

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

Interim Final

Date of Report November 20, 2018

Auditor Information

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Company Name: California Department of Corrections and Rehabilitation

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Telephone: 916-261-5524 Date of Facility Visit: June 21 & 22, 2018

Agency Information

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

Indiana Department of Correction (IDOC) State of Indiana

Physical Address: 302 W. Washington Street;
Room E-334 City, State, Zip: Indianapolis, IN 46204

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

Telephone: 317-233-6984 Is Agency accredited by any organization? Yes No

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

Municipal County State Federal

Agency mission: We promote public safety by providing meaningful, effective opportunities for successful re-entry.

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

Agency Chief Executive Officer

Name: Robert E. Carter, Jr. Title: Commissioner

Email: RoCarter1@idoc.in.gov Telephone: 317-234-1061

Agency-Wide PREA Coordinator

Name: Bryan Pearson Title: Executive Director PREA Compliance

Email: BPearson@idoc.in.gov Telephone: 812-526-8434 ext. 220

PREA Coordinator Reports to: Bill Wilson, Northern Regional Director	Number of Compliance Managers who report to the PREA Coordinator: 22
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Facility Information

Name of Facility: Indiana Women's Prison			
Physical Address: 2596 Girls School Road, Indianapolis, IN, 46214			
Mailing Address (if different than above): Same as above			
Telephone Number: 317-244-3387			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: The mission of the Indiana Women's Prison is to effectively manage a diversified population in a safe, secure, healthy environment that encourages rehabilitation through quality programming, while ensuring the protection of the public, staff and offenders.			
Facility Website with PREA Information: http://www.in.gov/idoc/2832.htm			

Warden/Superintendent

Name: Laurie Johnson	Title: Warden
Email: LJohnson2@idoc.in.gov	Telephone: 317-244-3387; ext. 250

Facility PREA Compliance Manager

Name: Maggie Ballard	Title: PREA Compliance Manager
Email: MBallard@idoc.in.gov	Telephone: 317-244-3387; ext. 240

Facility Health Service Administrator

Name: Julie Murphy	Title: Health Services Administrator
Email: JMurphy@idoc.in.doc	Telephone: 317-244-3387; ext. 236727

Facility Characteristics

Designated Facility Capacity: 727	Current Population of Facility: On site review dates: 6/21/18 – 615; 6/22/18 – 611
Number of inmates admitted to facility during the past 12 months	426
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	426
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	426

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		122	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 20 – 82 years old	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		None	
Average length of stay or time under supervision:		3.3 years	
Facility security level/inmate custody levels:		Minimum, Medium, and Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		170	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		40	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		41	
Physical Plant			
Number of Buildings: 28		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		12	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		25	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are 121 cameras with an additional 172 camera lanes; DVR is retained for a minimum of 202 days. The control hubs for the video monitoring is located in a secured office at the main sally port entrance, and the secured central pod of Unit B. There is also a secured camera footage archive viewing port in a shift office located in the Program area of the Main Recreation Building.			
Medical			
Type of Medical Facility:		Infirmary; 4 beds capacity	
Forensic sexual assault medical exams are conducted at:		Terre Haute Regional Hospital, 3901 S. 7th St., Terre Haute, IN Tel: (812) 237-1622	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		176	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		2	

Audit Findings

Audit Narrative

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

Site Review Location: The site review for this audit took place at IWP located at 2596 Girls School Road, Indianapolis, Indiana from June 21st through 22nd, 2018. The audit team had the opportunity to conduct pre-audit work prior to arrival at the facility, including review of the Pre-Audit Questionnaire (PAQ) with informational entry into the pre-audit compliance tool. Of note, the IDOC refers to incarcerated individuals as 'offenders', thus, 'offenders' and 'inmates' will be used interchangeably throughout this report to demonstrate awareness and attention to both IDOC Agency and PREA Handbook terminology.

Pre-Audit Phase

Website Review: During the pre-audit phase the probationary auditor visited the agency and facility website. Specifically, she reviewed content on the website as related to PREA information. The auditor investigated the agency and Indiana-based websites to gain familiarity with mandatory reporting laws in the state. The probationary auditor also looked for evidence of previous PREA audits, which she found on the website. The prior PREA audit was conducted May 24 & 25, 2016 and report completed on October 14, 2016. Deficiencies identified and brought into compliance during the previous review included: removal of blind spots and offender areas of potential isolation (115.13.a); process implementation to ensure a background check was completed on each employee at least every five (5) years (115.17.e); appropriate referral to mental health was institutionalized for all inmates identified through screening to have a previous history of sexual victimization and/or sexual abusiveness prior to facility placement (115.81.e); and training conducted for all mental health staff to ensure policy awareness that all known inmate-on-inmate abusers received a comprehensive treatment related evaluation within sixty (60) days (115.83.h).

During the pre-audit phase, the auditor was also able to establish contact with community advocacy groups for the facility, to include both Just Detention International (JDI) and the Indiana Coalition Against Domestic Violence (ICADV). Contact with JDI confirmed that upon review of their database they had not received any reports from IWP within the previous twelve (12) month period. The auditor also reviewed a telephone log provided for the ICADV, via the PAQs, which indicated no calls were initiated by inmates at IWP during the previous twelve (12) months; however, there was an email upload indicating that two (2) offenders who had been offered ICADV services through the PCM, accepted, and services were provided. These contacts were reportedly made available through in-person visits to both offenders. With this information, an audit team member made contact with the ICADV advocate services, who during interview corroborated that this was consistent with their data. The probationary auditor also spoke directly with the ICADV representative with oversight of IWP service provision who confirmed that two (2) visits were made with offenders on-site, while no additional telephone requests placed for contact to her knowledge.

Posting: On May 10, 2018, CDCR provided the audit notice to the agency's PREA Executive Director (Agency PREA Coordinator) by email with instructions to post copies in the housing units, and other areas as deemed appropriate by staff. Notice postings were to be posted in accessible areas to ensure visibility by staff and offenders. The posting was designed with large text, bolded and underlined in segments, for enhanced readability, as well as posted in different colored copies. Steps taken to ensure confidentiality were explained on the posting, with exceptions when confidentiality must be legally broken included. The facility provided pictures to the auditor of the appropriate postings throughout the facility on May 11, 2018, including areas such as the Recreation Area, Visitation, Administration Area, Dining Hall, Infirmary, and Housing Units, including the Restricted Status Housing Unit (RSHU).

PAQ: On May 10, 2018, the probationary auditor uploaded the Pre-Audit Reporting Form to the PREA Resource Center (PRC) Training site. The PRC Training site is a shared, encrypted platform available in part for the purpose of probationary auditors' submission of PREA audit reports and related reporting forms towards certification. Of note, there is a slight discrepancy between the total housing units indicated on the Pre-Audit Reporting Form (631 beds) and those on the current report (727 beds). This was because the institution had been in the process of opening two additional cottages, which added more beds during these weeks. The PAQ, checklist of policies and procedures, and other relevant documents from the IDOC were uploaded on a shared, encrypted platform with the auditor in May 2018. As the probationary auditor reviewed the materials provided by the facility, she collated documents that were outstanding on the Issue Log. When completed she had telephonic and email correspondence, to include a log attachment, with the PREA Compliance Manager (PCM) and facility Investigator to receive documentation required to fill remaining informational gaps.

Pre-audit compliance tool: As indicated, prior to the onsite audit, in May of 2018, the PREA Executive Director provided the completed PAQ, including the upload of supporting documentation, and notified the probationary auditor by email of this information availability. The documentation upload included all PREA grievances/allegations received during the twelve (12) months preceding the site review. There were eleven (11) total PREA allegations, including six (6) of sexual abuse, and five (5) of sexual harassment. There were zero (0) PREA-related grievances. A log of hotline calls was reviewed with zero (0) calls for the facility during the same period, with two (2) offenders referred secondary to the outcome of PREA investigations and their request for ICADV services once proffered. The probationary auditor began transferring the information from the PAQ to the pre-audit compliance tool. There were no letters received from offenders at the facility prior to arrival at the institution nor following the audit.

Site Review Preparation: In May 2018, the auditor provided the Warden and PCM with email notification regarding the team's upcoming site visit. Following her email, the probationary auditor conducted telephonic 'kick-off' meetings with the PREA Executive Director and facility PCM, who would serve as primary contacts for the purpose of this audit. During these contacts the discussions focused on the purpose and process of the audit, role of the auditor, and logistics to include, the audit teams' unimpeded access to the facility, documentation, and staff. The probationary auditor described her status with PRC oversight during the probationary audit process, in completing the practice-based audit, along with the audit goals and expectations. The general purpose of corrective actions with timelines and milestones was established. A schedule of continued communications was also determined, which was further delineated during the site review.

Prior to the onsite portion of the audit, the probationary auditor was made aware that the facility did not house youthful offenders at any time. Further, there were no offenders reported to be segregated for

risk of sexual victimization based upon a provided Warden's written Memorandum. With this knowledge, she sent email communication to the Warden and PCM requesting the following information be prepared for the site review:

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

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

On-Site Phase

Team Composition and Entrance: On May 21st, 2018, a portion of the audit team arrived at IWP with the remainder to follow on May 22nd. The team was comprised of the probationary auditor, Dr. Kate Burkhardt, Chief Psychologist; Nancy Hardy, retired Chief Deputy Warden; John Katavich, retired Warden; Roger Benton, retired Correctional Captain; and Ron Rackley, retired Warden. On the first day of the site review, the audit team met with for an entrance meeting with the Agency PREA Executive Director, and Head Designee, along with the IWP Warden, PCM, and Executive team in the administrative conference room. The conference room served functionally as the team's work space for the two (2) day site review.

Entrance Meeting: At the entrance, the team collaborated with facility representatives to complete initial introductions, data requests, and information sharing. Discussion, as conducted during the kick-off meetings was elaborated to focus upon the purpose and process of the audit, role of the auditors, and logistics, which emphasized the audit team members' unimpeded access to the facility, documentation, and staff. The probationary auditor reiterated her status with PRC oversight during the probationary audit process, along with the audit goals and expectations. The general purpose of corrective actions with timelines and milestones was also established. The intention of the audit team to be forthcoming regarding all deficiencies was noted, such that the facility would not be 'blind-sided' by any of the findings. The probationary auditor expressed the aim was to develop open communication between the audit team and facility. Such contact managed in a transparent and ongoing basis was hoped to ensure fruitful resolution of any items identified to require correction.

Upon conclusion of the entrance meeting, the audit members were provided duplicate binders prepared by the PCM with a comprehensive collection of information, as initially requested by email sent to the

PCM and Warden during the pre-audit phase. Offender and staffing lists were included from which the auditors were able to make randomized selection of interview participants.

On day one of the audit it was raining throughout the course of the day, and the auditors determined that in order to most effectively utilize their time they would complete the majority of the offender interviews, including both random and PREA-Interest, as well as any staff interviews possible.

On day two, the audit team broke into two groups; one to complete the physical plant site inspection and the other to continue completion of remaining interviews, which maximized their efficiency during the site review. Specifically, while one set of auditors inspected the facility, the other group conducted the remaining interviews with the offender population and staff. When each of the audit group members had completed their respective duties they returned to the conference room and independently began completion of specified documentation reviews.

