

ADULT PRISONS & JAILS

Date of report: October 14, 2016

Auditor Information			
Auditor name: Matthew Rustad			
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Telephone number: (916) 324-0788			
Date of facility visit: May 24-25, 2016			
Facility Information			
Facility name: Indiana Women's Prison			
Facility physical address: 2596 Girls School Road Indianapolis IN 46214			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (317)-244-3387			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendent, Mr. Steve McCauley			
Number of staff assigned to the facility in the last 12 months: 162			
Designed facility capacity: 631			
Current population of facility: 616			
Facility security levels/inmate custody levels: Maximum			
Age range of the population: 18+			
Name of PREA Compliance Manager: Nicole Wilson		Title: Internal Affairs 3	
Email address: nwilson@idoc.in.gov		Telephone number: (317) 244-3387	
Agency Information			
Name of agency: Indiana Department Of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 302 W. Washington St., Room E334, Indianapolis, Indiana 46204			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (317) 233-6984			
Agency Chief Executive Officer			
Name: Bruce Lemmon		Title: Commissioner	
Email address: blemmon@idoc.in.gov		Telephone number: (317) 232-5705	
Agency-Wide PREA Coordinator			
Name: Brian Pearson		Title: Executive Director/PREA Coordinator	
Email address: bpearson@idoc.in.gov		Telephone number: (317) 232-5288	

AUDIT FINDINGS

NARRATIVE

A certified PREA audit was conducted at the Indiana Women's Prison located in Indianapolis, Indiana. The audit began in early May with the delivery, of the statewide and facility documentation and the required Pre-Audit Questionnaire (PAQ) from the facility. The audit tour began Tuesday, May 24, 2016, and concluded Wednesday, May 25, 2016. The audit team consisted of the lead certified auditor and an additional certified PREA team member. Following coordination, preparatory work and collaboration with management staff at the Indiana Women's Prison, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit. One letter from an offender was received prior to the arrival at the facility and an additional letter after the site visit was completed.

On May 24, 2016, the auditor met with the Superintendent Steve McCauley, the PREA Compliance Manager Nicole Wilson, and the management staff of Indiana Women's Prison, for greetings, introductions and information sharing. The auditor was escorted to a conference room which served as a home base for audit preparation and organization during the audit process.

Upon arrival at Indiana Women's Prison, the auditor requested and received the names of the employees assigned in management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The auditor identified specialized staff to be interviewed.

Interviews of specialized staff included the following:

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

A list of all custody staff scheduled to work on the days of the on-site review was provided, and sorted by shift; Indiana Women's Prison, custody staff work 12 hour shifts. The auditor explained that these rosters were required for in order to select random custody staff for interviews. The auditor informed the PREA Compliance Manager that the auditor would compile a list of custody staff selected randomly for interviews. The standard advisory statement was conveyed to the staff before proceeding with the interview in a private interview room while documenting the staff answers. Clarification was requested, as needed to ensure the staff's responses were clear and effective communication was established.

A roster of all offenders at the facility with identification numbers and assigned bed numbers was provided, and sorted by housing unit. Offenders were selected at random using this offender roster. The standard advisory statement to the offender before proceeding with the interview of the offender in a private interview room while documenting the offender answers. Clarification was requested, as needed to ensure the offender's responses were clear and effective communication was established. A total of 16 offenders were interviewed as part of the random offender interviews and the specific categories of offenders identified for interviews based upon their relevance to specific PREA standards.

The PREA Compliance Manager identified offenders in the following categories:

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

- Inmates who Disclosed Sexual Victimization during Risk Screening

A thorough site review of the facility was conducted; the Superintendent, Deputy Superintendent, PREA Compliance Manager, management staff, and other custody staff escorted the auditor. The auditor toured all of the seven housing units, medical, mental health, the kitchen area, the warehouse, intake processing area, the laundry, maintenance shops, industries areas, education, recreation yard, chapel, etc.

During the tour, PREA posters (English and Spanish versions) were visible in the front entrance (staff and visitor search area) for both staff and visitors to view. As the facility was toured, posters were present in every building accessible by offenders and in multiple locations within buildings where offenders, the public and staff have access. Along with the PREA posters, additional postings were observed informing victims of sexual abuse how to gain access to emotional support services. Based upon our random discussions with staff and offenders, it is obvious the facility has done an excellent job in educating the staff and offenders of the agency's zero tolerance policy regarding sexual abuse and harassment as well as the various methods in which allegations may be reported.

Indiana Women's Prison uses monitoring technology within its facility; the need for additional monitoring equipment and their placement is discussed and documented in monthly facility meetings and consideration is given in identifying blind spots prior to camera placement. Cameras are positioned in a manner to cover blind spots while affording the offenders modesty where needed, while providing for the necessary security and evidentiary needs of the facility. While conducting interviews with the Superintendent, other administrative, and supervisory staff, it is evident that the facility has considered the use of cameras in their staffing plan and staff are vigilant in ensuring offender and offender safety. Staff were observed touring their areas of responsibility during this on site tour.

Camera placement and sufficient custody staff coverage was observed in the absence of camera coverage, log books and offender files were reviewed. Offenders, staff, volunteers and contractors were interviewed during this site visit. No cross gender viewing issues were observed; the facility was constructed in a manor to prevent cross gender viewing and ensures the privacy of offenders while showering, toileting or otherwise in a state of undress. Housing unit logs were reviewed and showed evidence of supervisory staff conducting unannounced rounds on both shifts. Both supervisory staff conducting unannounced rounds as well as opposite gender staff announcements within the housing units were observed during the on-site tour. Staff and offenders were questioned regarding PREA and reporting/responding requirements. All answered with appropriate levels of understanding in regard to PREA and agency policy and procedure.

During the on-site tour, impromptu questions were asked of staff and offenders. In offender dayrooms, offender phones were tested to determine the functionality of the facility's phone system for reporting sexual abuse or harassment. Offenders were queried on their knowledge of the PREA phone system; offenders thoroughly explained the system, its purpose, and how the phone system is accessed by referring to the information contained on the PREA information posters. In offender work areas, staff supervision levels and camera placement was observed and is sufficient to ensure offender safety. Staff and offenders were queried to determine whether offenders are in lead positions over other offenders, it is evident offenders do not hold this position over other offenders. The placement of PREA information and support services posters were noted throughout the facility; in offender housing and work areas and the placement of the PREA audit notice provided to the facility; throughout the facility.

During interviews with investigative staff; offender grievances against staff are forwarded to the grievance coordinator; Investigations and Intelligence will investigate where appropriate. Two investigators and designated staff were questioned about the process for logging and tracking cases assigned, and offender grievances received by the facility. Documentation, grievance logs, computerized tracking, and other documentation necessary to make a determination of compliance with the standard were reviewed. During these interviews, the auditor based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: Random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The interviews were conducted in the privacy of a conference room or other area which allowed for a private interview. The auditor introduced himself, communicated the advisory statements to the staff, and proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Clarifying questions were asked where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 17 random staff interviews were conducted.

