated response shall involve staff first responders, Medical and Mental Health providers, investigators, and executive staff.

In support of this standard, uploaded with the PAQs, was a Memorandum provided from the Warden, Titled: Edinburgh Correctional Facility - SART Operational Directive. The components of this Memorandum included the specifics of the coordinated response to a sexual assault to be taken by the staff at the facility, including: 1. Purpose, 2. Policy, 3. First Responders, 4. Internal Affairs Investigators, 5. SANE (Terre Haute Regional Hospital), and 6. Victim Advocate Training. During interviews with each of the involved parties (to include first responders, Medical and Mental Health providers, investigators, and executive staff) while onsite, each of the designated parties expressed awareness of their role within the coordinated response to an incident of sexual assault.

**There is no corrective action required for this standard.**

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.66a:** The agency has not entered into any new collective bargaining agreements or renewals made since the last PREA Audit in May of 2016. The facility, thereby, materially meets the provision for this standard.

No corrective action is required for this standard.

## Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.67a:** PAP #02-01-115 – Sexual Assault Prevention; IX. Facility PREA Committee was provided for the auditor’s review associated with this standard. The agency’s policy stipulates that all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of the same will be protected from retaliation. The facility has designated staff members at the department who are in charge of ensure monitoring for possible retaliation occurs. At the facility the designated oversight for retaliation concerns is provided by the PCM, and the retaliation monitoring contacts are typically conducted by the case managers. In the case of the substantiated PREA staff sexual misconduct case at the facility, the case manager conducted the appropriate fifteen (15) and thirty (30) day contacts prior to the offenders transfer to another facility, at which point his retaliation contact information was appropriately transferred for continuation at the following location.

**Standard 115.67b:** The Warden, Agency Head Designee, and PCM were interviewed and indicated that the monitoring contacts, per policy, include review of the alleged victim’s housing and work assignments with particular consideration of whether the victim would benefit from a different assignment within the facility or consideration of transfer to another facility. As indicated previously, alleged perpetrators would be moved first away from the victim, and the victim would be separated from staff members involved in allegations of sexual abuse or sexual harassment. Further, emotional support services are available to the victim through ICADV and SART members. In the substantiated case, the offender was transferred for reasons unrelated to PREA victim retaliation needs, and instead moved secondary to disciplinary issues that made him ineligible to remain at the facility.

**Standard 115.67c & d:** Per policy the agency will monitor the offender for at least ninety (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in an investigation of the same. The components of the monitoring include, but are not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 2.) The conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and would involve periodic status checks as merited. There were no (0) occasions, per the PAQ that the facility monitored offenders through and past the ninety (90) day period during the previous twelve (12) months. This information was substantiated through onsite file review of investigations, grievances, and interviews with the Warden, PCM, PREA Executive Director, and Investigator.

**Standard 115.67e:** PAP #02-01-115 was reviewed, and supported that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The Warden, PCM, PREA Executive Director, and facility Investigator through interviews also indicated that retaliation is entirely counter to agency policy and any individual (staff or inmate) who expresses a fear of retaliation for their cooperation in an investigation will be appropriately monitored against retaliation through the protocol indicated above and any other case-relevant measures deemed necessary.

In the substantiated PREA case, the offender was appropriately monitored for the components indicated for thirty (30) days while at the facility until his transfer. His disciplinary offense fell into the realm of 'Threatening' towards a staff member, unrelated to the substantiated PREA staff sexual misconduct, which necessitated the offender's removal from the facility. Edinburgh is a Level I facility and does not permit offenders to remain at the facility with behavioral violations at this level of severity. His subsequent transfer was upon investigation not evaluated based upon the case factors to be retaliatory in nature.

**Standard 115.67f:** Per policy, the agency's obligation to monitor shall terminate if the agency determines that the allegations is unfounded. Per PAQ upload there were no unfounded investigations during the previous twelve (12) months. Upon site review and interviews with both staff and inmates, there was no information gathered to counter this claim.

**There is no corrective action required for this standard.**

## Standard 115.68: Post-allegation protective custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.68a:** As indicated in 115.43 the facility does not use involuntary segregated housing. PAP #02-01-115 – Sexual Assault Prevention; XII. Transfer Assessment was utilized in review of this standard. As stated previously, the Warden provided a Memorandum indicating the facility does not use involuntary segregated housing, and based upon site review there is no involuntary segregated housing unit at the facility. According to the PAQ there were zero (0) inmates held in involuntary segregated housing in the past twelve (12) months during post-allegation for protective custody, as would be expected given there is no involuntary segregation on-site.

As noted there was informal observations made which indicated some staff understood policy to be that both the victim and abuser would need to be transferred following an incident of sexual abuse and/or sexual harassment. This is against agency policy, and clarification of institutional practice was sought with the Warden. She indicated that victim transfer was not a facility practice. During interview with the Warden, she made clear that the alleged perpetrator would transfer to another facility prior to the victim in any situation involving allegations of sexual abuse. Further, staff members would be removed from contact with the victim in situations alleging staff sexual misconduct.

This standard is judged to materially meet this standard provision criterion on the basis of not utilizing involuntary segregated housing onsite.