Interviews: Informal interviews were ongoing throughout the course of the site review, as the probationary auditor and fellow team members conducted conversations with offenders and staff with whom they had casual and spontaneous contact (for example, during the physical plant inspection, offenders were queried in the housing units if opposite gender announcements were made regularly; if they had privacy while toileting and showering; staff at their job sites were asked about PREA awareness and knowledge).

For the formal interviews, members of the audit team selected the names of individuals who would be interviewed. Facility staff prepared the offenders, and later staff members for interview in a staged manner. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements communicated with the interviewing audit team member recording responses by hand. Specifically, the offender list was processed first, and then staff were interviewed, while Specialized Staff interviews were completed at the availability of the appropriately represented party (and when necessary, telephonically). All interview participants were made aware their participation was voluntary, not to have been coerced, and all personally identifying information would be redacted from the interim and final report.

Random Inmate Interviews: The audit team conducting interviews received an offender roster with identification numbers and randomly selected interviews based on housing assignment. This ensured selection of at minimum one (1) offender from every housing unit, and in some cases more. Further, offenders were not specifically housed based upon length of stay, ethnic group or age. Utilizing housing placement as the primary criterion for interview selection, thereby also provided for the ability to capture a variety of offender demographics, including age, ethnicity, and sentence lengths. On the first day of the site review, 6/21/18, there were 615 offenders, and on the second day, 6/22/18, there were 611 offenders at IWP. As stated, offenders were randomly selected based upon housing assignment to ensure as equivalent representation as possible from each unit, while when interviews for PREA-Interest categories were selected representation from some housing units increased.

All random offender interviews were conducted in education building classrooms that were soundproof and largely provided visual confidentiality from other offenders. This environment was judged to have facilitated support for offenders sharing PREA-related content with the auditors.

At the beginning of the interview, the audit team member introduced themselves and communicated the PREA audit participation standard advisory statements. Each inmate was asked explicitly if their participation was voluntary, not coerced, and if they had any concerns about participation. Upon confirmation regarding the offender's voluntary agreement to participate, the auditor proceeded with

questions directly from the random inmate interview protocol. Any clarification required was requested by the audit team member throughout the course of the interview. This was done in order to ensure responses provided sufficient information to make determinations related to standard compliance. Responses to the interview questions were transcribed onto the interview document in writing by the team member.

On day one, the majority of the offender interviews were completed with the exception of those in the Infirmary and RSHU. To the best of this auditor's knowledge only one (1) of the offenders offered participation refused the interview process, and there was a total of thirty (30) random offender interviews completed. There were fifteen (15) independent random offender interviews completed, coupled with fifteen (15) additional random offender interview protocols completed with every inmate during PREA-Interest Offender interview. Specifically, audit team members ensured completion of both the random and PREA-Interest offender interview protocols for inmates who fell within PREA-target categories. Therefore, during the IWP site review there was a total of thirty (30) random offender interviews conducted.

Targeted Inmate Interviews: As the auditor had requested information prior to the site review regarding offenders falling within the PREA-Special Interest categories she was provided lists to identify offenders to interview who fell within these classifications. The lists were prepared by the facility PCM prior to the audit team's arrival. According to the materials provided, there were offenders available for Target interviews who met criteria for the following considerations: disabled; cognitively impaired; limited English proficient; lesbian or bisexual; transgender or intersex; individuals in RSHU; inmates who reported prior sexual victimization during risk screening; and individuals who had reported sexual abuse. As noted previously, there are no youthful offenders (under 18 years of age) incarcerated at the facility, which was confirmed based upon site review. Further, there were reported to be no offenders segregated for risk of sexual victimization based upon the Warden's written Memorandum provided in the PAQs, which was confirmed through staff and offender interviews, as well as site review. Offenders were selected for Target interviews based upon housing unit placement in an effort towards randomization of selection, and specifically, in some cases as determined secondary to the auditor's review of pre-audit documentation. In total there were fifteen (15) Target Offender interviews conducted, to include the following:

- | | |
|---|--|
| - Inmates with disabilities | One (1) of obtained list = twenty-one (21) |
| - Inmates with cognitive disability | One (1) of obtained list = three (3) |
| - Inmates who are Limited English Proficient | One (1) of obtained list = six (6) |
| - Inmates who identify as Lesbian, Gay, or Bisexual | Three (3) of obtained list = one hundred fifty three (153) |
| - Inmates who identify as Transgender | Two (2) of obtained list = four (4) |
| - Inmates who reported sexual abuse | Three (3) of obtained list = sixteen (16) |
| - Inmates who reported prior sexual during risk screening | Four (4) of obtained list = one hundred twenty eight (128) |

PREA Management Interviews: The lead probationary auditor was largely responsible for the interviews with the IWP management, including the Warden and PCM. The Agency PREA Executive Director and Head Designee were both onsite during the review and able to meet in person with the probationary auditor at IWP. The audit team worked with the facility to make the interview times most conducive to manage routine scheduling needs. The interviews were conducted primarily in the conference room or staff offices, as available.

Specialized Staff Interviews: The Specialized Staff were interviewed by different members of the audit team, as feasible. Randomization and selection for Specialized Staff was largely based upon those

onsite during the dates of the site review or based upon the fact that there was only one (1) designated staff who fulfilled a specialized role. For example, all staff members who perform Intake and Risk for Victimization/Abusiveness Screenings were absent for training on 6/21/18, while present on 6/22/18. Further, the facility only has one (1) assigned Investigator who works onsite. Of note, the facility does not use External Investigators and conducts all of their own administrative and criminal investigations, unless in rare cases back-up services are deemed to be necessary. There was a total of twenty-five (25) Specialized Staff interviews completed.

Attempts were made to randomize staff from different shifts and locations across the facility for both staff and contractors, as well as seek volunteers, contractors, and staff who performed diverse functions. Some of the interviewees were based at external locations or off-site, and telephonic interviews were necessary with these individuals. For example, the sexual assault nurse examiner (SANE), agency contract administrator, JDI contact and ICADV respondent participated in the interview process telephonically, as each were located remotely.

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

- Victim Advocate – ICADV and JDI; one (1) ICADV, and one (1) JDI contact
- Agency Contract Administrator; one (1) staff
- Intermediate or Higher Level Facility Staff; two (2) staff
- Medical and Mental Health; one (1) Medical, and one (1) Mental Health staff
- Sexual Assault Nurse Examiner (SANE); one (1) staff
- Administrative Human Resources; one (1) staff
- Training Coordinator; one (1) staff
- Volunteers; two (2) of one hundred thirty-five (135) volunteers
- Contractors; five (5) from Aramark, Wexford and Vocation Services of forty-one (41) contractors
- Facility Investigator; one (1) investigator
- Staff Who Supervise Inmates in Segregated Housing; one (1) staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness; one (1) staff
- Incident Review Team Member; one (1) staff
- Designated Staff Member Charged with Monitoring Retaliation; one (1) staff
- First Responders (Security and Non-Security); three (3) staff
- Intake Staff; one (1) staff

Of note, there were twenty-five (25) interviewees with twenty-six (26) Specialized Staff interviews completed. One (1) individual was interviewed for two (2) specialized positions. The IWP Investigator serves as the sole Investigator for the facility. She also served as the interviewee for Staff Who Supervise Inmates in Segregated Housing. In the determination of this interviewee selection, it was made known to the auditor that the IWP Investigator has oversight with regards to all Segregated Housing placement determinations, privilege determinations, and continued case follow-ups (most specifically the thirty (30) day case evaluations). With this information, it was established that she was the most viable candidate to be interviewed for both Specialized interviews.

Random Staff Interviews: At the time of the site review, the facility had a total of one hundred seventy (170) IDOC state employed security staff. In randomizing selection for staffing interviews, attempts were made to consider a variety of work locations and ensure staff were represented from both shifts. Facility shifts were performed over twelve (12) hours, from 0600h to 1800h as day shifts and night from 1800h to 0600h. On day one, the probationary auditor requested if any staff were working overtime who normally worked the night shift she would like to interview them; two (2) were available for interview. There were a total of twelve (12) random staff interviews conducted with a variety of staff

members, including dorm housing officers and sergeants, correctional case workers, program supervisors and support staff, administrative staff, as well as yard and correctional officers assigned across different areas of the facility.

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

Site Review: The audit team performed a comprehensive physical inspection of the facility on the second day at the site. The facility site review included visiting all locations where inmates had access onsite and could be present, even if entry would solely be gained in the presence of a staff member. The PREA Executive Director, Warden, PCM, Deputy Warden – Operations, Major, and Unit Team Manager all participated in escorting the audit team throughout the facility during the inspection. Specifically, the site review plant inspection was conducted by dividing into two (2) separate groups, by which the facility was then viewed in two (2) separate subsections. The audit team physical plant review queries and observations were aimed to establish PREA standard compliance, with notations made of any apparent deficiencies. Such notations were provided throughout to the IWP executives accompanying the audit team members.

During the site review, the team members inspected all housing units, multi-purpose/recreation building, education area, central kitchen/chow Hall, visiting, chapel, healthcare infirmary, greenhouse, vocational programming (cosmetology and PEN [Prison Enterprises Network] program), administration, mailroom, custody office, main control, and outside maintenance.

While inspecting the facility, doors, restrooms, and office areas were checked consistently to ensure they were secured and locked. The team engaged with offenders and staff spontaneously, asking PREA-related questions about agency procedures and safety considerations. The team members noted placement and coverage of video monitoring technology, along with surveillance cameras, and gave consideration to potential blind spots. Inspection of bathroom and shower areas was conducted, with particular concern regarding possibilities for cross-gender viewing.

There were potential blind spot areas identified at the end of the aisle in the warehouse, which necessitated placement of a mirror to remedy. The facility placed the required mirror to appropriately provide coverage of this blind spot following the site review. In the RSHU shower/latrine room there was a concern with potential cross-gender viewing as the handcuff ports were uncovered and viewable by any entering escort officer(s). IWP executive staff reported that one (1) of the two (2) staffed custody positions in the RSHU was consistently assigned to a female officer, and the female officer has historically served as the 'shower-escort'. The auditor requested that this assignment was formalized in writing into the RSHU female-assigned post orders. The facility revised the post-orders accordingly and indicated associated verbiage that the female-assigned RSHU officer would be responsible for 'shower-escorts'. Lastly, the RSHU property room door was noted to be ajar and unable to be secured. This door is accessible only from the outside secured recreation area, for which no offenders would have authorized independent access. Maintenance repaired the hinges and proof of the secured door was provided to the auditor on 7/19/18.

During the site review, the audit team members observed the presence of supervisors in recreation, offender work, and education areas to assess for adequate levels of supervision. They queried if offenders were ever left unsupervised in isolated areas or in lead positions as supervisor over other offenders, which both offenders and staff denied. In the housing units, the phone system was tested for functionality of the facility's #80 hotline to report sexual abuse and sexual harassment, which demonstrated a positive result. Reporting processes the agency has provided to offenders for reporting sexual abuse were also inspected for functionality and availability, including: JPay, PREA Information Posters (in English and Spanish with outside sexual abuse reporting contact information address for the Ombudsperson), ICADV (posters were visible throughout the facility, particularly near inmate phones in English and Spanish with a published outside reporting hotline and address), and #80 on the inmate phones (which was directed to a secured line from which the Facility Investigator could retrieve messages).