Document Reviews: Documents related to allegations of sexual abuse (including investigation files) were reviewed. Training records, personnel records, contractor and volunteer records, and the records maintained through the offender intake process were reviewed. Copies of documents were collected, as necessary.

The PREA Compliance Manager provided Sexual Incident Reports for all 13 allegations received during the previous twelve-month period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

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

POST-AUDIT PHASE

The auditor, as a probationary certification, has 21 days to turn the interim report in to the department of justice, which has 10 days to review it. The probationary auditor then has 10 days to consider the department of justice's suggestions and provide the interim report to the facility by July 05, 2016 (total of 41 days). This information was also provided to the agencies PREA Coordinator via the probationary certification template letter. The auditor and the PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager.

Any clarification questions, missing information, requests for additional documentation, etc. were discussed with the PREA Compliance Manager and have been provided.

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

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard. The interim report was submitted to the PREA Resource Center for review/approval on June 11, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Indiana Women's Prison is a maximum security facility which has the distinction of being the oldest and first adult facility for females in the United States. The facility was established on fifteen acres, 1.6 miles from downtown Indianapolis in 1869; the first seventeen offenders arrived in 1873. Until November 21, 2009, the Indiana Women's Prison continued to operate at its original site for 136 years. Indiana Women's Prison moved from the Randolph Street location to the current site at 2596 North Girls' School Road, the former location of the Indianapolis Juvenile Correctional Facility which was named Indiana Girl's School until 1996.

The Indiana Women's Prison is unique in many ways. It is a maximum security facility which until November 2009 was located entirely within an urban residential neighborhood. The facility houses all the special populations of female offenders in the state. The pregnant, sick, mentally ill, youthful, elderly, and high-profile female offenders are all housed at the Indiana Women's Prison. The Indiana Women's Prison offers various programs to the offender population to include but not limited to; Prenatal and parenting education, vocations, substance abuse classes, Indiana Canine Assistant, Anger Management, Mental Health Programs, Community outreach programs and more.

The challenges of managing such a diverse population are many and the methods of treatment and rehabilitation for each population of offenders are customized to meet the needs of that specific population.

The life of this facility is to prepare our ladies to re-enter the community with more skills and confidence than when they arrived here.

SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. The efforts put forth by the Indiana Women's Prison staff were evident and staff are commended for their efforts. It was certainly a pleasure for the audit team to spend time with the staff of Indiana Women's Prison Facility and have the opportunity to assist in their PREA compliance efforts. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

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

Some of the positives observed during the audit included:

- Interaction between staff and offenders helped establish open line of communication. It did not appear that offenders were uncomfortable to bringing up their issues/concerns with staff.
- Through the use of staff posts and video surveillance, blind spots appeared to be eliminated.
- PREA posters were in place in all housing units, visiting and offender work/recreational areas.
- Supervisory and management staff have a clear understanding of the policy.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training has been completed and that a process was in place to ensure mandatory training will be completed for new hires.
- Classification staff take ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.
- The PREA Compliance Manager is very knowledgeable about all procedures and processes of the facility and clearly has the authority to thoroughly perform his duties.

Some of the areas of general concern include:

Indiana Women's Prison, initially, was not in compliance with standard §115.13(a) (5), Supervision and monitoring. During the facility tour two locations were observed to allow offenders to isolate themselves; creating blind-spots. The facility management staff identified solutions during the site visit and is working to modify the identified areas. These solutions included: removal of locking devices to remove the offender's ability to lock the door, removal of a wall and/or closure of a restroom to limit blind spots. Upon completion of the facility modifications, pictures of the affected areas will be forwarded to the auditor. Prior to the completion of this report, the facility has completed modifications to most identified areas and during the corrective action phase of the audit, the facility has completed all required modifications to come into compliance with this standard

Indiana Women's Prison, initially, was not in compliance with standard §115.17(e), Hiring and Promotion Decisions. During a review of random personnel files revealed, some instances where staff background records checks were not conducted at least every five years. This requirement is also required by department policy. Facility management staff identified a solution during the site visit and rectified the identified background checks prior to the completion of the site visit. A review of staff files is being conducted by the facility in order to identify and address any non-compliance issues related to backgrounds checks. Any background checks identified during this personnel file review which are out of compliance, once background checks are completed, the updated documentation will be forwarded to the auditor for review. The facility has completed a subsequent review of employee files, and performed background checks where required. The facility supplied documentation to the auditor of staff training and supplied documentation verifying the completion of the required background checks and as a proof of practice to come into compliance with this standard.

Indiana Women's Prison, initially, was not in compliance with standard §115.81(e), Medical and mental health screenings; history of sexual abuse, during interviews with these medical and mental health staff, they are not aware of the requirement to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18; this requirement is also addressed in department policy. Management staff were proactive in

identifying a solution and are working towards rectifying this deficiency. Management staff are in the process of training all medical and mental health staff on their responsibility to obtain informed consent as required by this standard and department policy; providing training records to the auditor when completed and informed consent documentation when the documentation was required to be completed. Staff training documentation was provided to the auditor reflecting all required staff are aware of their duties as it relates to this standard. In addition; informed consent documentation was provided reflecting the facility is in compliance with this standard.

Indiana Women’s Prison, initially, was not in compliance with standard §115.83(h), Ongoing medical and mental health care for sexual abuse victims and abusers, during interviews with mental health staff, they are not aware of this standards requirement to 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. Management staff were proactive in identifying a solution and are working towards rectifying this deficiency. Management staff are in the process of training all medical and mental health staff on their responsibility to attempt to conduct a mental health evaluation of all known inmate on-inmate abusers as required by this standard and department policy; providing training records to the auditor when completed and follow-up mental health documentation when completed. Staff training documentation was provided to the auditor reflecting all required staff are aware of their duties as it relates to this standard.

Number of standards exceeded: 1 (2.3%)

Number of standards met: 40 (93.0%)

Number of standards not met: 0 (0.0%)

Number of standards not applicable: 2 (4.7%)

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, page 2, section IV, states “The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment by staff, volunteers, contractors, or offenders/residents against offenders/residents.” The policy outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, Indiana Women’s Prison, Facility Directive dated November 16, 2015, reiterates the Department’s policy regarding zero tolerance of sexual abuse and sexual harassment. The Directive also addresses the institution’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Indiana Department of Corrections PREA Coordinator is Bryan Pearson, Executive Director.

Indiana Women’s Prison’s PREA Compliance Manager is Nicole Wilson, Internal Affairs 3. According to the organization chart provided during the pre-audit which indicates the PREA Compliance Manager reports directly to the Superintendent.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

- Does Not Meet Standard (requires corrective action)

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), page 7, section IV, requires that all agencies and organizations that house offenders of the Indiana Department of Corrections are made aware of the Department's policy on zero tolerance of sexual abuse and sexual harassment. During inspections of any facility that houses Indiana Department of Corrections offenders, the inspector is required to ensure the agency or organization has a mechanism in place to address sexual abuse and sexual harassment. This section of the policy also requires that when a new contract is being prepared with agencies/organizations that house offenders of Indiana Department of Corrections, a provision shall be included to insure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse or sexual harassment.