**There is no corrective action required for this standard.**

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.71a:** PAP #00-01-103 – The Operation of the Office of the Investigations and Intelligence and PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p.24-26) was provided for review towards the provision of this standard. In the content of the two aforementioned documents, the agency was able to demonstrate that they had a comprehensive policy to conduct investigations into sexual abuse and sexual harassment allegations in a prompt, thorough, and objective manner. During interview with the facility Investigator (criminal and administrative investigations), he described response to PREA-related incidents to necessitate immediate response. When asked to clarify, the facility Investigator expressed, immediate as meaning without delay at the moment of discovery, and that comprehensive investigation would be initiated the same business day. He described that evidence collection would involve multiple sources of corroboration, including direct and indirect evidence (e.g., DNA, crime scene review, interviews from a variety of sources, location of the alleged victim and abuser, telephone and JPay dialogue review, historical video monitoring, lab

results, etc.). Further, he indicated that the evidence collection process is ongoing, and he would continue to add information with continuous documentation of the information gathered.

As indicated there was solely one (1) investigation conducted in the previous 12 months. The low number of PREA allegations was consistent with comparison to the previous two years of data with two (2) allegations in 2016, and three (3) in 2015 total; none of which were substantiated. Of the one (1) PREA report received, the allegation of staff sexual misconduct was received on 6/4/2017. This case involved prompt response, involving immediate removal of the staff from her assigned post and separation from the alleged victim upon discovery of the PREA reported incident, administrative leave pending investigative findings (6/5/17), and staff termination on 6/6/2017. Upon the auditor's review of the entire investigative file, she found thoroughness of investigative techniques. Most specifically interviews were conducted with the primary subject and victim, as well as five (5) witnesses. The breadth of interviews supported the swift completion of this case with closure in a substantiated finding. This case was completed by 6/9/2017 to include providing a referral for local prosecution as "Threatening".

Furthermore, they made no differentiation between first party and third party or anonymously received reports. Both per policy, and interviews with the Warden and facility Investigator all incidents of alleged sexual abuse and sexual harassment reported are investigated by the facility's Intelligence and Investigations, regardless of whom is the reporting party. This is to include any third party and anonymous reports. Per these same interviews, reports of alleged sexual abuse and harassment are all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level.

**Standard 115.71b:** The agency, per PAQ responses, has a total of forty-four (44) specially trained investigators. Specifically, at the facility, there is one (1) assigned specially trained investigator responsible for conducting investigations into allegations of sexual abuse, and the Administrative Assistant into allegations of sexual harassment. If this investigator is unavailable, the agency will call into duty one of the other forty-four (44) specially trained investigators. The signed investigator training record, as provided by PAQ upload, had the components delineated in standard 115.34, which was completed by the facility's Investigator and Administrative Assistant. This auditor reviewed the PREA specialized training for which each were certified to have attended March 2, 2018. The PREA training curriculum was reviewed by the auditor (as provided by the Moss Group), and covered how to handle both administrative and criminal sexual abuse and sexual harassment investigations. The content curriculum was provided for the PREA specialized training, including modules on a.) PREA Investigative Standards, b.) First Response and Evidence Collection, c.) Agency Culture, d.) Legal Liability and Use of Miranda and Garrity, e.) Trauma and Victim Response, f.) Interviewing Victims of Sexual Misconduct, g.) Sexual Harassment, and h.) Report Writing.

**Standard 115.71c:** Investigators have been trained specifically, per the course curriculum and policy reviewed by the auditor, on the gathering and preservation of direct and circumstantial evidence. Such evidence may include available physical and DNA evidence, and any available electronic monitoring data. Further, interviewing of the alleged victim(s), perpetrator(s), and potential witnesses would be conducted. The investigator would also review prior complaints and reports of sexual abuse involving the suspected perpetrator. There was one (1) investigation conducted during the previous twelve (12) months that necessitated the gathering of evidence associated with an allegation of staff sexual misconduct. It was apparent when the auditor reviewed the entire investigative file that the utilization of interviewing techniques, involving interviews with the subject, victim, and five (5) witnesses, was implemented in this particular case and supported the completion of the case with closure in a substantiated finding.

**Standard 115.71d:** During the interview with the facility Investigator, he made clear that during investigations which appear to support criminal prosecution, his training has stipulated that he only conduct compelled interviews after consultation with prosecutors as to whether compelled interviews may pose an obstacle for subsequent criminal prosecution. Per policy, the agency will follow this protocol. The substantiated sexual abuse case at the facility was referred, while declined, for criminal prosecution.

**Standard 115.71e:** The agency's investigative protocol, and training curriculum mandate that the investigator assesses each alleged victim, suspect, or witness on an individual basis and does not determine the individual's credibility based on their status as an offender or staff member. Further, the agency does not require the offender who alleges sexual abuse to submit to a polygraph or other truth-telling device as part of proceeding with the investigation. This was confirmed during interview with the facility's trained Investigator.

**Standard 115.71f:** The investigative findings attempt, per PAP #02-01-115; X. Reporting Sexual Abuse, and training curriculum to determine whether staff actions or failures to act contributed to the alleged sexual abuse, and documents such findings in written form. The written document (at the agency called the Sexual Incident Report; SIR) shall contain a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There was one (1) Administrative investigation completed during the previous twelve (12) months, which was reviewed by the auditor and conformed to all necessary reporting and documentation of sexual abuse protocol, including entry of this incident into the SIR. Discussion with the facility Investigator and Administrative Assistant confirmed that each of their investigative processes would conform to this protocol during sexual abuse investigations.