The probationary auditor was also able to confirm through informal conversation and interviews with the inmate population that they were aware of how to utilize the JPay to report PREA allegations, as well as outside support hotlines and addresses provided to process a report of sexual abuse and/or sexual harassment. Information availability related to Language Solutions – Language Training Center (LTC), who is the contracted provider for offenders requiring translation services was confirmed. Posters for Language Solutions with information as to how to request an interpreter along with the languages available for translation were observed posted in high visibility areas of all housing units. LTC services, per the postings, includes a full service language provider offering interpreting with availability twenty-four (24) hours per day, seven (7) days per week. Language Solutions – LTC services was tested during the site review with positive result.

During the physical site tour, there were no offender arrivals to the facility, thus onsite observation of the intake process, including PREA inmate education and intake screening was not possible. However, the Intake Counselor described the intake process to a member of the auditor team. For PREA Inmate Education, she described that upon arrival all offenders receive an IDOC supported PREA brochure in their Orientation Packet, and attend a Comprehensive PREA Inmate Training the following Monday. An audit team member was also walked through a mock offender screening process, with the Intake Counselor, to include the 72-hour intake SVAT (Sexual Violence Assessment Tool) administration. Subsequently, the team inspected the classification records storage in the administration building. The offender records, to include a confidential packet with the SVAT screening data, were stored in a secured manner, behind locked door in a locked cabinet, and only available through a signature sign-out process to authorized recipients.

Document Reviews: During the site review, the audit team's document review included but was not limited to inspection of personnel files and training records of staff, contractors, and volunteers, inmate intake, screening, and education records, as well as sexual abuse investigation/grievance related documentation for the prior twelve (12) month period. The document review process was divided up amongst the entire audit team. One (1) audit team member reviewed all documents related to PREA investigations reported and conducted. Two (2) auditors reviewed a random sample of background records checks and personnel training records of staff, contractors and volunteers. One (1) team member reviewed documents associated with PREA education of the offender population, and SVAT records maintained through the offender intake process, while another reviewed Mental Health referral documentation.

As noted, the auditor received a comprehensive list from the facility PCM to support documentation requested for site review needs. Documentation was provided in list form for the following:

- Youthful inmate/detainees	n/a; no inmates under 18 at IWP
- Inmates with disabilities	Obtained = 21
- Inmates with cognitive disability	Obtained = 3
- Inmates who are Limited English Proficient	Obtained = 6
- Inmates who identify as Lesbian, Gay, or Bisexual	Obtained = 153
- Inmates who identify as Transgender	Obtained = 4
- Residents in isolation following report of sexual abuse	n/a; no (0) inmates were placed in Protective Custody in review period
- Inmates who reported sexual abuse	Obtained = 16
- Inmates who reported prior sexual victimization during risk screening	Obtained = 128
- Complete staff roster	Obtained = 170 staff
- Specialized staff	Obtained (included in staff roster)
- All contractors who have contact with inmates	Obtained = 41 Contractors
- All volunteers who have contact with inmates	Obtained = 135 Volunteers
- All grievances in the 12 months preceding audit	n/a; none (0) reported
- All incident reports in the 12 months preceding audit	Obtained = 11 (contained within Investigations)
- All allegations of sexual abuse and sexual harassment reported for investigation in 12 months preceding audit	Obtained = 11
- All hotline calls during 12 months preceding audit	Obtained = 0; Two (2) residents accepted services when proffered

As there was a specific sample to corroborate associated with random and Targeted inmates, and randomization was able to be performed on selection of random staff interviewees, further randomization of documentation review was done solely to limit the sample. Specifically, attempts were made to ensure representation of inmates and staff from different housing units, shift-selection, and consideration of varied program areas. Randomization lists were completed to ensure review of appropriate sample sizes. The auditor team members collated their findings on the relevant PREA Audit – Documentation Review (Confidential Auditor Work Product) forms, and made copies of documents, as necessary.

Personnel and Training Files: The facility has one hundred and seventy (170) full and part-time security staff. The audit team reviewed fifteen (15) personnel files for background records and PREA-question compliance checks. Personnel records selected included representation across shifts, job functions, and post assignments. Documentation for five (5) contractors and two (2) volunteers (total = seven; 7) who had contact with inmates were sampled based upon interview participation, as generated randomly, and audited for the same documentation compliance as facility security staff. Of note, contract providers at the facility include Wexford (Mental Health and Medical), Aramark (Food Service), and vocational employed contract staff, totaling forty (41), with one hundred thirty-five (135) support volunteers. Compliance on all standard provisions for each category reviewed was found through documentation review.

Inmate Files: On the first day of the onsite phase of the audit, the inmate population was 615, and the second day 611. A total of fourteen (14) inmate records were reviewed by the audit team. The inmate records chosen for documentation review were based upon random sampling of inmates interviewed for random and PREA-Interest categories who had initially been selected with representation as best as possible across all housing units in the facility. Based upon documentation review, the facility was non-compliant with offender timely completion of SVAT upon Intake (9/14; 64%) and Follow-up (1/14; 7%),

as well as PREA Offender Education components associated with receipt of PREA Information upon Intake (0/14; 0%), and Comprehensive Education provision (8/14; 57%). Corrective action was implemented and institutionalized, as described in the section to follow.

Medical and Mental Health Record: During the previous twelve (12) months, there were six (6) inmates who had reported sexual abuse, and one hundred and twenty-eight (128) who reported prior sexual victimization upon screening. Six (6) offender files who had reported sexual victimization were reviewed with five (5) showing documentation of the appropriate mental health referral, and one (1) pending, while within referral time limits for appointment confirmation with Mental Health. The auditor also reviewed the Medical and Mental Health documentation associated with appropriate referral for the six (6) offenders who had alleged incidents of reported sexual abuse. Based upon review, the determination was made that referral to Mental Health was made in all relevant and appropriate cases.

Grievances: Per IDOC policy and procedure, the grievance process is to provide a mechanism for every offender to express complaints and topics of concern for the efficient and fair resolution of legitimate offender concerns, as well as for the facility and Department management to be better informed and able to fulfill the Department's mission and goals. As such, issues associated with PREA-related content would not typically be filed by grievance processes, but instead as an incident report to be investigated as a PREA allegation. Of note, there were no (0) PREA-related grievances received at the facility during the previous twelve (12) month period. This was confirmed through comprehensive onsite review, including interviews with the facility's Grievance Coordinator (who is also the PCM), IWP Investigator, random and Targeted inmate interviews, as well as documentation review of completed investigations and incident packages. There was no discovery during the interviews with the offender population, both formal and informal, or documentation review, which would suggest that there were additional PREA-related investigations or grievances filed during this period that had not been provided to the auditor.

Incident Reports: The facility reported there were eleven (11) PREA allegations reported during the previous twelve (12) month period prior to the audit. There were twenty-eight (28) additional incidents which were initially filed as PREA-related. However, upon investigation these incidents were determined not to contain behavior and/or actions related to PREA, and subsequently not continued as PREA investigations. Instead, these incidents were processed through appropriate investigative and/or response mechanisms, and not closed as PREA allegations. There were no additional incident reports, investigations, or Sexual Incident Reports (SIRs) documented as related to PREA investigations based upon information gathered during site review, which was further corroborated by random and Targeted inmate, as well as random and Specialized staff interviews. There were no pending PREA investigations at the time of the site review per the facility Investigator.

The facility Investigator provided the probationary auditor with a completed copy of the eleven (11) PREA allegations with the full investigation report, including: Report of Investigation (State Form 42496) with attached Investigation, SIR, Sexual Abuse Incident Review (SAIR), Sexual Abuse/Harassment Investigation Outcome – Offender Notification; PREA Retaliation, and MH Services Referral forms. All eleven (11) Investigative files included the report number, report date, victim and suspect names, and disposition/status of the case. Further, each were reviewed utilizing the PREA audit investigative records review tool criterion, ensuring compliance with information contained within investigative reporting protocol, and found to include: case#/ID; date of allegation; date of investigation; staff or inmate on inmate; sexual abuse/harassment; disposition; is disposition justified; investigating officer name; and notification given to inmate.

The cumulative SIR breakdown at the facility is as follows, with eleven (11) cases reported and investigated:

Sexual Abuse:

Staff on Offender – one (1) Offender on Offender – five (5)

PREA Investigation Outcome of Sexual Abuse Allegations:

Staff on Offender – criminal; one (1) unsubstantiated

Offender on Offender – two (2) criminal; one (1) unfounded, one (1) substantiated with D.A. referral, pending determination of D.A. prosecution;

– Three (3) administrative; two (2) substantiated, one (1) unsubstantiated

Sexual Harassment:

Staff on Offender – zero (0) Offender on Offender – five (5)

PREA Investigation Outcome Totals of Sexual Harassment Allegations:

Offender on Offender – five (5) administrative; two (2) substantiated, three (3) unsubstantiated, zero (0) unfounded

Of the three (3) criminal cases, the investigative findings were one (1) unfounded, one (1) unsubstantiated, and one (1) substantiated. The substantiated case was appropriately and timely referred to local prosecutors. At the time of the site review the IWP Investigator indicated that the D.A. had not yet returned a determination of prosecution on this case, while the Investigator provided evidence of conducting routine follow up with the D.A.'s office to ensure appropriate case completion.

Based upon the auditor's review of the PREA-related investigations, allegations were determined to have been timely and comprehensively investigated. The offender population and staff contacted during the audit iterated that IWP prioritizes responses towards any report of inmate sexual abuse and/or sexual harassment, ensuring the safety of the victim. The Warden, PCM, and facility Investigator further indicated that their rapid response efforts are aimed to demonstrate that IWP upholds standards to maintain an environment with zero-tolerance towards sexual abuse and/or sexual harassment.

Information Consolidation: The audit team met frequently throughout the two (2) days to consolidate information and ensure that interviews, documentation reviews, and facility observations gathered across team members were sufficient to support compliance determinations for the required PREA standards. The team mini-meetings were judged to be beneficial in establishing on-going communication regarding continued audit needs. During the meetings any discrepancies or deficiencies were discussed. When identified the team engaged in dialogue with IWP staff for clarification and/or remedy.

At junctures when additional information was required to establish standard compliance requests were made via the IWP PCM, Warden, or PREA Executive Director. The management team at the facility was responsive to requests and made every effort to deliver available documentation to provide proof of practice. Furthermore, the facility staff who participated in the site review meetings were receptive to identified deficiencies and began the process of implementing improvement measures in a thoughtful manner. It was apparent that the IWP executive members who were present during the site review, and participated in the audit discussions, as well as entrance and exit processes sought to ensure sustainability of any corrections to deficiencies. This reflected their stated investment in providing an environment free from sexual abuse and/or sexual harassment for the offender population at IWP.

Exit Meeting: The audit team conducted an exit meeting on 6/22/18 at which preliminary findings of the review were communicated to the facility executive team. The attendees who had been present at the entrance also attended the exit. During the exit, the probationary auditor provided a list of identified non-compliant items and described how these related to the standard provisions. She confirmed that corrective actions would be initiated for these deficiencies. For resolution of issues following the exit, the probationary auditor indicated that outstanding issues should be provided to her with proof of practice through photographic evidence or written documentation upon completion via electronic communication. Some issues would involve singular date in time evidence (e.g., installation of a mirror in the warehouse), while others would involve institutionalization of a process, and therefore collection of data over a period of time (e.g., SVAT conducted within 72-hours with 30 day follow-up for new arrivals to be followed for 90-day period).