A copy of amendments #9 for contract EDS# D120-6-008, and amendment #2 for contracts EDS #D12-1-083 and EDS #D12-1-046A for with GEO Group was provided to the auditor. The amendments for these contracts require the contractor (GEO Group) to comply with the PREA Act. Additionally, the amendments allows for PREA compliance with, "on-site", monitoring by the State of Indiana.

Standard 115.13 Supervision and monitoring

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

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

Pre-audit information included a memorandum addressed to Bryan Pearson, Executive Director of PREA Compliance, authored by the Indiana Women's Prison (dated 02/02/16). Custody posts and supervisory posts are determined by the IDOS Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association standards and the principles of the Indiana Justice Model. The factors considered in developing staffing levels include the operational mission of each facility, video monitoring capabilities, generally accepted correctional. There was no identified deviation from the staffing plan during this review. This was confirmed via documentation provided by the facility. Indiana Department of Corrections does not have collective bargaining; therefor Indiana Women's Prison can move staff from location to location as the security needs change or deficiencies in offender supervision is realized.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), requires that each facility develop, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. In addition; the 2016 Indiana Women's Prison Staffing Plan Review was reviewed which noted the facility conducts annual reviews of its staffing levels.

According to the documentation provided by the facility, and an interview with the Superintendent, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. In addition, the facility conducts an ongoing monthly review of the staffing plan, video monitoring, construction, and programs with its management staff; the staffing plan is reevaluated at the agency level every January.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012) requires Intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring. In addition, Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

Supervisory staff are assigned to housing units, make several random unannounced rounds through their areas of responsibility. This was observed during the site review. Unannounced rounds are conducted by supervisors on all shifts, as supervisors were either observed in housing units performing their normal duties or were observed throughout the facility conducting rounds. Supervisor rounds are documented in the housing unit logs. The supervisors, correctional staff and other support staff observed appeared to provide adequate supervision of the offender population; in addition, the facility has a significant number of cameras placed throughout the facility to provide additional security coverage and monitoring.

Indiana Women's Prison, initially, was not in compliance with standard §115.13(a) (5), Supervision and monitoring. During the facility tour two locations were observed to allow offenders to isolate themselves; creating blind-spots. The facility management staff identified solutions during the site visit and is working to modify the identified areas. These solutions included: removal of locking devices to remove the offender's ability to lock the door, removal of a wall and/or closure of a restroom to limit blind spots. Upon completion of the facility modifications, pictures of the affected areas will be forwarded to the auditor. Prior to the completion of this report, the facility has completed modifications to most identified areas and during the corrective action phase of the audit, the facility has completed all required modifications to come into compliance with this standard.

Standard 115.14 Youthful inmates

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

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

Indiana Women's Prison does not house offenders under the age of 18 years old. This standard does not apply.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-03-101 (dated 08/01/2015 RESTRICTED), Searches and Shakedowns, page 8, section XI, states "Except during an emergency as declared by the superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender." Any strip search conducted by a staff member of the opposite gender must be documented on an incident report and submitted to the custody supervisor. Indiana Women's Prison has not had any cross gender strip searches or cavity searches in the past year. There were no instances of cross-gender strip searches, body cavity searches or pat-down searches within the past 12 months. This information was verified through random and specialized interviews of staff and offenders and logs provided by the prison.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), page 22, section XIV, forbids staff to search or physically examine an offender for the sole purpose of determining their genital status. The offender's genital status is

determined at Indiana Department of Corrections reception processing center, not at Indiana Women’s Prison; the offender’s genital status is determined prior to reception at Indiana Women’s Prison. This information was verified through interviews with intake staff as we discussed the intake process and interviews with transgender inmates.

During the tour of the facility, and in interviews with staff and offenders, male staff confirmed they do not strip search male offenders. Strip searches are completed in designated areas by female staff. All staff interviewed knew the proper way to pat down search transgender inmates; describing how the pat search would be conducted when needed. Transgender inmates interviewed also described how a pat search is conducted; this description is consistent with the description given by the custody staff, the “T” or “Cross Method was described or demonstrated by both.

During the on-site tour it was observed that staff of the opposite gender announce their presence when entering housing units. This practice was confirmed through offender and staff interviews.

Indiana Women’s Prison’s design does not allow for opposite gender viewing within housing units or areas with showers and toilets. Modesty screens were in place in medical areas where a clinician or medical staff may require an offender to disrobe when needed.

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

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

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

The facility has taken the appropriate steps necessary to ensure offenders with disabilities have equal opportunity to participate in or benefit from all aspects of the agency’s efforts. PREA postings are all available and sufficiently posted in both English and Spanish. The agency has a standard agreement with Propio Language Services in order to provide interpreter services for any offender whose needs cannot be met by Indiana Department of Corrections staff or their current implementations of PREA information for non-English speaking or otherwise developmentally disabled. Propio Language Services was called; confirming the services are readily available to the prison. In addition to the Propio Language Services, Indiana Women’s Prison, memorandum (dated 06/09/2016), lists of 7 departmental employees who speak a second language who are to be utilized as an interpreter when required.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), pages 9 and 10, section VII, requires that staff shall determine if an offender is in need of accommodations to assist in making the PREA information easily understandable to the offender. Offenders with limited English language proficiency or disabilities shall be provided assistance to ensure effective communication of the Department’s Sexual Abuse Prevention policies and procedures. Other offenders shall not be used for this purpose unless there would be an extended delay in obtaining an interpreter that could compromise the offender’s safety, the performance of first responders or the investigation of the offender’s allegations. This information was confirmed through interviews with the intake staff that, if needed, they will read the intake information to offenders, or when language is a barrier; seeks the assistance of certified staff interpreters or Propio Language Services. During staff interviews, the contact information for language services was readily available, and was provided for the language services.

Standard 115.17 Hiring and promotion decisions

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012), Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17(a)(b). Additionally, this Policy and Administrative Procedures requires that during the hiring, promotion, demotion or transfer interview, or application process, perspective candidates are asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Reviews of employee files confirm applicants are queried relative to this standard and certify their responses are not misrepresented.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012), Information and Standards of Conduct for Departmental Staff, requires any other persons who will have routine access in Department facilities or have contact with offenders or offender information as a normal part of their duties shall submit to a criminal background check, including a driver’s license check and fingerprinting. Additionally, contractors, volunteers and interns, who will have contact with offenders, must answer and sign a Mandatory Pre-Service PREA Questions document addressing any prior sexual abuse, sexual harassment in a correctional setting.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-102 (dated 03/01/2015), Human Resources, has a mechanism in place for other correctional agencies to verify any history of a current or former employee relative to any substantiated allegations of sexual abuse and sexual harassment for hiring purposes.