**Standard 115.71g:** Per policy #02-01-115; X. Staff Designated as First Responders – Investigations and Intelligence, for any criminal investigation, all investigators are to investigate and then document the facts found in a sexual allegation case in written form. The written document is to contain a thorough description of physical, testimonial, and documentary evidence and provide an attachment of documentary evidence where feasible. The investigator is responsible for the notification of local State Police liaison if assistance is requested, and consultation with the local prosecutors when there is a potential for a criminal violation determined. As investigators may not be onsite when an initial report is made, they are utilized on an on-call basis. During interview with the facility investigator, his responses confirmed that he was aware of the processes by which to notify State Police when necessary and seek consultation with local prosecution in cases deemed potentially to meet criminal prosecution threshold.

**Standard 115.71h:** All substantiated cases of sexual abuse that appear to be criminal shall be referred for prosecution, per policy and specialized training. The substantiated sexual abuse case at the facility was referred, while declined, for criminal prosecution.

**Standard 115.71i:** PAP #00-01-103 – The Operation of the Office of Investigations and Intelligence; IX. Investigating Sexual Abuse and Sexual Harassment; C6. Evidence and Case Reporting Best Practices and Procedures and PAP #02-01-115; XIX. Statistical Reporting (p.29-30) delineate that the agency hold the responsibility to retain all written reports in 115.71f and g of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. Per interview with the PREA Executive Director, this protocol is followed by the facility. The completed SIR was provided to this auditor even though the offender had since left the facility and paroled.

**Standard 115.71j:** Policy stipulates that all allegations of sexual abuse and sexual harassment shall be investigated regardless of whether the alleged perpetrator or alleged victim have left the Department's employment or are no longer under the Department's authority (PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse). The Warden, facility Investigator and PREA Executive Director confirmed that should such an alleged incident meet the aforementioned conditions, the investigation would still be carried through to completion. Per policy and interview with the PREA Executive Director, facility Investigator and Warden, the facility is responsible for conducting their own investigations into both administrative and criminal sexual abuse allegations, with the exception of requesting assistance from local State police when deemed necessary. Per policy and interview information, the facility would remain involved even if local State police became involved in a facility investigation, and ensure the investigation's carry through to closure.

**There is no corrective action required for this standard.**

## **Standard 115.72: Evidentiary standard for administrative investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.72a:** Per PAP #02-01-115 – Sexual Assault Prevention definition of how to substantiate an allegation of a sexual abuse and sexual harassment administrative or criminal investigation demonstrates that the agency does not impose a higher standard than a preponderance of evidence. Specifically, in PAP #02-01-115, the definition of Substantiated: An allegation that was investigated and determined to have occurred based on a preponderance of the evidence (p.6).

Based upon interview with the Investigations officer, the same definition was utilized when he described how he would conclude a case associated with determination of substantiating an allegation of sexual abuse or sexual harassment. There was insufficient case files on site associated with administrative or criminal findings of substantiated cases, whereas in the sole case of a substantiated PREA allegation, the staff alleged of misconduct had admitted guilt. However, it appeared that the investigative staff at the facility were aware of the appropriate standard of proof to be imposed in a finding of substantiating a case of sexual abuse and sexual harassment.

**No corrective action is required for this standard.**

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.73a:** PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p.24-26) was provided, which the auditor reviewed towards compliance of provisions for this standard. Following an investigation into an inmate's allegation that he has suffered sexual abuse or sexual harassment by another inmate or staff in a Department facility, the offender within the agency, per policy, will be informed in writing whether the allegation of sexual abuse has been substantiated, unsubstantiated, or unfounded. During interview with the PREA Executive Director and PCM, this protocol was confirmed. In the one (1) case investigated during the previous twelve (12) months at the facility, the offender was informed in writing, confirmed by his signature receipt, that the case was substantiated.

**Standard 115.73b:** The agency is responsible for conducting all investigations into allegations of sexual abuse and sexual harassment, thus, 115.73b does not apply, and thereby materially meets standard.

**Standard 115.73c:** Per policy, PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p.25-26) following an inmate's allegation of sexual abuse by a staff member, unless the agency has determined that the allegation is unfounded, or unless the alleged victim has been released from custody, the agency subsequently will inform the resident whenever:

- 1.) The staff member is no longer posted within the inmate's unit;
- 2.) The staff member is no longer employed at the facility;
- 3.) The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; and,
- 4.) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

These procedures were affirmed through interview with the PCM and PREA Executive Director who would be the designated parties responsible for victim notification and oversight.

**Standard 115.73d:** Further, policy mandates, following an inmate’s allegation that he has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever:

- 1.) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and
- 2.) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The PCM and PREA Executive Director were both familiar with these processes and indicated that in any applicable cases, the alleged victim would be informed of the aforementioned case details.

**There is no corrective action required for this standard.**

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.76a:** The policy outlining staff disciplinary sanctions is including in the following: State Personnel Director Discipline Policy; PAP #04-03-103 – Information and Standards of Conduct for Departmental Staff, and PAP #02-01-115 – Sexual Assault Prevention; V. Staff Orientation and Training and XVI. Investigation of Sexual Abuse, per auditor review. Based upon review of the aforementioned policies, staff are subject to disciplinary sanctions which are up to and including termination from the Department for violation sexual abuse and sexual harassment policies. The Warden, Department Head Designee and PREA Executive Director confirmed understanding of such termination processes.