POST-AUDIT PHASE

Upon return from the onsite phase of the audit, the probationary auditor and facility executive staff agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the facility executive management indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies.

Communication with the PREA Executive Director and IWP PCM was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process both the Interim and Final Reports. A significant telephonic contact occurred between the probationary auditor and IWP PCM on July 11, 2018 during which the list of corrective action items was delineated, such that the facility initiated necessary remedies and practices identified towards compliance of deficient standards.

Audit Section of the Compliance Tool: The probationary auditor began to review documentation and interview notes gathered while onsite and compile information to enter into the audit portion of the compliance tool. The auditor integrated details from the interviews into sections of relevant standards, utilizing the compliance tool as a guide. Upon entry of all gathered document, interview, and observational notations into the compliance tool, the auditor proceeded standard by standard through each subsection and provision to check the appropriate 'yes' and 'no' boxes, which were later used in the final determination of standard compliance. Following completion of all data entry from the audit into the compliance tool, the probationary auditor prepared to make an overall determination of compliance, utilizing the evidence collected to support standard determination as 'exceeded', 'met', or 'does not meet' compliance.

Interim Audit Report: The probationary auditor completed entry of data into and determination of standard compliance on the Audit Compliance Tool, and began writing of the Interim Report. The Interim Report included reference to policies and procedures, reports, and supplementary documentation provided by the facility on upload and during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit.

The reviewer made the standard determinations item-by-item, by reviewing each provision as a stand-alone measure, to ensure that every provision of a standard was evaluated independently for compliance in all material ways over the relevant review period. The auditor incorporated evidence gathered onsite and through documentation review as proof for the final conclusion of whether the facility exceeded, met, or did not meet the standard of review. Upon submission of the Interim Report

the facility was judged to have exceeded one (1) standard, met thirty-seven (37) standards, and required corrective action for four (4) standards.

The Interim Report was uploaded to the PREA Training and Resource Center for review on 6/22/18 (twenty-nine (29) days after the site review was completed) and directed to the PREA Resource Center (PRC) for audit feedback. The probationary auditor received the Interim Report back from the PRC on 8/2/18 with revisions, which she resubmitted on 8/10/18 for feedback. The Interim Report was returned to the probationary auditor on 8/16/18 with additional guidance provided. She completed the revisions and resubmitted on 8/20/18 to the PRC for feedback. On 8/20/18, the probationary auditor received the approved Interim report from the PRC, and sent a copy to the Agency PREA Executive Director, as well as IWP Warden and PCM.

Final Audit Report: The corrective action phase occurred over the following three (3) months, and included implementation of all required corrective action items by IWP, along with assurance in the case of procedural change that the processes were institutionalized. Upon completion of the Final Report (completion date: 11/20/18) the facility was judged to have exceeded one (1) standard, and have met forty-one (41) standards. The report was sent as a .pdf file to the IWP Warden, and PCM, as well as the Agency PREA Executive Director with a request for any feedback they may have. The Post-Audit Report Form will be submitted by the probationary auditor within ten (10) days of the Final Report to the PRC.

Facility Characteristics

Location: Indiana Women's Prison, located in Indianapolis, Indiana, is a maximum security facility, which houses all security levels (including minimum, medium, and maximum). The facility has the distinction of being the first and oldest of all established facilities for adult females in the United States. IWP was originally founded on Randolph Street in 1869, 1.6 miles from downtown Indianapolis. The prison functioned at Randolph Street through 2009, until relocation to the current site at 2596 Girls School Road, which until 1996 had previously been the location of the Indianapolis Juvenile Correctional Facility.

Offender Demographics: In the twelve (12) month review period there was an average daily population housed at IWP of 594 female offenders, with day one (6/21/18) of the site review at 615, and day two (6/22/18) at 611. The facility has recently increased their maximum housing capacity from 631 to 727 beds with the opening of a cottage (note: the terms cottage and housing unit are used interchangeably at IWP). The inmate population ethnicity was comprised of approximately 73% Caucasian, 22% Black, and 5% Hispanic. The offenders were between the ages of 20 and 82 years of age, and were incarcerated at IWP for an average of 3.3 years length of stay.

Entrance Security Protocol: The main entrance to the facility ensured the thorough screening of all entrants into the facility, including regular staff and visitors (both professional and those visiting offenders). Specifically, at the facility front entrance a screen with metal detector and x-ray is conducted for discovery of weapons and contraband. All staff and visitors must also have removed their shoes and submit to a pat-down search. The central control is staffed with at minimum two (2) correctional officers, one of both genders, ensuring that the pat-down search shall be conducted by a staff member who is the same gender as the individual entering the facility.

Video Surveillance and Monitoring: The central camera control is located immediately proximate to the main sally port entrance behind security. Controlled access to the video monitoring output gathered from the cameras throughout the facility is available at this location. There is a secondary camera

access hub located in Unit B. Both of these video surveillance hubs are staffed on a continuous basis. The majority of the cameras are stationary, while there are cameras that have rotational/panning ability. The recorded camera footage access point is located in a secured office of the Program Area within the Offender Recreation Building. Entry to this room required a designated key, which had only been provided to specified staff: Warden, facility Intelligence & Investigations, PCM, Deputy Wardens, Utility Captains, Physical Plant Director, Major, and Custody Shift Supervisors.

Facility Housing Units: The facility itself has twenty-eight (28) primary buildings, including thirteen (13) housing units. Seven (7) of the housing units are cottages with dual-winged, both sided, double-bunk cells. Six (6) of the housing units are within Unit B secured housing. Four (4) of these housed general population offenders designed as open central floor plans with double-bunk cells surrounding the outside perimeter of each side, and two (2) served as specialized housing (1. Special Needs Housing; SNU, and 2. Restricted Status Housing Unit; RSHU, otherwise designated as the segregation housing). The housing units are each capable of holding sixty (60) offenders, with the exception of RSHU with single housing and thirty (30) cells.

The cottage and Unit B housing units are built as single-story units with a front and back entrances, both of which are continuously locked for security purposes. The offender commodes and showers are near the front, before the offenders' cell locations, towards the main officer's station or control hub in both the cottages and Unit B housing. The bathrooms are protected from cross-gender viewing by individual partitions for each of the individual showers and latrines.

Facility Buildings: Additional building at the facility include a multi-purpose/recreation building, education area, central kitchen/chow hall, visiting, chapel, healthcare infirmary, greenhouse, vocational programming (cosmetology and PEN program), administration, mailroom, custody office, main control, and outside maintenance. Each of these buildings were locked with the exception of when there was staff, contractor or volunteer presence to run activities. Offenders were not permitted to be present alone in these areas. In the visitation area, offenders were not allowed to utilize the bathroom, but instead must suspend their visit if they needed to utilize the restroom. Further, the aforementioned areas had continuous video-monitoring.

The facility had a fully-functioning kitchen with associated dry and frozen storage lockers, which was responsible for all offender nourishment needs and included a dining room area. There was an in-door recreation room, in which the library, and gymnasium were located. The indoor recreation was adjoined with a bi-level education area. The vocational cosmetology and PEN programs were run in this program area by contractors. There were also medical-infirmary, administration, and staff shift program buildings. No offender independent access was permitted in any of these areas in the absence of authorized permission by a staff member, contractor or volunteer.

IWP Programming: Per the probationary auditor's discussion with the IWP Warden, PCM, Executive staff, and offenders during the site review, as well as her reading of website publications, it was apparent that IWP offered a variety of unique and growth directed opportunities for their population with a full complement of programming, educational courses, and vocational activities. Participation and enrollment in these activities was largely based on individualized treatment needs, and determined based on offender evaluation, as well as available resources. Some of the independent programming available to offenders at the facility included educational development, recreational library, law library, dayroom activities with television viewing, and an outdoor recreation yard. There were a variety of group activities and services also available. IWP has had a substantial complement of volunteers, in addition to their state and contract staffing resources. At the time of the site review, their volunteers and contractors stood at one hundred seventy-six (176) filled positions, with IDOC state correctional

staffing at one hundred seventy (170). Particular state run with volunteer assistance offender activities, included:

- Wee Ones Nursery
- The Last Mile
- USDOL (United States Department of Labor) Apprenticeship
- Prenatal Education
- Parenting Education
- Vocational Training
- Substance Abuse
- Narcotics Anonymous/Alcoholics Anonymous/Cocaine Anonymous/ALANON
- Family Preservation Summer Camp
- Children Center Visitation
- Thinking for a Change
- PLUS (Purposeful Living Units Serve)
- Anger Management
- Healing from Domestic Abuse
- ICAN (Indiana Canine Assistance Network)
- Sheltered Workshop
- Community Outreach
- IN2Work
- Mental Health Program
- Oakland City University: Cosmetology, Culinary, Business Technology
- Religious Services

Many of these programs and volunteer run activities have been profiled and recognized by local and national media. Some have even become self-supporting, such as the Wee Ones Nursery. In Wee Ones, women offenders who were pregnant upon entering the prison would be evaluated for program eligibility, and if they met criteria may remain with their infants at birth to raise their child in a designated housing unit with other incarcerated mothers and infant/early toddler children through release. This program has become largely supported by community donated products.

Summary of Audit Findings

Number of Standards Exceeded: 1

Audits and Corrective Action

- 115.401 Frequency and scope of audits

Number of Standards Met: 42

Prevention and Planning

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

Responsive Planning

- 115.21 Evidence protocol and forensic medical examination
- 115.22 Policies to ensure referrals of allegations for investigation

Training and Education

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

Screening and Risk of Sexual Victimization and Abusiveness

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

Reporting

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

Official Response Following an Inmate Report

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

Investigation

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

Discipline

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

Medical and Mental Care

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

Data Collection and Review

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

Audits and Corrective Action

- 115.403 Audit content and findings

Number of Standards Not Met: 0

Summary of Corrective Actions:

There are a total of forty-three (43) standards for adult prisons and jails. Upon issuance of the Final Audit Report, IWP met forty-two (42) of the standards, and exceeded one (1).

At the time of the site review the following corrective actions were required towards four (4) standard provisions. Upon providing proof of practice for the corrective actions cited below, IWP was judged to have fully become compliant with all forty-three (43) PREA standards, and the current audit was completed.

At the time of the site tour the following standard provisions were non-compliant and corrective action was completed prior to the Interim Report being sent to the facility.

115.13(d) – Supervision and Monitoring: There was an area which had potential for offender isolation as a blind spot was noted at the end of the aisle area in the Warehouse. Compliance with this deficiency was demonstrated by providing the probationary auditor with:

- 1.) A picture of the mirror mounted that showed coverage of the blind spot down the warehouse aisle way.

115.15(d) – Limits to cross-gender viewing and searches: The original deficiency was identified, as follows: While it was apparent that the majority of IWP shower, latrine, and cell areas were safeguarded from cross-gender viewing, the RSHU shower area had potential for greater than incidental cross-gender viewing. In the RSHU showers there are a series of four (4) side-by-side shower units in a shower/latrine room for which the handcuff port space was open. Should an offender be in the process of showering their genital and buttock area may be viewed through the handcuff port by any incoming escort officer(s). In the event the incoming escort officer was to be male this would create cross-gender viewing. The facility indicated that there were two (2) posts in the RSHU, one (1) of which is assigned strictly to a female officer. The facility demonstrated compliance for a portion of standard provision 115.15d by emailing the auditor a copy of the updated post orders for the RSHU female-assigned staff to perform 'shower-escort' duties.