Indiana Women’s Prison, initially, was not in compliance with standard §115.17(e), Hiring and Promotion Decisions. During a review of random personnel files revealed, some instances where staff background records checks were not conducted at least every five years. This requirement is also required by department policy. Facility management staff identified a solution during the site visit and rectified the identified background checks prior to the completion of the site visit. A review of staff files is being conducted by the facility in order to identify and address any non-compliance issues related to backgrounds checks. Any background checks identified during this personnel file review which are out of compliance, once background checks are completed, the updated documentation will be forwarded to the auditor for review. The facility has completed a subsequent review of employee files, and performed background checks where required. The facility supplied documentation to the auditor of staff training and supplied documentation verifying the completion of the required background checks and as a proof of practice to come into compliance with this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

Indiana Women’s Prison has an ongoing system in place in which PREA meetings are held on a monthly basis (Sexual Abuse Incident Review); to include the need for upgrading video monitoring technology as well evaluating the current placement of cameras within the facility. Indiana Women’s Prison conducts a review of previous recommendations and their status of implementation. Indiana Women’s Prison has a total of 85 video monitoring cameras currently in place, and continues to evaluate the facilities for the need to install, modify, or relocate current monitoring technology with additional cameras planning to be installed. There have been no additional buildings constructed or substantial modifications to current structures during this audit cycle.

During the on-site tour, a random sample of live video feeds was conducted for all areas of the facility equipped with video monitoring. It

was observed the video feeds covered blind spots and aided staff during the investigative process; no cameras were observed overlooking areas where offenders required modesty. During a review of the camera system, supervisors were observed conducting rounds; housing unit logs reflected these rounds were being conducted.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/21/2015 Restricted), The Operations of the Office of Investigations and Intelligence, section XII, address the protocols uniformly for collection of evidence for use in an administrative proceedings and criminal prosecution. A review of this policy reflects it is based off of the, National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents publication as the department policy and the facility policy clearly address the procedures required in the discovery, handling, delivery, retrieval, logging, storage, retention, destruction and testing of all evidence. There is detail relative to all aspects of conducting an investigation from the initial contact of the victim, the forensic examination process and evidence processing and up to and including referral and prosecution of the suspect.

Indiana Women's Prison utilizes the local hospitals, Terre Haute Regional Hospital, Sexual Assault Nurse Examiner (SANE) to conduct the forensic medical examinations. The hospitals SANE confirmed they perform the forensic exams for the Indiana Women's Prison and the hospital has a policy in place to ensure a SANE is available when needed. Interviews with investigative staff and a review of investigative files reflect no forensic medical examinations were conducted during this period.

Victim advocacy and victim support services are available to offenders through the Indiana Coalition Against Domestic Violence (ICADV) (contract number EDS# D12-15-015). These services are available to offenders, free of charge; sufficient postings throughout the facility where staff and offenders are likely to view them was observed.

Indiana Department of Corrections, Sexual Assault Manual directs staff to transport victims of sexual assault for a Forensic Medical Examinations to the designated outside hospital where medical staff will conduct the forensic exam. All victims of sexual assault are provided with emergency contraception, follow-up care/treatment for sexually transmitted diseases, education, and vaccinations. In addition, offenders are provided follow-up education on contraception and sexually transmitted infections according to offenders who reported sexual abuse.

A review of the investigation files and interviews with investigative staff demonstrated that Indiana Women's Prison follows their policies related to the aspects of the investigation of a sexual assault investigation. During a review of investigation files, they contained detailed photos of crime scenes, video evidence where applicable, detailed interviews with the victims, suspects, and witnesses where applicable. In addition, interviews with investigative staff and a review of the investigative training records reflects the staff have been trained and understand their responsibility in the processing of evidence related to sexual abuse and the referral for prosecution.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), section XVI, states “All allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department’s employment, or are no longer under the Department’s authority.” When the Superintendent or designee receives a report of actual or threatened sexual abuse, the Superintendent or designee shall order that the investigation be conducted.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted). The Operation of the Office of Investigations and Intelligence, The facility conducts its own criminal investigations and all allegations are investigated. For substantiated cases that appear to be criminal in nature shall be referred for prosecution. The agency does document all allegations referred for criminal investigation and indicated that 1 of the 35 received in the past 12 months was referred for criminal investigation.

The Indiana Department of Corrections, web site shows information regarding agency policy and includes a toll-free phone number to the Indiana Sexual Assault hotline, and email address for reporting third party reporting. This information is current and active.

All staff interviewed knew their responsibility to report any allegation of sexual abuse/sexual harassment. There is no evidence to indicate that an investigation was not opened when a report of sexual abuse/sexual harassment was received.

Standard 115.31 Employee training

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, section V, requires that all staff receive training on the PREA policy during new employee orientation, and annual in-service training. A review of the In-Services-Training presentation guide confirms that all ten topic required by section 115.31 of the PREA Act are included in the PREA class provided to new employees.

Indiana Department of Corrections, Policy and Administrative Procedures, 01-05-101 (dated 10/21/2014), Staff Development and Training, requires that all staff and volunteers receive training on the PREA policy on an annual basis.

Indiana Women’s Prison reported all staff received training during the last 12 months. A review of random training files reflects staff have been trained on the PREA policy in the last 12 months and a tracking system is in place to ensure all staff are constantly trained when required. Training issues are discussed on an ongoing basis in the monthly PREA meetings noting the need for follow-up training when needed. Random interviews with staff confirmed all employees are knowledgeable in the Indiana Department of Corrections, Sexual Abuse Policy.

Between trainings, the facility provides training to staff via the Indiana Department of Corrections, Sexual Assault Prevention and Reporting brochure and/or tailored training provided by the supervisor. A review of random training files and interviews with staff demonstrate compliance with the training policy in that employees sign acknowledgment of the training received. The facility has demonstrated an effective tracking method for providing training to staff.

Standard 115.32 Volunteer and contractor training

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse and Prevention, section VI, requires that all volunteers, contractual staff and interns shall be provided the same information as staff in regards to sexual behavior. Training in response to sexual behavior is part of the new employee and annual in-service training that all volunteers, contractual staff and interns must attend. Additionally, volunteers, contractual staff are provided with the same PREA brochure that employees receive. An acknowledgment of receipt of training and brochure are then signed by the volunteer, contractual staff or intern.

A review of Indiana Women's Prison's training records showed contractors and volunteers have received the required training. The signed acknowledgement of training was present in the random training files that were reviewed. Interviews with volunteers and contractors reflect they are aware of their responsibilities with regard to PREA.

Standard 115.33 Inmate education

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, section VII, requires that all offenders housed in the department shall receive, as part of the orientation package, written and verbal information on the Department's zero tolerance for sexual abuse and sexual harassment as well as how to report sexual abuse and sexual harassment.

Policy requires that all offenders receive the sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign that they received the information. The brochure is available in English and Spanish; in addition, the Indiana Women's Prison has a contract in place with Propio Language Services in order to provide interpreter services for any offender who's needs cannot be met by Indiana Department of Corrections staff.