**Standard 115.76b:** The termination or dismissal shall be the presumptive disciplinary sanction for any staff who violates the agency’s sexual abuse or sexual harassment policies. This was again confirmed through interviews with the Warden, Department Head Designee and PREA Executive Director. In the substantiated staff sexual misconduct case at the facility during the previous twelve (12) month period the staff was indeed presumptively terminated.

**Standard 115.76c:** Per policy, disciplinary sanctions for violation of agency policy related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated that no disciplinary sanctions were imposed during the previous twelve (12) months that applied to this provision of the standard, while the Warden, Department Head Designee, and PREA Executive Director indicated that disciplinary sanctions would be determined on the basis of consideration of the aforementioned factors.

**Standard 115.76d:** Per policy and in practice, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, were reported to law enforcement agencies. Specifically, in the case of the substantiated staff sexual misconduct, the file was referred as “Threatening” to the County Prosecutor. All terminations, per policy, for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are also reported to relevant licensing bodies. Per the PAQ and based upon onsite file review there were no PREA investigations that met this section of the provision of this standard. The Warden, Department Head Designee, and PREA Executive Director are aware of the need to follow through with both local Law Enforcement on potentially criminal related sexual abuse violations, and relevant licensing boards.

**There is no corrective action required for this standard.**

## **Standard 115.77: Corrective action for contractors and volunteers**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.77a:** As for staff violations, the policy outlining volunteer and contractor disciplinary sanctions includes the following: State Personnel Director Discipline Policy; PAP #04-03-103 – Information and Standards of Conduct for Departmental Staff, and PAP #02-01-115 – Sexual Assault Prevention; V. Staff Orientation and Training and XVI. Investigation of Sexual Abuse, per auditor review. Based upon review of the aforementioned policies, volunteers and contractors who engage in sexual abuse are prohibited from offender contact. Policy stipulates that such individuals will be removed from the facility, not allowed to return, and may be subject to criminal prosecution (when applicable). Further, information regarding substantiated cases of sexual abuse shall be forwarded to relevant licensure bodies for external review. The Warden, Department Head Designee and PREA Executive Director confirmed understanding of such processes.

**Standard 115.77b:** Per policy, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any contractor or volunteer violating sexual abuse or sexual harassment agency policies. Specifically, the Warden indicated in any instances where further contact with inmates is determined to be detrimental a Gate Closure would be issued for the particular volunteer or contractor that would be applicable at any IDOC location. This individual would be prohibited from entry into any IDOC facility, even as a visitor. She reported that this procedure has been activated in the past towards staff members, when appropriate, while there has been no such action on contractors or volunteers at ECF within the previous twelve (12) month period.

There were zero (0) reported incidents of contractor or volunteer violation of sexual abuse or sexual harassment policy during the previous twelve (12) month period per the PAQ submission, as well as based upon information gathered through onsite record review and interviews.

**There is no corrective action required for this standard.**

## **Standard 115.78: Disciplinary sanctions for inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### **115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### **115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### **115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes    No    NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.78a:** Policy #02-01-115 – Sexual Assault Prevention; VII. Offender Education Program and PAP #02-04-101 – The Disciplinary Code for Adult Offenders was reviewed by the auditor for fulfillment of compliance towards this standard. Per policy, offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate had engaged in inmate-on-inmate sexual abuse. The Offender Education Program dictates that offenders shall be advised that any inmate who engages in any type of sexual abuse and/or sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Further, the offenders, per policy, are to be advised that such cases shall be referred to the Indiana State Police for criminal prosecution and Child Protective Service, as appropriate (PAP #02-01-115; p.9). Per the PAQ submission, as substantiated by onsite interviews and document review, there were no inmates who had been administratively found to have engaged on inmate-on-inmate sexual abuse or sexual harassment at the facility during the previous twelve (12) month period.

**Standard 115.78b:** During interview with the Warden and Department Head Designee, each confirmed that, per policy and procedure, the disciplinary sanctions administered for an inmate in such a case as an offender was found administratively guilty of having engaged in inmate-on-inmate sexual abuse or sexual harassment would be commensurate with the nature and circumstances of the abuse committed. The inmate’s disciplinary history, and the sanctions imposed in comparable offences by other offenders with similar histories would be considered when determining the disciplinary penalty.

**Standard 115.78c:** Interviews also confirmed that, per policy, the disciplinary process does take into consideration whether mental illness or mental disability contributed to the offender engaging in his behavior, and would also be a consideration in the type of sanctions imposed.

**Standard 115.78d:** Per the PAQ submissions, the agency offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivation for abuse, while these programs are generally offered by Mental Health. Specifically, should an offender be referred to programming of this nature they would transfer to a facility where they would be able to see Mental Health practitioners on a routine basis. The Mental Health practitioner conducts an evaluation of all known offender abusers within sixty (60) days of learning of such abuse, while per provider report this assessment is generally conducted much more expediently.

The agency does not require the offender to participate in such programming, and thus, permits program refusal. However, the agency may consider the offender’s refusal to participate as part of

further inability to gain access to incentivized program elements, and thus, their participation may be a condition of access to programming or other benefits. The Telehealth Mental Health provider affirmed these provisions for Mental Health treatment, and indicated that specific enhanced offender treatment by Mental Health would merit a transfer from the facility, while refusal to participate in recommended treatment would not forestall the transfer to the appropriate facility where treatment was available.