At the time of submission of the Interim Report, four (4) standard provisions remained non-compliant. Each had corrective actions initiated, which have since been institutionalized. The facility is now compliant with the following standard provisions:

115.13(d) – Supervision and Monitoring: While it was apparent that the unannounced rounds were typically documented by intermediate and higher-level staff across each of the housing units, the standardization of this documentation was found to be inconsistent during the site review. The location of where this documentation was found varied in each housing unit, as in some the unannounced round was found in the log binder, while in others it was documented on the shift cross-over notes (at times on the back of the page). On other occasions the intermediate or higher-level staff had signed the housing unit visitor's sign-in log; thereby, demonstrating their presence in the unit. However, as a result, evidence of the unannounced round was not documented in the log binder.

The paperwork, which comprised the log binder, was also found to be organized inconsistently depending on the housing unit. In some units, the binders were tidy and well organized. In others, the paperwork was discovered to be watermarked, stained, not ordered by date, and in a few instances with the left portion of the sheet torn out and missing, which removed all evidence of date and time of

log occurrence. The facility was not in compliance with this standard and corrective action was required to standardize the process by which unannounced rounds were documented.

In order to demonstrate compliance with this standard the facility provided the auditor by email:

- 1.) A systematic process of logbook implementation at IWP with photographs of the associated logs to be utilized in each housing unit; and
- 2.) As requested weekly by the auditor a random selection of two (2) housing units for a specific twenty-four (24) hour period covering both shifts to demonstrate documentation of unannounced rounds. Such requests continued for a minimum thirty (30) day period and concluded once 90% compliance was achieved.

115.15(d) – Limits of Cross Gender Viewing and Searches: It was unclear if the majority of the cross-gender announcements were being made based upon both offender report and the auditor's notation of issues of concern. Specifically, offenders expressed that periodically announcements were difficult to hear, especially in the back cells of housing units. Further, offenders expressed that some staff were inconsistent in making announcements (particularly those who infrequently visited housing; e.g., only once per shift, maintenance or higher level of custody). The auditor also noted the cross-gender announcements may have been absent in some housing logs, as related to the commensurate difficulty in finding unannounced rounds often conducted by staff of the opposite gender.

Based upon the auditor's observations there was noise (particularly fans) on some units which may have caused difficulty in hearing announcements. The executive staff was made aware of this concern, and indicated that the volume of the announcements would be increased when there was potential for interference of ambient noise. Moreover, Executive staff were informed about the possibility that not every male staff understood their responsibility to make this announcement consistently each time they entered onto the unit and would benefit from being reminded of such. Further, the auditor indicated that this announcement should be included in log documentation. Based upon the auditor's concern the facility completed the corrective action to provide a random submission of housing logs, which coincided with their submission of log documentation for unannounced rounds (115.13d; above).

In order to demonstrate compliance with the corrective action for this standard the facility provided the probationary auditor by email:

- 1.) Concurrent with the auditor's weekly request for a random selection of two (2) housing units covering a twenty-four (24) hour period of the week prior to include both shifts any and all cross-gender announcements were highlighted. Such requests continued for a minimum thirty (30) day period and were reviewed by the probationary auditor with the PCM for compliance of cross-gender announcements based upon signatures provided in the log submissions.

115.33(e) – Inmate Education: While it is apparent that the population had received PREA-related Inmate Education, as reflected by the interviewed offenders' responses in 115.33c, there was no documentation available related to the offenders' receipt of PREA-Information provided upon intake, and evidence of Comprehensive PREA Inmate Education completion was poor at 57% (8 of 14) upon random documentation sampling during the site review. In order to demonstrate compliance with this standard for a sixty (60) day period (June through July 2018), the facility provided scanned copies by email to the auditor, including:

- 1.) A list of all newly admitted offenders from June 1, 2018 through July 31, 2018;
- 2.) Intake Orientation Handout Log documentation with offender signatures which demonstrated receipt of PREA Information at Intake (within 72-hours); and

- 3.) Comprehensive PREA Inmate Education documentation signed by all newly admitted offenders whose subsequent length of stay at IWP was thirty (30) days by Proof of Practice for each offender with scanned signed forms a.) PREA Offender Education, and b.) IWP Sexual Assault Prevention Training.

115.41(b) & (f) – Screening for Risk of Victimization and Abusiveness: While it was apparent that the offender population believes that their sexual safety is considered in placement decisions, timely completion of Intake SVAT within seventy-two (72) hours compliance based on documentation sampling during the site review was poor at 64% (9 of 14). In order to demonstrate compliance with this standard for a ninety (90) day time period (June through August 2018) the facility provided scanned copies by email to the probationary auditor of:

- 1.) A list of all newly admitted offenders from June 1, 2018 through July 31, 2018; and
- 2.) Proof of SVAT completion within intake timeframes (i.e., 72-hours).

Corrective action was implemented and institutionalized for 115.41b.

Further, while the offender population reported that their sexual safety is an ongoing consideration and important to IWP in the determination of housing and placement decisions, timely completion of the Follow-up SVAT within thirty (30) days compliance documentation sampling during the site review was poor at 7% (1 of 14). In order to demonstrate compliance with this standard for a ninety (90) day time period (June through August 2018) the facility provided scanned copies by email to the probationary auditor of:

- 1.) A list of all newly admitted offenders whose length of stay was thirty (30) days or greater from June 1, 2018 through August 31, 2018; and
- 2.) Proof of SVAT completion within regulated Follow-up timeframes (i.e., 30 days).

Corrective action was implemented and institutionalized for 115.41f.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and

oversee agency efforts to comply with the PREA standards in all of its facilities?

Yes No

115.11 (c)

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

Auditor Overall Compliance Determination

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

The Policy and Administrative Procedure (PAP) #02-01-115 – Sexual Abuse Prevention (31 pages) was reviewed by the probationary auditor towards compliance findings for the provisions of this standard.

Standard 115.11a: The PAP #02-01-115 materially provided the Agency's written policy mandating zero tolerance towards any form of sexual abuse and/or harassment. The policy delineated the agency's approach towards prevention, detection, and response of any such conduct. Interviews with the Agency Head Designee, Warden, as well as random (12 of 12; 100%), and contract (5 of 5; 100%) staff supported a solid understanding of the IDOC policy of zero tolerance towards sexual abuse and harassment with staff able to verbalize efforts related to prevention, detection, and response. Inmate interviews and observations (including visible PREA posters, completed PREA-related investigations, and informal discussions) made during the site review provided additional support of the agency's commitment to zero tolerance of sexual abuse and sexual harassment.

Standard 115.11b: Per the PAQ, the Executive Director of PREA Compliance was filled as a designated upper-level management position who reported to the Northern Regional Director. The PREA Executive Director has responsibility for the oversight of twenty-two (22) direct report PREA Compliance Managers (PCMs). During interview, the PREA Executive Director expressed that he had sufficient time and authority to conduct his responsibilities associated with the development, implementation, and oversight of PREA standards at all of the assigned facilities. He indicated that he had regularly interaction with all facility PCMs through group and individual contacts, via scheduled trainings, site visits, and conference calls.

The PREA Executive Director was very responsive associated with the IWP site review. He provided consultation regarding the PAQs prior to the review, and was onsite throughout the entirety of the site review. He was also available telephonically and by email for the auditor's questions and clarification

required after the review. Per interviews with the PCM, the PREA Executive Director had been an extremely useful resource to her, and available to respond to any institutional PREA-related needs in a dependable manner.

Standard 115.11c: The IWP assigned PREA Compliance Manager (PCM) position was filled. This position was assigned in the facility's organizational chart as Program Coordinator III, and reported to the Administrative Assistant. The IWP PCM had responsibilities at the facility to include: PREA Compliance Manager, Grievance Specialist, and Tort Claim Investigator. During interview with the PCM, she reported that she had sufficient time and authority to coordinate IWP's efforts towards compliance with PREA standards. Her responses to questions throughout interview and the auditor's observations during site review clearly demonstrated that she was aware of the PREA standards and provisions delineated within each. She was able to articulate her associated responsibilities as PCM, and describe how she made efforts towards the fulfillment of her assigned duties. Further, facility staff and offenders demonstrated they could identify by name who held the position of PCM at IWP and would seek her direction regarding PREA related issues. Both staff and inmates noted appreciation of her contributions in this position.

The IWP PCM was present throughout the site review. She was available for both pre- and post-audit telephonic and email contacts in order to respond to any questions posed by this auditor. The PCM also immediately began to initiate work towards corrective action and kept the auditor apprised of the facility's progress towards the same following the audit.

Through the course of the site review, via both formal and informal observation it was evident that the PCM and PREA Executive Director both continuously engaged in providing direction and appropriate guidance as related to the Agency's Sexual Abuse Prevention policy, specifically zero tolerance of sexual abuse and sexual harassment, appropriate reporting mechanisms, as well as the effective implementation of PREA standards towards compliance.

No corrective action was required for this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115, Sexual Assault Prevention; IV. Zero Tolerance of Sexual Abuse and Sexual Harassment, current contracts, and completed PREA Audit reports from contracted facilities were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.12a: Since the last PREA review in May of 2016, per the PAQs, the agency had entered into or renewed seven (7) contracts for the confinement of inmates. All of these contracts required the contractors to adopt and comply with PREA standards in full. There were no (0) contracts that permitted contractors to not adopt or comply with PREA standards. Agency contracts were reviewed by the auditor and all conformed to this provision. Each included verbiage that the duties and obligations as indicated in the provision of this standard were a requirement of the contract. This verbiage was included in the contract by amendment, entitled, Exhibit A: Requirements for a Work Release Center under a Grant/Contract with the IDOC. The PREA Executive Director and Agency Contract Coordinator affirmed during each of their interviews that any agency who refused to adopt or comply with PREA standards would be terminated from the provision of contract services.

Standard 115.12b: Per policy, all contracted agencies were capable of providing the Agency with cycled monitoring to ensure they remained in compliance with PREA standards. PREA Audit reports were reviewed by the auditor for Bartholomew County, Lake Hall, Brandon Hall, Crain House, and Lake House Community Corrections, each of which had passed PREA certification standards. The Agency Contract Administrator confirmed that all contracts were reconciled on a consistent basis with agency contract monitoring to ensure that the contractor was and continued to comply with PREA standards. Interviews with the PREA Executive Director and Agency Contract Coordinator affirmed that all contracted agencies engaged fully in PREA compliance and equivalently submitted reports for monitoring to ensure their continued compliance with PREA standards.

There was no corrective action required for this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

The probationary auditor reviewed the 2018 Staffing Plan Review and Policy in support of the facility's best efforts to develop, document, and comply with an adequate level of staffing plan that protected offenders against sexual abuse and demonstrated compliance towards the provisions of this standard.