All offenders interviewed, including limited English speaking offenders, were knowledgeable of the Indiana Department of Corrections, Sexual Abuse/Harassment policy. Additionally, the offenders knew how to report any violation of policy through the several different reporting methods. Every offender spoken to acknowledged receiving PREA training and was able to articulate the reporting process. Offender PREA Education acknowledgements were observed for offenders.

Housing units, visiting, medical areas, recreation areas, education and other areas had PREA posters visible to the offender population including toll-free reporting numbers; postings for Additional Services for Victims of Sexual Abuse was also observed in these areas.

Standard 115.34 Specialized training: Investigations

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

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

Indiana Women’s Prison has its own investigative unit trained to investigate sexual abuse cases as well as other criminal cases. Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted), states the Office of Investigations and Intelligence, section IX, requires that all investigators receive specialized training for conducting sexual assault and sexual harassment investigations.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted) The Operation of the Office of Investigation and Intelligence requires: All investigators to have received specialized training for conducting sexual assault and sexual harassment investigations in confinement settings to include the proper use of Miranda and Garrity warnings, Evidence Collection and prosecution referral.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, requires all investigators receive training in conducting sexual abuse investigation in a confinement setting... and documented in the employees training record.

Indiana Women’s Prison Staff also attend a Sexual Assault Response Training (SART) training which details the specific duties related to being a first responder to a PREA incident. The training is thorough and goes into detail, covering the following topics: Process and Protections, Victim Advocacy, Sexual Assault Evidence Protocols, Staff Sexual Misconduct, Legal Considerations, Conducting Sexual Assault Investigations, and Court Preparation and Testimony. A review of training records revealed staff have attended this training. Interviews with staff reflect they are able to clearly articulate their responsibilities related to this training.

Auditors reviewed the specialized training curriculum for the facility investigators, and verified this training meets the requirements of this standard including; the proper use of Miranda and Garrity; sexual abuse evidence collection; and criteria used to substantiate a case for prosecution. The agency provided examples of the certificates of completion verifying those employees assigned to the Investigations Unit have participated in the specialized training. Interviews with the investigative staff showed the staff has a clear understanding of their responsibilities and an understanding of this training.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This requirement does not exclude medical staff. Additionally, all contract medical staff received the PREA training as part of the requirement to work at the

facility. In addition, Medical staff can aid in the preservation of evidence and assisting with the arrangement of a forensic exam by a SANE. The Sexual Assault Nurse Examiner (SANE) is to provide the forensic exam component of the SART exam. Interviews with medical staff confirm the SART exam is performed at the local hospital; not at the facility. Interviews with the SANE confirmed they perform the forensic exams for the Indiana Women's Prison and there is a policy in place at the Terre Haute Regional Hospital to ensure a SANE is available when needed.

A review of training files and interviews with staff showed that the training requirement was met. Interviews with staff are knowledgeable of their roles and responsibilities.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Policy and Administrative Procedures, 02-01-115 (dated 04/11/2016) Sexual Abuse Prevention states, within twenty-four (24) hours of an offender transfer to another facility, staff making housing decisions at the receiving facility shall review the offender's PREA flag status to determine whether the offender may be a potential aggressor or a potential victim in determining initial housing assignment. In addition policy states, within seventy-two (72) hours of arrival at a facility, admissions and orientation staff shall ensure a new SVAT is completed based on information from the interview with the offender and review of the offender's record. The SVAT Questionnaire is completed during an offender interview.

Within thirty (30) days of the offender's transfer to a Department facility, staff shall conduct an assessment of the offender's SVAT, and consider any additional information received by the facility since the transfer assessment, and update the SVAT, if necessary. This reassessment may change the offender's flag status after new information is reviewed and considered. Upon review of department policy, facility practice, and staff interviews; the facility conducts three assessments of offenders during the housing process of newly arrived offenders.

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

During staff interviews, intake staff state they assist the offender when necessary in completing the intake screening form, when necessary, assigning a "Flag" of propensity to be a likely victim, aggressor, or no flag placement. A review of training records reflect the intake staff have been trained on this policy and staff demonstrated the process thoroughly. During random offender interviews they recalled the intake process and being asked PREA questions at different times after being received at the facility. Offenders were able to recall the specifics of the intake process; questions asked relative to their commitment offence, sexual abuse history and spoke to being educated on how to report sexual abuse or sexual harassment if required. Offenders directed me to postings through the housing unit with reporting information. Also, offenders spoke about additional PREA information provided during the intake process in the form of a brochure or handout and spoke about a PREA video being played on the facility television system.

Indiana Women's Prison utilizes the Indiana Department of Corrections, Offender Screening Form, to conduct an objective screening. This assessment tool includes 9 of the 10 risk criteria as listed in 115.41 (d) of the PREA. Indiana Women's Prison, does not house offenders detained solely for civil immigration purposes. The offender is asked questions relative to their own perceived vulnerability. The screening tool includes questions about prior acts of sexual abuse, convictions for violent offences, and prior institutional violence or sexual abuse. Offender's refusal to answer the questions or participate in the screening does not result in disciplinary action. Reviews of intake staff's training records reflect they have received training on this process and they clearly articulate the process of offender screening. Offenders interviewed spoke about the screening process and the questions asked of them during intake.

A review of records and offender files demonstrated compliance with the updated Indiana Department of Corrections, Policy. Indiana Women's Prison has a temporary intake unit where offenders are separated from the population until screening is completed, and final PREA Audit Report

housing, work and program assignment is made. Interviews with offenders, they stated they feel sexually safe in this area; staff were observed in the immediate area; conducting security checks.

Standard 115.42 Use of screening information

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, requires that the facility utilize the information on the risk screening form to assign housing, bed, work, education and program with the goal of keeping separate those offenders at high risk of being victimized from those offenders at high risk of being sexually abusive. Additionally, the policy requires the facility to make individual determinations about how to ensure the safety of each offender. Indiana Department of Corrections, Policy and Administrative Procedures, 01-04-101, Adult Offender Classification, Section XIII, further protects potential victim offenders from potential abusive offenders while considering double celled housing the offenders.

Indiana Department of Corrections, policy does not allow institutions to place LGBTI offenders in designated facilities or housing units. Facility staff are required reassess transgender and intersex offender's cases every 6 months. The offender's views on their own safety are given serious consideration when making program decisions. Inmates interviewed expressed a feeling of relative safety and stated staff treat them professionally.

Offender and staff interviews confirm the facility does not place lesbian, gay, bisexual, transgender or intersex (LGBTI) inmates in dedicated units or wings solely on the basis of such identifications. During interviews with intake staff, they stated that transgender offender views are taken into consideration during the selection of the housing unit process. Interviews with transgender inmates, state they have not been placed in to areas specifically designated for LGBTI offenders and their views are considered during the housing process.

Interviews with LGBTI offenders Interview with PREA Compliance Manager verified that agency policy requires a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration on a case-by-case basis in the twice yearly reassessment.