**Standard 115.78e:** Agency policy may discipline an offender from engaging in sexual contact with staff only upon discovery that the staff member did not consent to such contact. There were no (0) incidents of disciplinary action taken against inmates for sexual conduct with staff during the previous twelve (12) month period, based upon the PAQs, inmate interview report, and onsite record review.

**Standard 115.78f:** The facility prohibits disciplinary action against an inmate for a report of sexual abuse made in good faith when it is based upon reasonable belief that the alleged conduct occurred, even in such occurrence as investigation does not substantiate the allegation. During the previous twelve (12) month period at the facility, per PAQ and information gathered during site review, including inmate and interviews, as well as documentation review, no (0) offenders were disciplined for filing reports of sexual abuse.

**Standard 115.78g:** Agency policy prohibits sexual activity between offenders and offenders found to be engaging in such activity may be disciplined. The agency, per policy, may deem such activity as sexual abuse only once a determination has been made that the activity was coerced. There was no (0) reported sexual activity between inmates during the previous twelve (12) months per the PAQs, inmate interview, Incident Report reviews, and discussion with the facility Investigation and Administrative Assistant, which was judged to be either consensual or coerced.

**There is no corrective action for this standard.**

## MEDICAL AND MENTAL CARE

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.81a & b:** PAP #02-01-115 – Sexual Assault Prevention; XI. Offender Intake into the Department, and XVII. Medical and Mental Health Services was provided in support of compliance towards the provisions of this standard. Per policy, during a part of a 115.41 screen, all offenders at the facility who disclose any prior sexual victimization, or previously perpetrated sexual abuse, whether it occurred in an institutional or community setting are offered a follow-up meeting with a Medical or Mental Health practitioner. Medical and Mental Health retain secondary materials, per policy, associated with documentation of compliance towards standard 115.81a. There were no (0) offenders who newly disclosed information related to a prior history of sexual victimization, or prior perpetration of sexual abuse during intake at the facility, and thus, no referrals made.

Staff responsible for risk screening were aware of the appropriate referral processes, and understood if the offender has reported a history of sexual victimization or perpetration based upon the criteria above they are to be provided an opportunity for a referral to Telehealth to discuss potential treatment needs. As stated previously, the offender has the right to refuse this contact, while the referral attempt must be documented, per policy. Random chart review of three (3) individuals who had previously reported a

history of sexual abuse victimization showed that this referral had not consistently been documented appropriately at the previous facility, and subsequently at ECF (as 0/3 had the required Medical/Mental Health referral notation).

A formalized process was established to resolve this discrepancy between the caseworkers and Medical department. From the point of the site review forward, if an individual was established as PREA likely victim or PREA likely aggressor written communication would be established between the Departments to ensure the offenders receives appropriate follow-up services (Dated April 19, 2018). This auditor conferred with the PREA Executive Director to establish that this email was overly inclusive, and necessitated follow-up referrals specifically only for offenders who had a history of sexual victimization or prior perpetration, not solely PREA-likely victim or likely aggressor status determination. He affirmed that this clarification had been discussed with the case workers and Medical Department (5/7/18).

**Standard 115.81c:** The facility is a prison, whereby they would not receive offenders directly from jail.

**Standard 115.81d:** Policy #01-04-104 – Establishment, Maintenance and Disposition of Offender Records; VI. Classification, Access, Review, Challenge, Expungement, Release, and Security of Information; A3. Classification of Information – Confidential, and PAP #02-01-115 establish appropriate controls on sensitive information. Specifically, any information related to sexual abusiveness or victimization shall be strictly limited to Medical and Mental Health practitioners, and other staff to inform treatment plans and security or management decisions (e.g., housing, bed, education, work, and program assignments). All other disclosures will be limited as required by Federal, State, and local law.

**Standard 115.81e:** The Mental Health and Medical Duty to Report is expressly conveyed in the PREA Duty to Report: Medical and Mental Health Staff Acknowledgement form which is provided to and signed by offenders upon intake at the facility. The auditor was provided a copy of this form to review towards compliance consideration for this standard provision. During interview with Medical and Mental Health staff they were aware of their duty to report and the limitations of confidentiality. They indicated that upon meeting with offenders the inmate is informed of these limits prior to initiating treatment. Further, during interview, practitioners explicitly identified that they would obtain consent from the offender prior to reporting any sexual victimization that did not occur at an institutional setting unless the offender was under the age of eighteen (18). The facility does not house offenders under the age of eighteen years old.

**There is no corrective action required for this standard.**

## **Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.82 (a)**

- Do inmate victims of sexual abuse 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 judgment?  
 Yes    No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse 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?  Yes  No

### 115.82 (d)

- Are treatment services 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?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.82a:** PAP #02-01-115 – Sexual Assault Prevention; XVII. Medical and Mental Health Services was provided for the auditor’s review towards the provisions of this standard. Per policy, at the facility victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, and crisis intervention services. The nature and scope of such services are determined by the medical and mental health providers according to their professional judgment.

The facility does not provide forensic medical examinations, while first responders shall provide treatment as outlined in the Sexual Assault Manual, and respond to immediate medical care needs and evaluate the victim for life threatening injuries prior to transport to an outside facility for completion of the forensic medical examination. Should the victim refuse such treatment by first responders, this will be documented on a, ‘Refusal and Release of Responsibility for Medical, Surgical, Psychiatric and Other Treatment’ Form 9262. There were no (0) offenders at the facility who had reported an incident of sexual abuse during the previous twelve (12) months. Medical and Mental Staff who were interviewed during the site review were aware of their responsibilities to respond to a sexual abuse incident, and indicated that any treatment provided would be determined according to their professional judgement.