Standard 115.13a: Per policy, the Agency conducts a staffing plan review annually, and more frequently if required. The IWP Warden, PCM, and Agency PREA Executive Director each confirmed

that the eleven (11) criteria listed above were considered when evaluating the needs associated with appropriately staffing the facility. Per policy, the annual staffing plan review meeting, included the assessment, determination, and documentation of whether adjustments were needed to the existing staffing plan, the facility's deployment of video surveillance systems and other monitoring technologies, as well as any additional resources the facility had available to commit to ensure adherence to the staffing plan, and overall offender sexual safety.

Per the PAQ upload, the facility used the American Correctional Association standards and principles of the Indiana Justice Model in their correctional practices. Based upon the probationary auditor's evaluation of the 2018 Review, the staffing plan was predicated on the average daily number of inmates at 600, with the reported actual average daily number of offenders slightly less at 595. Documentation utilized in the development of the staffing review, and also provided to the auditor, included:

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

Standard 115.13b: There were no documented cases which necessitated deviation from the staffing plan. A deviation of the staffing plan would mean falling below minimum staffing and necessitate a lockdown of the facility. In such cases as deviation from a staffing plan must be made, per policy, the facility shall document and justify all deviations from the plan on a shift report or roster. During interview with the Warden, she discussed that the Executive staff meets daily to review the staffing rosters, specifically utilization of overtime and staffing placements to ensure appropriate staffing levels were maintained and shortages avoided. She was aware of the need to both provide justification for and document any situations that involved a deviation from the staffing plan.

As previously noted, the facility had been authorized to open additional beds, which would increase their maximum bed capacity from 631 to 727. As such, during interview with the Warden, she was queried regarding how this may impact their staffing plan. She indicated that she had already requested a waiver and been authorized to fill all previously held-back IWP custodial position allocations. At present, per discussion with the Warden, the facility had been largely successful in reaching the goal of both hiring and retention of all filled positions. This plan of action proactively ensured that the facility does not confront a circumstance which would require deviation from the staffing plan, even in the event of receiving additional offenders at the facility. At the time of the site review, the daily average population was at 594 offenders.

Standard 115.13c: Per policy and in practice, the facility consulted with the PREA Executive Director, no less than once annually, while whenever necessary, to assess, determine and document whether adjustments were required to the facility's master staffing plan, video monitoring or other monitoring technologies, and resources the facility has available to commit to ensure adherence to the facility staffing plan. Furthermore, the PREA Executive Director indicated his ability to provide consultation to the facility for this purpose whenever necessary, and was included in the annual staffing plan review. The IWP Staffing Plan meeting conformed to the provisions as described in Standard 115.13a per the auditor's assessment of the documentation provided, as well as input gathered during interviews with participants who attend the meeting, including the PREA Executive Director, IWP PCM and Warden.

Standard 115.13d: Unannounced rounds were documented by intermediate and higher-level staff across each of the housing units. The documentation was observed during the facility inspection to be

randomized and conducted on both day and night shifts with the date, time, and name of the supervisor indicated. However, the consistency of where this documentation was found varied in each housing unit, as in some the unannounced round was found in the log binder, while on other occasions it was documented on the Shift Cross-over notes (at times on the back of the page). On other occasions the intermediate or higher-level staff had signed the housing unit visitor's sign-in log; thereby, demonstrating their presence in the unit. However, the evidence of the unannounced round was not documented in the log binder.

The papers, which comprised the log binder, were also found to be organized inconsistently depending on the housing unit. In some units, the binders were tidy and well organized. In others, the paperwork was discovered to be watermarked, stained, not ordered by date, and in a few instances with the left portion of the sheet torn out and missing, which removed all evidence of date and time of log occurrence.

The logs were reviewed, both those submitted for the PAQ upload, and those viewed during the physical plant review, and as cited above unannounced rounds were found to have been documented across shifts, while difficulties were apparent in the standardization of document collation prior to corrective action. Through corrective action, the facility gained standard provision compliance with institutionalization of a standardized logbook throughout all housing units, and a process of intermediate and higher-level staff consistent documentation of unannounced rounds.

It is also written into the Sexual Assault Prevention policy (PAP #02-01-115), as XII. Facility Prevention Activity that staff are prohibited from alerting other staff members that these supervisory rounds are occurring (p. 19). During the site visit, two (2) interviews were completed with Intermediate or Higher-Level Facility Staff, in which each indicated they had conducted and documented unannounced rounds, and were able to state that staff were not permitted to advise or contact other buildings to inform them of unannounced rounds occurring. Further, they indicated that they conducted these rounds at different times to ensure that staff would not be aware of their occurrence. Random staff interviews (12/12; 100%) confirmed that unannounced rounds occurred and that staff were prohibited from sharing this information with surrounding housing units.

Rounding within each of housing unit was occurring at approximate but not greater than fifteen (15) minute increments, and upon review of the log paperwork the audit team noted that the randomization of the fifteen minute increments was appropriate. All logs submitted with PAQ upload had been randomized. Informal discussion with officers in the units indicated that they were aware of their responsibility to monitor on regular basis with efforts towards randomization of their rounding.

The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. Currently, IWP had 121 cameras, 172 camera lanes, with DVR retaining video imaging for a minimum of 202 days. The cameras were strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide greatest coverage over blind spots and high traffic areas to enhance the Agency's ability to protect offenders against sexual abuse. As such, cameras were located throughout the facility, including in the indoor recreation, central kitchen and dining area, chapel, visiting, and education areas, as well as providing coverage of outdoor laneways. The cameras were also located in each of the offender housing units, while not located in any area where the offenders may be showering, using the toilet, or in a state of undress. In the cottages, the cameras were located in the individual unit laundry room, main dayroom, as well as directed up and down the central aisles between the offender cells.

Unit B control contained a camera hub upon entry. Functionally Unit B served to operate Housing Units eight through thirteen. Unit 8, 9, 12, and 13 (13 was 'The ROC'; Substance Abuse Program) were all General Population Units, while Unit 10 was the Special Needs Unit (SNU), and 11 was the Restricted Status Housing Unit (RSHU). Unit 10 and 11 were fully locked units with access only through two locked doors, which were guard-controlled. Observation of the cameras for Unit B was a main function of the officer assigned to this post, as cameras and audio contacts provided requests to operate doors and access movement throughout the unit. This camera system had views of main offender dayrooms, door entry ways, interior hallways, as well as indoor RSHU and outdoor RSHU recreation areas with the ability to zoom and toggle between cameras and views.

During the physical plant inspection it was clear that the facility had placed a great deal of emphasis on identifying blind spots and providing either camera monitoring or mirror coverage. There was a single potential blind spot identified at the end of an aisle in the warehouse, which necessitated placement of a mirror to remedy. Through corrective action the facility placed the required mirror to appropriately provide visual coverage.

With regards to the consideration of areas for potential offender isolation, the RSHU property room door was noted to be ajar and unable to be secured during the physical plant inspection. This door was accessible only from the outside secured recreation area, for which no offenders would have authorized independent access. Maintenance was called to repair the hinges and proof of the secured door provided to the probationary auditor by photographic evidence on 7/19/18.

Corrective action was completed for this standard.

At the time of the site tour standard provision 115.13(d) was non-compliant. While it was apparent that the unannounced rounds were typically documented by intermediate and higher-level staff across each of the housing units, the standardization of this documentation was found to be inconsistent. The consistency of where this documentation was found varied in each housing unit, as in some the unannounced rounds were found in the log binder, while in others it was documented on the Shift Cross-over notes (at times on the back of the page). On other occasions, the intermediate or higher-level staff had signed the housing unit visitor's sign-in log, demonstrating their presence on the unit; however, evidence of the unannounced round was not documented in the log binder.

The paperwork, which comprised the log binder, was also found to be inconsistently organized depending on the housing unit. In some units, the binders were tidy and well organized. In others, the paperwork was discovered to be watermarked, stained, not ordered by date, and in a few instances with the left portion of the sheet torn out and missing, which removed all evidence of date and time of log entries. The facility gained compliance with this standard through corrective action showing institutionalization of the unannounced rounds documentation process.

In order to demonstrate compliance with this standard the facility provided the probationary auditor by email:

- 1.) Implementation at IWP of a systematic process of logbook utilization with photographs of the associated logs to be placed in each housing unit (November 2018); and
- 2.) As requested weekly by the probationary auditor a random selection of two (2) housing units for a specific twenty-four (24) hour period covering both shifts to demonstrate documentation of unannounced rounds. Such requests continued for a minimum thirty (30) day period, and were resolved upon attainment of 90% compliance over a thirty (30) day timeframe (by month's end of October 2018).

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Standard 115.14 a-c: Per the PAP #01-04-102 – Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth, and PAP #02-01-115 – Sexual Assault Prevention; XII. Transfer Assessment (p. 18), the facility does not house offenders under the age of eighteen (18). If an offender was sentenced and under the age of eighteen (18) any female offenders would be placed at Madison Correctional Facility. This information was consistent with the previous PREA Audit of May

2016. As stipulated in policy and per report, there were no youthful offenders observed by auditors throughout the site review. The standard is met materially because the facility does not house offenders under the age of eighteen (18).

No corrective action was recommended for this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Standard 115.15a: PAP #02-01-115 – Sexual Assault Prevention states specifically that no facility shall conduct cross-gender strip or visual body cavity searches with the exception of emergency circumstances or when performed by medical personnel. Further, all searches of such nature shall be thoroughly documented and provide justification of the search (p. 21). Per policy, the facility indicated that cross-gender strip searches or cross-gender visual body cavity searches of offenders would only be conducted in exigent circumstances. The PAQ upload provided a Warden's Memorandum indicating there were no (0) cross-gender strip or visual body cavity searches conducted secondary to exigent circumstances during the reporting period. Random offender interviews (30 of 30; 100%) supported the same, as well as those conducted with the Warden, facility Investigator, PCM, and facility staff (12 of 12; 100%).

Standard 115.15b: Per facility report IWP refrained from conducting cross-gender pat down searches of female inmates in non-exigent circumstances. Further, the facility made efforts to refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Specifically, based upon random staff interviews (12 of 12; 100%), and random offender interviews (30 of 30; 100%) cross-gender pat down searches do not occur in non-exigent circumstances at the facility. The offenders indicated that should a female staff be unavailable directly in their unit or programming area to conduct a non-exigent pat down search a female staff would be called from another area to respond for this duty. The staff and offenders uniformly explained that processes had been put into place at IWP to ensure that should, for example,

a housing unit require coverage regarding pat down searches because there was not a female on post that shift, an identified female officer would be made available from another program or yard area in advance to respond to this need. This prevented the occasion from occurring in which male staff would be required to perform non-exigent pat down searches. Further, this practice proactively ensured that female offenders would not be delayed in their ability to participate in program activities for lack of a female staff to perform non-exigent pat down searches.

Standard 115.15c: PAP #02-03-101 – Searches and Shakedown clearly delineates that in the event of a strip search being conducted by a staff member of the opposite gender, the event of such a search shall be documented on an Incident Report and submitted to a Custody Supervisor or designee (p. 8). The PAQ upload provided two (2) logs: 1.) cross-gender strip searches, and 2.) cross-gender visual body cavity searches. The logs substantiated that zero (0) incidents of either had occurred during the reporting period. Per the PCM and facility Investigator, if a cross-gender strip search was to occur it would be documented on an Incident Report. There was no information discovered during site review, including interviews and documentation review, contrary to the incidence of zero (0) occurrences of either as reported per PAQ uploaded logs. As indicated, through random interviews with twelve (12) facility staff and thirty (30) inmates it was reported that cross-gender strip and visual body cavity searches do not occur at IWP.