Indiana Department of Corrections, Policy requires that the facility give transgender and intersex offenders the opportunity to shower separately from other offenders. Interviews with transgender and random offenders housed at Indiana Women's Prison confirm their ability to shower by themselves without opposite gender viewing and in.

The design of the Indiana Women's Prison's does not allow for opposite gender viewing within housing units or areas with showers and toilets.

Standard 115.43 Protective custody

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, state, "Offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers." The policy requires the facility to allow the offender access to programs, privileges, education and work assignments to the extent possible. Should any programs be restricted, the facility shall document the opportunities limited, the duration, the limitations and the reason for such limitations.

Indiana Department of Corrections, policy requires that any placement of this nature extending past 30 days shall be documented providing justification for such placement.

Indiana Women's Prison, has not had any offenders placed in involuntary isolation/protective custody solely based on risk of sexual victimization during the last 12 months. This is confirmed by documentation provided by the facility and conversations with management staff at the facility.

Standard 115.51 Inmate reporting

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention requires the facility has multiple methods for offenders to report sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment. Offenders may contact the Ombudsman either telephonically or via e-mail through an electronic computer system. The Ombudsman is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from offenders housed in Indiana Department of Correction facilities (DOC) or offenders' family members that the DOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person (<http://www.in.gov/idoc/2318.htm#>). The facility offender handbook contains contact information for the Indiana Department of Corrections, sexual assault hotline. Indiana Women's Prison also has a contract in place with Indiana Coalition Against Domestic Violence (ICADC) to provide crisis intervention and case management services. All of these resources allow for offenders to report confidentially and allows for third party reporting; the Ombudsman and ICADC are outside entities who also receive reports from offenders.

Policy requires staff to accept reports made verbally, in writing, anonymously and from third parties and shall promptly document verbal reports. All reports of sexual abuse shall be documented in an Incident Report prior to the end of shift. Staff may report sexual abuse privately to their shift supervisor, an Internal Affairs Investigator, PREA Compliance Manager, or the Indiana Department of Corrections, Executive Director of PREA via the Indiana Department of Corrections, Sexual Assault Hotline. During interviews with staff, staff articulated the options available to them to report sexual abuse and sexual harassment; referencing the PREA posters in the housing units.

During informal and formal offender interviews, offenders articulated options available to report of sexual abuse and sexual harassment. Offenders referenced postings in the housing units with confidential phone numbers, email on an electronic system. The electronic system allows for offenders to communicate via email with family, receive money, and among other services the system allows offenders to report sexual abuse and sexual harassment. Offenders spoken to state they are able to navigate this system and are aware of the reporting capabilities of the system. In addition to the aforementioned, offender's state using another option to make a report includes reporting to a third party, who, in turn can make a formal report on behalf of the offender. Offenders also reported using direct mail and submitting a note to the facility as options. Offenders stated feeling sexually safe at the Indiana Women's Prison and are able to approach staff with any issues that arise.

Standard 115.52 Exhaustion of administrative remedies

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 00-02-301, (dated 04/05/2015) Offender Grievance Process, removes any standard time limits to the grievance process relative to PREA. It keeps in place time limits to any portion of the grievance that does not allege sexual abuse. It does not require the offender to utilize the informal grievance process to resolve the grievance with an alleged incident of sexual abuse. For an offender to file a grievance related to sexual assault the offender is not required to give the grievance to a staff member who is the subject of the complaint nor will the grievance be referred to that staff member to respond to the complaint. The Indiana Department of Corrections, policy complies with section 115.52 (d) of the PREA relative to issuing the offender the final decision on the merits of the grievance. This section allows for a third party to fill a grievance on behalf of an offender. The facility may require the alleged victim to agree to have the grievance filed on their behalf. If the offender declines to have the grievance filed on his behalf the Department shall document that decision. During offender interviews, offenders stated they may use the grievance process as an option to report any PREA incident, but feel comfortable in approaching any staff to make a report.

All emergency grievances are required to be responded to within 48 hours, with a final decision in 5 days. Several offender files and grievances were reviewed during the audit. All of the documents reviewed, showed compliance with this Policy. In addition, reviews of staff training records reflect staff has been trained on this updated policy. Documentation provided prior to the onsite tour and information reviewed during this review reflected no offender grievances were filed during this rating period.

Standard 115.53 Inmate access to outside confidential support services

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Suicide Prevention, addresses the Indiana Department of Corrections, policy on victim support. It requires the facility to provide access to outside victim advocate groups. Indiana Department of Corrections has a current contract (EDS# D12-15-015) in place with Indiana Coalition Against Domestic Violence (ICADV) to provide crisis intervention and case management services.

Posters displayed throughout the facility educating offenders on how to contact outside confidential support services which are provided by the ICADV. Offender postings note, Phone calls will not be routinely monitored, however can be reviewed for possible disciplinary action if there is suspected abuse or misuse of this service. Offenders queried were familiar with the postings location and were generally familiar with its content. Offenders spoken to are aware the use of facility phones may be subject to monitoring.

Additionally, the Sexual Assault Prevention and Reporting Offender Information Brochure contain information on how to report sexual abuse confidentially to facility staff as well as Departmental Headquarters, and the Ombudsman through J-Pay. All offenders receive this brochure upon arrival at the institution; it is available in both English and Spanish. During offender interviews, offenders stated several options which could be used in order to report any allegation. The offender population appears to be educated on the different reporting options available to them as they went into detail on how they would report if they needed.

Standard 115.54 Third-party reporting

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

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

The Indiana Department of Corrections public webpage includes a specific link to department PREA information to include; a toll-free telephone number to the Indiana Sexual Assault hotline; additionally, e-mail link is provided so third parties can report on behalf of offenders. Information is also provided in the Visitor's Information Brochure on how to report inappropriate sexual contact. This information was verified and is current and active.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-02-301, (dated 04/05/2015) Offender Grievance Process states in part; Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.

During the tour there were posters and information posted in the visiting room. Offenders were queried who were able to articulate how they would report on behalf of another offender; the offenders gave multiple options in which they could be used to document a report.

Standard 115.61 Staff and agency reporting duties

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires all staff, contractors and volunteers to immediately report any actual or threatened sexual abuse to their supervisor, facility executive staff, or the Executive Director of PREA. Additionally, staff shall immediately report any retaliation for reporting sexual abuse or staff neglect that may have contributed to the sexual abuse or retaliation. The policy requires staff not to reveal any information related to the sexual abuse apart from reporting it to the supervisor, the PREA Compliance Manager or staff investigating the incident. During random and specialized interviews, staff, contractors, and volunteers stated they would immediately make a report to custody staff or their immediate supervisor, documenting this information.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, also requires medical staff to discuss with the offender, and report their suspicions to Internal Affairs Staff, any signs of potential sexual abuse that any have been discovered during a routine medical or dental screening. The limits of confidentiality are discussed with the offender and they sign knowledge of those limits (signed form provided). The inmates may refuse medical or mental health care; however, they shall sign a refusal form (signed form provided). Interviews with Medical and Mental Health staff reflect they would report any suspicions and/or reported claims. Documentation was reviewed which noted staff report incidents according to policy requirements.