**Standard 115.82b:** In such instances as no qualified Medical or Mental Health practitioners are on grounds at the time of a sexual abuse report, per policy, security first responders shall take preliminary first steps to protect the victim, as indicated in standard 115.62, and immediately notify the appropriate supervisor. Further, policy mandates that Medical and Mental Health on-call shall be contacted and apprised of the report (p.27). Based upon random security staff interviews conducted while onsite, all staff members were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.62 in the absence of Medical professionals, and report any such incident directly to their immediate supervisor.

**Standard 115.82c:** PAP #02-01-115; Subsection XVII indicates that victims of sexual abuse shall be provided with counseling by the Health Services department in a sensitive, culturally appropriate manner with ease of comprehension to ensure effective communication. Such counseling will include information regarding the transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infections (STI) treatment. Medical staff will also offer and support testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse incident (p.27). Again, medical staff during interview were able to articulate their responsibilities to provide support to victims of sexual abuse and follow-up interventions associated with STI prophylaxis. As the facility houses male offenders, timely access to emergency contraception is outside the scope of necessary services.

**Standard 115.82d:** Sexual abuse forensic medical examinations are offered without cost to the victim, per policy. Comprehensive documentation from Terre Haute Regional Hospital with SANE contact information and forensic medical examination services offered was reviewed by the auditor. All victims of sexual abuse are provided access to forensic medical examinations through Terre Haute Regional Hospital. Throughout the previous twelve (12) month period there were no reported situations necessitating a forensic medical examinations to be conducted by the facility or through a SANE contracted site. When speaking with the SANE nurse, PCM, and PREA Executive Director during interview it was emphasized that should the occasion occur necessitating a sexual abuse forensic examination, such services would be offered without financial cost to the victim.

**There is no corrective action for this standard.**

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services 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?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.83a:** Policy outlining the Medical/Mental Health treatment for victims and abusers is contained within PAP #02-01-115 – Sexual Assault Prevention; XVII. Medical and Mental Health

Services. The facility offers Medical and Mental Health evaluation and, as recommended, treatment to all inmates who have been victimized by sexual abuse. There are Medical staff at the facility, while Mental Health services are provided through Telehealth. If there was a need for additional Mental Health care on a routine basis, arrangements would be made for the offender to be transferred to a facility with greater service provision capacity. Mental health staff clarified this process during interview, which would ensure supportive services for the victim were engaged appropriately. During the previous twelve (12) months there were no offenders who reported sexual abuse, thereby, demonstrating a need for Medical and Mental Health evaluation for treatment.

**Standard 115.83b:** Evaluation and treatment includes follow-up services, treatment plans, and, when necessary, referrals for continued care following the victims transfer to, or placement in, other facilities, or their release from custody. At the facility, the PCM acknowledged during interview that he and designated staff (including the Release Coordinator) would work with community resources to ensure appropriate victim advocacy support services were in place both at the facility for the victim, and at such point as the offender was being released to the community.

**Standard 115.83c:** The provision of Medical and Mental Health care, per policy, is to be provided to victims at the community standard of care. Based upon discussion with the local Medical and Telehealth providers, Medical and Mental Health services are provided to victims within the facility consistent with the community level of care.

**Standard 115.83d & e:** The facility houses male offenders, and does not house female offenders. Therefore, provisions 115.83d and 115.83e are materially met.

**Standard 115.83f:** As indicated in the previous standard, PAP #02-01-115; Subsection XVII indicates that all victims of sexual abuse shall be provided with counseling by Health Services. Such counseling will include information related to the transmission of, testing and treatment methods for (including prophylactic treatment), and the treatment risks associated with sexually transmitted infections (STI). Medical staff will also offer and support testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse incident (p.27). Medical staff at the facility explained their responsibilities to provide support to victims of sexual abuse and follow-up counseling (including prophylaxis) associated with STIs.

**Standard 115.83g:** PAP #02-01-115 specifically mandates that quality Medical and Mental Health services will be offered in a timely, unimpeded manner, free of charges to the victim of sexual abuse, regardless of whether the victim names the abuser or cooperates with the investigation. As noted previously, there were no offenders who had necessitated Mental Health or Medical services of this nature during the previous twelve (12) months at the facility, while the SANE nurse from Terre Haute Regional Hospital, and Wexford Medical and Mental Health providers confirmed that their services were free of charge to the victim, regardless of the victim's willingness to cooperate.

**Standard 115.83h:** Per policy, the facility refers all known inmate-on-inmate abusers to Mental Health for evaluation. The Mental Health practitioner is obligated to conduct an evaluation of all known offender abusers within sixty (60) days of learning of such abuse. During interview with the Telehealth provider this assessment is generally conducted in much less time. There were no (0) referrals of this nature during the previous twelve (12) month period.

**There is no corrective action required for this standard.**

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility 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?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.86a:** PAP #02-01-115 – Sexual Assault Prevention; IX. Facility PREA Committee was reviewed by the auditor towards compliance determination of the provisions of this standard. The facility conducts a sexual abuse incident review at the conclusion of each investigation of sexual abuse conducted, whether administrative or criminal, unless the allegation was determined unfounded. Per the PAQs there was one administrative investigation of substantiated staff sexual misconduct at the facility for which a review was conducted. Based upon documentation review and both formal and informal interviews conducted during the site review, this information was judged to be consistent with the PAQ submission.