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

At IWP, offenders were permitted to undress in their housing cells and shower area in order to change clothing, and perform bodily/hygiene functions; a practice which was confirmed through staff and offender interviews. The housing cells throughout IWP were private, as either single or double cells, each with an individual cell door upon entrance. The showers and toilets in each housing unit were single stalls with partitions, permitting inmate privacy in both the latrine and shower area.

The probationary auditor expressed a concern that there was potential for cross-gender viewing in the RSHU shower area, as the handcuff port is uncovered. In the RSHU shower/latrine room there were a series of four (4) side-by-side individual secured shower units and a partitioned off latrine. The shower/latrine room had a secured doorway and window both with glazed glass, which prohibited cross-gender from outside viewing. However, should an offender have already been escorted into the shower area and in the process of showering their genital and buttock area may be visible through the handcuff port by any incoming escort officer(s). Should the escort officer be male this would create cross-gender viewing.

The facility indicated that there are two (2) posts in the RSHU, one of which is designated strictly to be assigned to a female. The facility demonstrated compliance with deficiency prior to completion of the Interim audit report. The PCM provided the auditor with a copy by email of the updated post order indicating the duties associated with RSHU 'shower-escort' were incorporated into the post orders of the RSHU assigned-female officer.

Per written policy, PAP #02-01-115, all staff of the opposite gender shall announce their presence when entering an offender housing unit or bathroom (p. 21). During the site visit it was observed that male staff announced 'male' in a loud voice prior to entry into the housing areas. Informal interviews while

conducting the physical site inspection with both offenders and staff confirmed that these announcements occur even when the auditor was not present. The announcement of 'male' was also documented in the log books and logs provided with the PAQ upload showed announcements occurring.

Of note; some offenders indicated that while they believed the majority of the time announcements occurred, there were some pertinent issues of concern. Specifically, these offenders expressed that periodically announcements were difficult to hear, especially in the back cells of housing units, and that some staff were inconsistent in making announcements. Based upon the probationary auditor's observations there was noise on some units which may have caused difficulty in hearing announcements. For example, during the summer months there were large fans in the unit hallways (as seen while inspecting the physical plant) as an attempt to control the heat indoors. The Executive staff was made aware of this concern, and indicated that the volume of the announcements would be increased when there was potential for interference of ambient noise. Moreover, Executive staff were informed about the possibility that not every male staff understood that the requirement to make this announcement applied consistently every time they entered onto the unit, and may benefit from being reminded of such.

The auditor also noted the cross-gender announcements may have been absent in some housing logs, as related to the difficulty in finding unannounced rounds, given the intermediate or higher-level supervisor who had signed into the visitor's log was male and there was no commensurate cross-gender announcement. Based upon the aforementioned concerns the facility completed corrective action and provided copies of randomly selected housing logs (as requested by the probationary auditor) with cross-gender announcements highlighted. The randomly selected housing logs coincided with submission of log documentation for unannounced rounds, and were reviewed for fidelity between the probationary auditor and PCM.

Standard 115.15e: The PAP #02-01-118 – Transgender Offenders; IV. Intake & V. Offenders Diagnosed or Self-Identifying After the Reception Process; PAP #3.01A – Health Services for Transgender Offenders; and PAP #02-01-115 – Sexual Assault Prevention; XIV. Limits to Cross-Gender Viewing and Searches stipulate that staff are prohibited from searching or physically examining a transgender or intersex inmate solely for the purpose of determining their genital status. If necessary, such a determination shall be made through conversations with the inmate, record review, and as a component of a broader medical examination conducted by a qualified medical practitioner (p. 21).

Per the PAQ, no (0) such searches had occurred at IWP in the previous twelve (12) months. All random staff interviews (12 of 12; 100%) aligned with this information, supporting the staff's understanding that they are prohibited from conducting searches or physical examinations for the sole purpose of determining an inmate's genital status. All random staff denied ever having been asked to or having performed such a search. The two (2) identified transgender offenders queried regarding such a search responded that neither believed they had been searched or physically examined while in IWP custody for the sole purpose of the determination of their genital status.

Standard 115.15f: The IDOC supported Staff Training Lesson Plan utilized at IWP was reviewed by the probationary auditor. The curriculum contained a section, consistent with security needs, on conducting both cross-gender pat downs, as well as transgender and intersex offender searches in a professional and respectful manner. The PAQs included confirmation that all staff had been trained on this Lesson Plan, as this training was a component of the Staff PREA Training provided on an annualized basis. In the random staff interviews, all staff (12/12; 100%) consistently reported receipt of this training, and knowledge of how to perform the same. The review while onsite of training records

showed that of the staff sampled each had signed documentation in their file regarding receipt of PREA Training (15/15; 100%).

Corrective action was completed for this standard.

At the time of the site tour standard provision 115.15(d) was non-compliant. It was unclear if the majority of the cross-gender announcements were being made based upon offender report, and the auditor's notation of some pertinent issues of concern. Specifically, offenders expressed that periodically announcements were difficult to hear, especially in the back cells of housing units. Further, offenders' indicated that some staff were inconsistent in making announcements (particularly those who infrequently visited housing; e.g., only once per shift, maintenance, and/or higher level of custody).

Based upon the probationary auditor's observations and offenders' reports, particularly that there was noise on some units which may have caused difficulty in hearing announcements, the Executive staff was made aware of this concern. In resolution, the Executive staff reported that the volume of the announcements would be increased when there was potential for interference of ambient noise. Moreover, Executive staff were also informed about the possibility that not every male staff understood the requirement to make the cross-gender announcement consistently, every time they entered onto the unit, and may benefit from being reminded of such. As an additional remedy, beyond training and making announcements louder, the facility may consider implementation of distinctive notification options to include signage indicating the presence of a male in the building.

Notwithstanding, the probationary auditor indicated that this announcement should be consistently included in log documentation. Based upon this concern the facility was provided the corrective action to make available a random submission of housing logs, as requested by the probationary auditor, which coincided with their submission of log documentation for unannounced rounds. In order to demonstrate compliance with the corrective action for this standard the facility submitted to the probationary auditor by email:

- 1.) Concurrent with the probationary auditor's weekly request for a random selection of two (2) housing units covering a twenty-four (24) hour period of the week prior, to include both shifts, any and all cross-gender announcements were highlighted. Such requests continued for a minimum thirty (30) day period, and were reviewed by the probationary auditor and PCM to establish compliance.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

PAP #01-02-115 – Sexual Assault Prevention; VII. Offender Education Program and X-A. Establishment of a Facility Sexual Assault Response Team (SART), PAP #00-02-202 – Offenders with Physical Disabilities, as well as the contract for interpretation services provided through Language Solutions were reviewed by the probationary auditor to demonstrate compliance with provisions of this standard.

Standard 115.16a: Based upon the probationary auditor's review of the above documents and interviews conducted with the Warden, PCM, PREA Executive Director, and Agency Head Designee, it was believed that the Agency and facility had provided appropriate steps to ensure that offenders with disabilities have an equal opportunity to engage in and benefit from all elements contained within the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Agency had developed service provisions specifically for inmates who are deaf or hard of hearing (to include written materials), blind or have low vision (to include a video segment of the PREA brochure in which the PREA pamphlet was read in its entirety; verbal provision of PREA materials was also available through discussion with the inmate's intake and housing unit counselors), have intellectual disabilities (provision of a counselor at intake and within their housing unit to further discuss content of the PREA brochure and standards; counselors were obligated to ensure effective communication had been established with the inmate), have psychiatric disabilities (Mental Health and Medical staff were available onsite with a broad spectrum of individualized treatment services available, including a Special Needs Unit; SNU), have speech disabilities (onsite counselor and educators to discuss PREA-specific questions), and/or have any other not previously identified impairments (i.e., any exceptional situation involving difficulty in communication; specifically, referral would be made to the PCM, who would then schedule an appointment to explain any facets of the PREA standards requiring additional time or attention for offender comprehension).

Standard 115.16b: The PREA materials were provided in poster form and available in brochures. Both posters and brochures were written in English and Spanish. Brochures were provided to each inmate

at intake in their Orientation Packet. Posters and brochures were also continuously available throughout the facility. Specifically, the PCM indicated that PREA posters had been strategically placed in the offenders housing at the front, middle, and back of all units to ensure visibility. The PCM indicated that the PREA materials would be verbally read by the unit counselor to any offender who had cognitive or visual limitations.

There were identified staff onsite to assist with bilingual translation needs in four (4) different languages, and one (1) staff who would be used for hearing impaired translation. For additional translation services, the agency had a current contract for translation services through the Language Training Center (LTC), provided by Language Solutions. The Language Solutions contract contained information as to how to request an interpreter along with the languages available for translation. A poster of the translation services was posted in high visibility areas of all housing units, near the telephones. The services covered through Language Solutions at the LTC include, per the brochure, a full service language provider offering interpreting with availability 24 hours per day, 7 days per week. During the site review, Language Solutions – LTC was tested with a positive result. Both staff and offenders interviewed were aware of the existence of this service and how to access it. Specifically, the offender interviewed for the purposes of limited English proficiency indicated that should she ever need to she believed she could access such services through her housing unit counselor.

Standard 115.16c: PAP #02-01-115 – Sexual Assault Prevention, reads, “Arrangements shall be made to ensure that SART [Sexual Assault Response Team] members who must interact with the sexual assault victim are able to communicate directly, through interpretive technology, or through offender interpreters during exigent circumstances, with offenders who have limited English proficiency, are deaf or speech-impaired.” There were no (0) offenders housed at the facility who were identified to be non-English monolingual (or required language assistance), six (6) identified as limited English proficient, and five (5) were identified as hearing or vision impaired. Site review information was consistent with facility reports as there were no (0) individuals identified who appeared to be non-English monolingual, or required full language assistance.

Per the PAQ uploaded Warden Memorandum, there were no (0) instances of use of offender interpreters in the performance of First Responders during the previous twelve (12) months at the facility. Based upon interview with the PCM, only in exigent circumstances would an inmate interpreter be utilized to assist in translation services for a victim of sexual abuse. Interviews with the facility Investigator, Warden, and First Responders, further corroborated that there had not been a need for the use of inmate translation assistance during the reporting period for alleged PREA incidents. During the Specialized interviews, the limited English proficient and disabled offenders confirmed the ability to request translation and/or any required assistance when necessary, specifically as this would relate to reporting of an incident of sexual abuse or sexual harassment.

No corrective action was recommended for this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

PAP #04-03-102 – IDOC Human Resources, PAP #04-03-103 – Information and Standards of Conduct for Departmental Staff; VIII. Employment Requirements, as well as PAP #02-01-115 – Sexual Assault Prevention; VI. Volunteers, Interns, and Contractual Staff (p. 8) were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.17a: PAP #04-03-103 – VIII. Employment Requirements, A. Background Check affirms that the Agency prohibits hiring or promotion of anyone (staff or contractor) who has been engaged in any of the conduct outlined in 115.17a. This policy demonstrates that the Agency must consider any incidents of sexual harassment in the determination to hire or promote anyone who may have contact with offenders. During interviews, the IWP Human Resources representative and PREA Executive Director affirmed this process was in place.