Standard 115.62 Agency protection duties

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), states “Upon receipt of a report of actual or threatened sexual abuse, staff shall ensure that the supervisor is notified immediately. Additionally, when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender.” During random and specialized interviews, staff, contractors, and volunteers stated they would immediately make a report to custody staff or their immediate supervisor, documenting this information; additionally staff stated they would separate the alleged victim from the alleged perpetrator.

Standard 115.63 Reporting to other confinement facilities

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires when a facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the information will notify, in writing, the head of the facility where the alleged abuse took place within 72 hours. The Superintendent that receives the information will ensure that the alleged incident is investigated according to policy.

Indiana Women’s Prison, reports that the facility has received an allegation that an offender was sexually abused this facility within the past year. This allegation was reviewed and was thorough investigation was completed.

In addition, documentation provided by the facility reflects there have been reports of offenders being sexually abused at other confinement facilities. Additionally, documentation reviewed reflects notifications were provided to the other confinement facilities and these allegations were investigated.

Standard 115.64 Staff first responder duties

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires that first responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of the assault and any evidence collected, in accordance with Internal Affairs Investigators, is preserved and that the evidence chain of command is handled properly in accordance with a uniform evidence protocol. During interviews with first responders, they state they will secure the victim in a safe place while ensuring no evidence is destroyed, they will secure and remain at the crime scene until a trained staff member arrives at the scene.

Per policy, if the first responder is not a custody staff member, they are to request that the victims not take any action that could destroy physical evidence and notify custody staff as soon as possible. During interviews with non-custody staff; responses were consistent with policy requirements, all staff knew their responsibilities when responding to a sexual assault.

Standard 115.65 Coordinated response

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), Sexual Abuse Response Team policies and procedures were reviewed.

Indiana Women's Prison, Operational Directive, Sexual Assault Prevention, #IWP 01-15, (dated 01/22/2015), defines the responsibilities of all staff involved in a coordinated response to a sexual assault. Staff includes first responders, Internal Affairs Instigators, Victim Advocates, medical staff, mental health staff and the PREA Compliance Manager (facility leadership). This Operational Directive is thorough covering all areas of staffs responsibility, staff are well versed in this policy.

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

Executive and line staff understood the role they have in the response required when allegations of sexual abuse are made. During interviews with staff from different areas of the facility and classifications, all staff knew their responsibilities when responding to a sexual assault. The Superintendent stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities and communities SART team members.

During the site visit, a response to an allegation of sexual abuse; however, through staff interviews, SANE interview, and policy review;

Indiana Women's Prison is in compliance with this standard.

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

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

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

Indiana Department of Corrections does not have collective bargaining. This section is not applicable.

Standard 115.67 Agency protection against retaliation

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), set forth protections for inmates and staff that report sexual conduct or sexual harassment, or for cooperating with an investigation into such allegations. The policy requires that the PREA committee monitor and document the conduct and treatment of offenders or staff who have reported sexual abuse to see if there are any changes that may suggest possible retaliation. The committee is required to act promptly to remedy any such retaliation. This monitoring is required for 90 days at the date of discovery of the investigation and may exceed 90 days based on the information gathered during the initial monitoring period. Investigative staff interviewed state they conduct the monitoring to the offenders for the required 90 days and longer if needed. In addition, PREA Retaliation Monitoring, forms were reviewed on site for the allegations for this rating period which reflects retaliation monitoring is occurring for all allegations. In addition, monthly committee meetings are conducted where the PREA committee reviews the status of ongoing investigations and other specific information related to the allegation to include the monitoring for retaliation documentation. Other individuals who fear retaliation for cooperating with an investigation will also be monitored.

Indiana Women's Prison has ensured retaliation monitoring is conducted, including periodic checks of the offender. The form used indicates an initial reporting date, start and an end date for monitoring. The form clearly defines the intervals for which the offender shall be monitored, actions taken during the monitoring period and a comments section for any additional information. In December 2015, a new Indiana Department of Corrections, PREA Retaliation Monitoring Form, complete with new form, was initiated. Interviews with staff, a review of documentation supplied along with a review of Protection Against Retaliation records reflect the facility is in compliance.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Indiana Women's Prison, reports that, over the past 12 months they have not had any offenders who have allegedly suffered sexual abuse placed in involuntary isolation/protective custody. During the tour there was no evidence that offenders had been placed in involuntary isolation/protective custody for reporting any sexual misconduct.

Standard 115.71 Criminal and administrative agency investigations

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 and #00-01-103 (Restricted), Sexual Incident Reports and investigative reports, training records and certificates, SART training curriculum, and the Records Retention and Disposition Schedule were reviewed.

Indiana Department of Corrections, Policy and Administrative Procedures, #00-01-103 (Restricted) (dated 07/01/2015) mandates that investigations of sexual abuse and sexual harassment be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It requires all investigators to receive specialized training for conducting sexual abuse investigations in confinement settings. Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy states that special attention shall be paid to all interviews, including compelled interviews. Training for investigators include use of Miranda and Garrity warnings during the interview process and are trained to consult with the prosecutor or another legal advisor within the department with regards to compelled interviews.

Policy of the alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by their status as an offender or staff. Indiana Department of Corrections may not use a voice stress analysis exam as a condition of proceeding with an investigation. Administrative investigations require an assessment of whether staff actions or failure to act contributed to the abuse. The case is required to be prepared properly so that most people can read and understand the incident from start to finish and understand the investigation as well as the conclusion.

The policy establishes a substantiation level as preponderance of evidence and requires for prosecution in substantiated cases of a criminal nature. Policy requires reports to be kept the length of the offender's sentence and/or staff employment plus five years. The Indiana Department of Corrections, records retention policy requires sexual incident reports and investigation reports and reports shall be retained for five years beyond the abusers incarceration or employees employment. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews with investigative staff indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively, thoroughly, and documented in written reports. Investigative staff state they are contacted for all PREA allegations

and respond to the facility. They investigate and gather evidence for allegations against staff and/or offenders, and review the past history of prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. Investigators may contact the Indiana State Police for assistance if it appears the case is going towards felony prosecution. The State Police will contact the prosecutor for consultation as necessary to ensure the compelled interview does not affect the criminal case. If staffs actions were not within policy, it would be addressed appropriately, investigated, and sent through the process. Investigators, collectively, stated that the investigation is continued on both staff and offender allegations and referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section III, W, establishes a substantiation level as preponderance of evidence for sexual abuse and sexual harassment cases. There were no contra indicators of this in the records reviewed during the audit.