**Standard 115.86b:** Per policy, the facility review will be conducted within thirty (30) days of the conclusion of the criminal or administrative sexual abuse investigation. In the case of the substantiated PREA investigation the facility review was conducted on 6/12/17, six (6) days after the reported incident, and three days after the report was closed.

**Standard 115.86c:** The Facility PREA Committee will perform the duties of the review and is comprised of upper-level management officials (including the Warden, PCM, PREA Executive Director, and Administrative Assistant), with input from line supervisors, investigators, as well as Medical or Mental Health practitioners. The PCM shall be the appointed Chairperson. The facility review conducted for the sole completed PREA investigation involved input from the aforementioned participants.

**Standard 115.86d:** Per interview with the Warden, review of these cases take priority and there is substantial effort placed in looking into the incident to determine what could be done to improve the facility and prevent future occurrence. Specifically, per policy, the review will:

- 1.) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2.) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility;
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4.) Assess the adequacy of staffing levels in that area during different shifts;
- 5.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

- 6.) Prepare a report of its findings, including but not necessarily limited to determinations made based on 1 through 5 aforementioned, and any improvement recommendations and submit this report to the Warden and PCM.

Further, the facility has a map created at the command center where the committee will meet for the review capabilities in the examination of these factors.

**Standard 115.86e:** Per policy, the facility is responsible for the implementation of recommendations for improvement of the documentation of reasons for not doing so (PAP #02-01-115; IX. Facility PREA Committee; p.12). In the substantiated PREA case, the Facility PREA Committee met for the review within thirty days, as the investigation was closed June 6, 2017 and the Committee met for review June 12, 2017. All recommendations had been implemented in this case.

**There are no corrective actions for this standard.**

## Standard 115.87: Data collection

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.87a:** The policy outlining sexual abuse data collection and annual aggregate data report preparation for the agency is contained within PAP #02-01-115 – Sexual Assault Prevention; XIX. Statistical Reporting. Further information was provided to the auditor for review towards compliance with this standard through the 2016 Adult Survey of Sexual Violence, and the 2016 Sexual Assault Prevention Annual Report. The agency collects accurate and uniform data for every allegation of sexual abuse that occurs at the facilities under its direct control using a standardized instrument with a designated set of definitions.

**Standard 115.87b:** The standardized instrument is the Sexual Incident Report (SIR). Specifically, all reports of nonconsensual acts, abusive sexual contact, staff sexual misconduct, and sexual harassment as defined in the Sexual Assault Policy, PAP #02-01-115, shall be reported on a SIR. The PCM shall submit a SIR for each allegation judged to be PREA related via the SIR-system at: <http://myshare.in.gov/Pages/IDOC.aspx>. All investigations, regardless of outcome (i.e., substantiated, unsubstantiated or unfounded) shall be reported via the SIR with any relevant written statements attached. The SIR is a confidential document, and shall not be released to the public or the offenders directly, unless through order of the court. The PCM shall maintain a record of all sexual abuse reports at the facility. The information from each facility, as submitted by the PCMs are aggregated annually into an agency-wide report. The auditor viewed the agency’s current reports available through 2016 online, and through PAQ uploaded versions.

**Standard 115.87c:** The SIR was reviewed by the auditor and includes, at minimum, the data necessary to respond to all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

**Standard 115.87d:** The content of each SIR shall be discussed at every facility PREA committee meetings with each individual PREA report being discussed at the subsequent PREA committee meeting. At the meeting, determination will be made whether any actions are necessary in order to prevent or reduce the likelihood of subsequent PREA incidents. All SIRs must be reported from every facility. The PREA Executive Director shall develop a Department wide report based upon the SIRs provided by the facilities. This report shall be generated annually with the federally mandated data and presented to the Department’s Executive Staff for review. During the site review, this auditor confirmed with various members their participation in committee meetings as required, and the PCM understood his obligation to upload any SIR. The process for and preparation of these reports was confirmed during discussion with the PREA Executive Director and Warden.

Aggregate data regarding SIRs can be requested from the Division of Research and Technology. The report prepared and approved by the Executive Staff shall be made available to the public through the Department's website, with assurance that all personal identifiers are redacted.

**Standard 115.87e:** The agency also obtains equivalent incident-based and aggregated data annually from each private facility with which it holds contracts for the confinement of its inmates. 2015 New Castle and Heritage Trail Corrections Facility, as well as 2017 Heritage Trail SSV Summaries were provided to the auditor and reviewed.

**Standard 115.87f:** The agency, per policy and evidence online, shall provide all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup> of the following year.

**There no corrective action required for this standard.**

## **Standard 115.88: Data review for corrective action**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### **115.88 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

### **115.88 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### **115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.88a:** PAP #02-01-115 – Sexual Assault Prevention; XX. Program Evaluations was reviewed by the auditor towards provisions for this standard. Specifically, per policy, the agency shall review all data collected and aggregated pursuant to standard 115.87. The agency, annually, conducts an evaluation with the Warden, PCM, and other designated staff to evaluate the efforts of the facility towards the prevention, detection, and response policies, practices, and training towards the elimination of sexual abuse. The agency utilized this information to address problem areas, and take corrective actions on an ongoing basis.

**Standard 115.88b:** Data aggregated annually will include a comparison of this year’s data with the previous year’s data, and actions for addressing sexual abuse. Thereby, the agency has the ability to provide an assessment regarding their progress in addressing sexual abuse. Per the PCM, Warden, and PREA Executive Director, this meeting and report writing occurs on an ongoing basis, annually.

**Standard 115.88c:** The PREA Executive Director shall be responsible for gathering the data aggregated from each of the agency’s facilities and collating the information in final report form. The final report, once presented to the Executive staff, shall be approved by the agency Head. Once approved the report shall be posted through the agency’s website, and made available to the public. The previous year’s report (2016 SAP Report) was reviewed by the auditor on the agency’s website.

**Standard 115.88d:** Material that would pose a clear and specific threat to the safety and security of the facility is redacted, with redactions limited to such specific materials within the publication as noted by the agency. The PREA Executive Director responsible for the writing of this report, during the onsite interview, indicated that his report writing conform to this standard.

**There is no corrective action required for this standard.**

### Standard 115.89: Data storage, publication, and destruction

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.89a:** PAP #02-01-115 – Sexual Assault Prevention and website content of 2016 Sexual Assault Prevention report publication was reviewed by the auditor towards provisions for this standard. Agency policy ensures that both incident-based and aggregate data are securely retained and information stored electronically, appropriately backed up. The PCM indicated during interview that all facility data is stored in a secure manner, and submitted via the agency approved SIRs system.

**Standard 115.89b:** The agency shall make all aggregated sexual abuse data, from directly controlled and contracted facilities, readily available to the public. The agency utilizes website publications as the manner by which to disseminate this aggregated data. The auditor visited the website and confirmed that appropriate reports associated with the agency's 2016 Sexual Assault Prevention publication was uploaded and available. The PREA Executive Director indicated this publication is uploaded annually.

**Standard 115.89c:** Upon review of the report, all personal identifiers were appropriately removed, per agency policy. Per discussion with the PREA Executive Director, this process occurs prior to the release of the report, and was consistent with reports reviewed on the IDOC website.

**Standard 115.89d:** Agency policy indicates that sexual abuse data is collected pursuant to 115.87, and maintained for at least ten (10) years. There is no Federal, State, or local law requiring data to be maintained otherwise. The PREA Executive Director, during interview, indicated that onsite data maintenance conforms to these standards.

There is no corrective action required for this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.401a:** Edinburgh Correctional Facility has been audited during the previous audit cycle in May of 2016 (2013 through 2016).

**Standard 115.401b:** Previously, IDOC has submitted Governor Assurances and continues to ensure that each year of the PREA Cycle one third of their facilities are audited. This determination to maintain PREA Cycle standards by IDOC was reiterated during discussion with PREA Executive Director and Warden.

**Standard 115.401h:** During the physical plant inspection the auditor and her team were escorted throughout the facility by the Warden, PCM, Training Coordinator, Administrative Assistant, and PREA Executive Director, as well as other staff integral to the functioning of the Edinburgh Correctional Facility. They were provided with open and ready access to any area requested to view. There were no areas from which the team was barred or deterred entry.

**Standard 115.401i:** The auditor was readily provided access to any and all documents she and her team requested. When copies of electronic documents were needed, the staff at Edinburgh found ways to gain appropriate access and make necessary copies. The appropriate documents were timely uploaded with the PAQs in an organized and readable fashion. When providing proof-of-practice for items that were shown to be deficient the responses were provided in document form by scanned copy in email to this auditor that were appropriately labeled and organized. Document preparation and delivery was judged to be organized, timely, and efficient with no obstacles.

**Standard 115.401m:** The auditor and her team were able to conduct interviews with any offenders requested at any time. The staff staged the offenders in a fashion that the auditors did not have to wait substantial lengths of time between interviews. Further, if an offender was requested for a second interview, the staff were prepared to bring this individual back without any questions or issues. The area provided for conducting interviews was soundproof and largely visually confidential from other offenders which provided a great deal of ability for the offenders to provide information during interviews in an environment in which they felt comfortable to openly share.

**Standard 115.401n:** While the posting of the auditor's attendance at the facility was not uniformly posted throughout the facility ahead of the audit, the agreement was made to immediately revise the content of this posting to state that offenders would be able to write to the auditor from the date of the audit until sixty (60) days after the audit had taken place. An arrangement was also made with the facility that in such case as she was to receive a letter from an offender, a private teleconference, in the same manner if they were communicating with legal counsel, would be conducted with said offender and the auditor for inclusion and consideration toward the audit content. To this date, the auditor has

not received a letter. The auditor's team saw the posting with the revised statement in each of the dorms and throughout the facility prior to the departure of the team from the facility.

Despite the posting of the audit being deficient, immediate and appropriate resolution was made on part of the facility to remedy this issue. All other provisions within this standard were judged to be outstanding and substantially meet the standard requirements.

**No corrective action is required for this standard.**

## **Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Standard 115.403a:** The completed IDOC PREA Audit report, in this case for the Edinburgh Correctional Facility, for which the site review was conducted May 16-17, 2016, and report completed on June 13, 2016 is located and available to be reviewed at <https://www.in.gov/idoc/2832.htm>. There is a link provided midway down the web page of the Final review.

**There is no corrective action required for this standard.**

## 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.

Kate Burkhardt, Ph.D.

6/14/2018

**Auditor Signature**

**Date**