Standard 115.73 Reporting to inmates

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-0-115, Section XVI, requires the PREA Compliance Manager to notify the offender, in writing, whether the allegation has been substantiated, unsubstantiated or unfounded at the conclusion of the investigation. Additionally, if the allegation is against a staff member, the department will inform the offender of the four events listed in 115.73 (c). If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

Copies of the notices to the offenders were reviewed during the audit, confirming compliance with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103, Information and Standards of Conduct for Departmental Staff, Section VII, state, "Dismissal shall be the presumptive disciplinary sanction for a staff person who violates the Department's sexual abuse or sexual harassment policies." If an employee is terminated or, about to be terminated and resigns, the case is referred to the local law enforcement agency (unless clearly non-criminal).

The Discipline section of the Policy Statement requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offence, and the employee's work history. This section illustrates behavior which constitute just cause for termination, but are not limited to: workplace harassment based, in whole or in part, on race, color, sex, religion, age, disability, or national origin which manifests itself in the form of comments, jokes, printed material and/or unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature.

Indiana Women's Prison provided this documentation of two employees who violated the sexual abuse/sexual harassment policy and who was reported to law enforcement for prosecution.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVI, requires the facility to take appropriate remedial measures, including prohibiting contact with offenders, in the case of any violations of the Department's sexual conduct or sexual harassment policy by staff, contractors or volunteers. These cases will be referred to local law enforcement, unless the behavior was clearly non-criminal, and to the licensing authority.

Documentation provided by the Indiana Women's Prison reflects there was zero cases were reported involving volunteer or contract employees.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-04-101, The Disciplinary Code for Adult Offenders, (dated 03/01/2015), establishes the maximum allowable sanctions for each class of offence, based on the seriousness of the offence. A nonconsensual sexual act is a class “A” offence (most serious). This disciplinary code applies to all adult offenders. Mitigating and aggravating factors are considered during the hearings (including prior history, mental health issues, etc.)

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVII, requires mental health staff to complete a mental health evaluation of the abuser within 60 days of a substituted case of offender-on-offender sexual abuse and offer treatment when necessary.

Offender disciplinary reports were provided and reviewed by the facility. These reports demonstrate compliance with policy the PREA.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, requires that, if the intake assessment indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual abuse, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, also requires informed consent from the offender before reporting any prior sexual victimization that occurred outside the institutional setting. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to staff, as necessary, to make decisions on treatment plans, security placement and other management decisions. Policy also mandates both medical and mental health staff obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Interviews with staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse are offered a follow-up meeting with a medical and/or mental health practitioner. Per the Sexual Assault Manual, initial assessment shall take place in a quiet closed place, immediately following the assault. Medical and mental health staff interviews revealed that staff responds immediately when noticed of an incident of sexual abuse. The treatment is based on their professional judgement. Offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

Indiana Women’s Prison, initially, was not in compliance with standard §115.81(e), Medical and mental health screenings; history of sexual abuse, during interviews with these medical and mental health staff, they are not aware of the requirement to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18; this requirement is also addressed in department policy. Management staff were proactive in identifying a solution and are working towards rectifying this deficiency. Management staff are in the process of training all medical and mental health staff on their responsibility to obtain informed consent as required by this standard and department policy; providing training records to the auditor when completed and informed consent documentation when the documentation was required to be completed. Staff training documentation was provided to the auditor reflecting all required staff are aware of their duties as it relates to this standard. In addition; informed consent documentation was provided reflecting the facility is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVII, requires that a victim of an actual sexual abuse shall be referred to the facility's health care staff. The victim will receive timely, unimpeded access to quality health care. In the event that a qualified health care provider is not on duty, an on-call medical or mental health staff will be contacted and advised of the report. Victims of sexual abuse shall be provided counseling by health care staff in regards to transmission, testing and treatment methods (including prophylactic treatment), and risks associated with sexually transmitted infection treatment. The offender is offered HIV and viral hepatitis testing 6 to 8 weeks following the sexual abuse. Victims of sexual abuse are not charged for any medical or mental health services regardless of whether or not they cooperate with the investigation. During staff and offender interviews, and review of documentation, Indiana Women's Prisons medical staff immediately sees every offender when a case of sexual abuse is reported.

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

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

Offenders who reported sexual abuse stated they were seen by medical after making the allegation. Documentation provided by the Indiana Women's Prison reflects offenders are tested to include follow-up testing and treatment for sexually transmitted diseases.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 and the Sexual Assault Manual were reviewed and require each facility to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse. The Sexual Assault Manual that was provided goes into detail about the process to be followed by staff.

Policy requires the evaluation and treatment of offenders who have been victimized, to include as appropriate, follow-up services and referrals for continued care following their transfer to, or placement in, other facilities and upon the offender's release. Policy mandates that victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and that treatment services are to be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 also states Mental health evaluations are required for all known offender-on-offender abusers within 60 days of learning of such abuse history. Treatment should be offered when deemed appropriate by mental health practitioners.

Indiana Women's Prison, initially, was not in compliance with standard §115.83(h), Ongoing medical and mental health care for sexual abuse victims and abusers, during interviews with mental health staff, they are not aware of this standards requirement to 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. Management staff were proactive in identifying a solution and are working towards rectifying this deficiency. Management staff are in the process of training all medical and mental health staff on their responsibility to attempt to conduct a mental health evaluation of all known inmate on-inmate abusers as required by this standard and department policy; providing training records to the auditor when completed and follow-up mental health documentation when completed.

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

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

Standard 115.86 Sexual abuse incident reviews

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 mandates that the Superintendent of each facility shall establish a Facility PREA Committee comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Facility PREA Committee is responsible to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. Policy mandates the Facility PREA Committee to consider all six criteria as outlined in standard provision 115.86(d).

The auditor reviewed several examples of PREA Committee reviews and found that the incident review adequately addressed and the committee's assessment and clearly documented their recommendations. Include in the Sexual Assault Incident Review packet is all documentation needed in order to conduct a thorough assessment. Recommendations identified during the review are clearly documented, how the recommendations are implemented or the reasons for not doing so.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115 and the Survey of Sexual Violence documents were reviewed, and mandate the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations.

The PREA Compliance Manager maintains a record of all reports of sexual abuse and sexual harassment at the facility. Each individual Sexual Incident Report is submitted to the PREA Coordinator and discussed at the monthly Facility PREA Committee. Documentation provided by the facility and a review of meeting minutes reflect, PREA Meetings are held on a monthly bases.

The Indiana Department of Corrections and Indiana Women's Prison, collects data relative to sexual abuse annually in compliance with PREA data collections standards. Aggregated data for the years of 2013, 2014, and 2015 were reviewed. Indiana Women's Prison, forwards these reports to the Departmental PREA Coordinator.

Standard 115.88 Data review for corrective action

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, #02-01-115, the Agency's Website and the 2013 and 2014 Sexual Assault Prevention Program Annual Report were provided and reviewed.

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

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

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Committee

and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

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

The 2015 Sexual Assault Prevention Program Annual Report was provided which compares data from the past two years. No personal identifying information was included in this report.

Standard 115.89 Data storage, publication, and destruction

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

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Matthew Rustad

10/14/2017

Auditor Signature

Date