Standard 115.17b: The IWP Human Resources representative and Warden expressed that any prior incidents of sexual harassment were considered when determining whether to enlist the services of contractors who may have contact with inmates. As cited above, policy mandated the same.

Standard 115.17c & d: According to policy, a criminal background check must be completed prior to hiring staff and best efforts made to contact all prior institutional employers regarding information related to queries of substantiated allegations of sexual abuse. All employees and contractors at IWP received a background criminal record Indiana Data and Communications System (IDACS) check prior to hire. Site document review demonstrated that all of the contractors (five of five; 100%), and 87% (13/15) IDOC staff personnel files had the appropriate initial criminal record checks. The Human Resources representative was aware of and indicated IWP had fully implemented the practice of completing an IDACS check, as well as making best efforts to contact all prior institutional employers regarding information necessary for provisions 115.17c & d prior to any staff hire.

Standard 115.17e: The agency conducted criminal background record checks at least every five (5) years of current employees and contractors who may have contact with inmates. The facility had a computerized, algorithmic system for capturing required information for all current contractors and staff. All contractors, five (5) files as reviewed, were up-to-date with the secondary criminal record check review during the site documentation evaluation, and fifteen of the fifteen (15 of 15; 100%) randomly selected employee files had the continuous completion of a background check documented in their file within the past five (5) years.

Standard 115.17f: Each of the following standard provisions (Standard 115.17f, g, & h) are part of policy and iterated during the hiring process. Per policy, employees are assigned a continuing affirmative duty to disclose any such misconduct. The Warden, Human Resources representative, and PCM confirmed that employees were aware of their responsibilities to both respond truthfully and maintain a continuing affirmative duty to disclose any misconduct. Staff interviews confirmed their understanding of these responsibilities.

As stated above, PAP #04-03-103 prohibits the hiring or promotion of any applicant who may have contact with inmates, and who have engaged in the three (3) criteria outlined in standard 115.17a, including: 1.) sex abuse in a confinement facility, 2.) convicted of engaging or attempting to engage in sexual activity in the community by force, threats, coercion or non-consent of victim, or 3.) has been civilly or administratively adjudicated to have engaged in the activity described in part 1 and 2. During the document review, it was found that the three questions were consistently being documented, as all but two of the staff and contractor files (total = 18/20; 90%) reviewed had the Mandatory PREA Questions responses contained.

Standard 115.17g, & h: Per policy, the provision of materially false information or the omission of details related to sexual misconduct shall be the grounds for termination. Should the Agency receive requests from an institutional employer regarding an employee who has previously worked at the facility, the policy authorizes the disclosure of information related to substantiated allegations of sexual abuse or sexual harassment. For this purpose, the Agency has created facility to facility disclosure

agreements. During interview, the PREA Executive Director indicated held the responsibility to respond to related documentation requests, a procedure established to minimize disclosure of potentially sensitive information.

No corrective action was recommended for this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.18a: Per the PAQ report no significant expansion, upgrades or modifications had occurred at the facility since the previous PREA Audit in May 2016. While inspecting the site, it appeared to the auditors that only basic remodeling and general maintenance upkeep had been conducted; therefore, this standard provision would not apply.

Standard 115.18b: Since the previous PREA Audit during which there were a reported eight-five (85) installed cameras the facility had installed additional video surveillance cameras. At the time of the site review, IWP had 121 cameras, 172 camera lanes, with DVR retaining video imaging for a minimum of

202 days. The cameras were strategically located throughout buildings, laneways, outdoor areas, and within buildings in order to provide greatest coverage over blind spots and high traffic areas to enhance the Agency's ability to protect offenders against sexual abuse.

As such, cameras were located throughout the facility, including in the indoor recreation, central kitchen and dining area, chapel, visiting, and education areas, as well as to provide coverage of outdoor laneways. The cameras were also located in each of the offender housing units. In the cottages, the cameras were located in the individual unit laundry room, main dayroom, as well as directed up and down the central aisles between the offender cells.

Unit B control contained a camera hub upon entry. Functionally Unit B served to operate Housing Units eight through thirteen. Unit 8, 9, 12, and 13 (13 was 'The ROC'; Substance Abuse Program) were all General Population Units, while Unit 10 was the Special Needs Unit (SNU), and 11 was the Restricted Status Housing Unit (RSHU). Unit 10 and 11 were fully locked units, and accessed through guard-controlled two sets of locked doors. Observation of the cameras for Unit B was a main function of the officer assigned to this post, as cameras and audio contacts provided requests to operate doors and access movement throughout the unit. This camera system had views of main offender dayrooms, door entry ways, interior hallways, as well as indoor RSHU and outdoor RSHU recreation areas with the ability to zoom and toggle between cameras and views.

All of the aforementioned areas were inspected by members of the audit team during the site review, and cameras apparent in blind spots or isolated areas. Specifically with regards to cameras located in housing units the audit team members ascertained that none were directed into areas where offenders may be visible in any manner of undress to perform bodily functions and/or for hygiene purposes (e.g., showering). With regards to viewing of the camera output, there was a primary camera hub at the main sally port entrance, and a secondary hub in Unit B, which were both continuously staffed. Designated staff could access recorded and archived footage captured from the cameras by computer screen in a secured room in the program office.

The Warden indicated that the facility looks at areas with increased PREA allegations to determine if there were blind spots and to establish information regarding how to enhance use of video surveillance in the offenders' protection from sexual abuse. She reported that video monitoring was very much a part of the staffing plan, but did not take the place of staff members. Specifically, during interview, the Warden emphasized that the facility made every effort to fill all staffing positions, and not rely solely on video monitoring for offender sexual safety. The Warden indicated that as the facility gained the ability to install additional cameras they continued to view this as an enhancement to inmate protection against sexual abuse.

The Agency Head Designee seconded the Warden's statements and was clear that the IDOC as a whole both takes into consideration and implemented video surveillance technology to increase the Agency's ability to protect inmates from sexual abuse incidents. In discussion, the PREA Executive Director and PCM supported the Warden and Agency Head Designee's statements regarding the facility and IDOC's use of video monitoring technology.

No corrective action was recommended for this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

PAP #00-01-103 – The Operation of the Office of the Investigation and Intelligence; IX. Investigating Sexual Abuse and Harassment and PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p. 24) were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.21a: Per PAP #02-01-115, sexual abuse reports shall be investigated by the facility's Investigations and Intelligence (I&I) staff. Sexual harassment reports shall be investigated by staff designated by the Warden to conduct administrative investigations, which at IWP is assigned directly to the facility Investigator. All eleven (11) PREA investigations during the twelve (12) month period prior to the audit, which were reviewed by the probationary auditor, and had been completed by the facility Investigator. The facility is responsible for investigating allegations of sexual abuse, both criminal and administrative.

Throughout the course of the randomized staff interviews, all twelve (12) staff were able to describe the Agency's uniform evidence protocol to maximize the potential obtain useable evidence towards administrative and criminal prosecution of alleged sexual abuse cases. The staff emphasized that their first responsibility would be to ensure the safety of the alleged victim, by ensuring the alleged victim and abuser were separated. The staff indicated they would then notify a supervisor, seal off the location as a crime scene, and contact the IWP Sexual Assault Response Team (SART). Staff were aware that investigations of this nature required specialized training, and reported that it was their responsibility to preserve evidence, while Investigations and Intelligence would conduct any investigations related to sexual abuse and harassment. None indicated that they would proceed independently in conducting the investigation.

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

Standard 115.21c: PAP #02-01-115; XVII. Medical and Mental Health Services states that each facility shall establish a written agreement with a qualified, independent forensic health services professional to conduct forensic medical examinations of sexual abuse victims (p.28). All victims of sexual abuse at IWP, per policy, are to be provided access to forensic medical examinations through an outside facility at Terre Haute Regional Hospital. The probationary auditor reviewed the current written agreement for forensic medical examination service provision at Terre Haute Hospital. This was supported by SANE interview who confirmed that forensic nursing service provision was available to IWP on a 24/7 basis.

Per PAP #00-01-103; IX. Investigating Sexual Abuse and Harassment all forensic medical examinations are offered without cost to the victim. Comprehensive documentation from Terre Haute Regional Hospital with SANE contact information, as well as the scope of forensic medical examination services offered was provided to the probationary auditor. The SANE interviewee acknowledged agreement with the facility, including 24-hour, on-call service provision, provided free of cost to the offender. She indicated there was a current call schedule for trained forensic nurses at Terre Haute, and continuously trained physicians available to respond.

Based upon PAQ upload, throughout the previous twelve (12) month period there was one (1) PREA allegation that necessitated a forensic medical examination. This examination was conducted through a SANE contracted site. This was confirmed through review of all submitted investigations, as one (1) investigation involved victim send out to Terre Haute Regional Hospital. The identified investigation contained the appropriate documentation associated with the applicable SANE forensic medical examination contact.

Standard 115.21d: The Agency has a current contract with the Indiana Coalition Against Domestic Violence (ICADV) to provide services to victims, which was reviewed by the probationary auditor. The contact number for the ICADV was available on posters throughout the facility. Per the provided call log, and an audit team member's contact with an ICADV representative, there were no (0) inmate calls

from IWP directly during the previous twelve (12) months to ICADV. However, the PAQ upload provided information and interview with the PCM supported that there were two (2) offenders who had requested victim advocacy services when proffered through the PCM, who then contacted ICADV. Both offenders received an in-person visit(s) from an ICADV victim advocacy support worker.

Each alleged victim was offered ICADV services upon initial report of sexual abuse and/or sexual harassment, and reminded of the ICADV services during Retaliation Monitoring contacts, per interview with the PCM. During random and Specialized inmate interviews, offenders supported that they would be able to reach out for and utilize the ICADV number to receive victim support whenever needed.

Standard 115.21e: Per PAP #02-01-115, Sexual Assault Response Team (SART) services may include assistance with the forensic medical examination process, investigatory interviews, provision of emotional support, crisis intervention, as well as information and referrals when requested by the victim. The offenders in Specialized interviews spoke regarding their ability to utilize SART members for support, and the facility staff also referenced SART as available to provide victim advocacy.

The facility had sixteen (16) trained SART members, one (1) of whom was also the SART coordinator/trainer. The auditor was able to speak with the SART instructor, who was also a team member. This individual indicated that services available through SART at IWP included assistance as indicated above, particularly in the realm of providing emotional support and crisis intervention to the victim. Specifically, they noted that the SART was beneficial in their ability to provide immediate intervention onsite when necessary and continued support to assist with victim advocacy. The SART members have a coordinated schedule such that there was typically at least one (1) SART team member on grounds at all times, and available to assist in providing advocacy services. In the PREA allegations, there was documentation of SART members providing services, upon victim request.

No corrective action was recommended for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

PAP #00-01-103 – The Operation of the Office of Investigation and Intelligence; IX. Investigating Sexual Abuse and Harassment, PAP #00-02-301 – Grievances; D. PREA Grievances, and PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p. 24) were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.22a: The Agency has written policy that administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. PAP #02-01-115; XVI. Investigation of Sexual Abuse states further that all allegations shall be investigated even when the alleged perpetrator or alleged victim has left the Department's employment, or are no longer under the Department's authority (p.24).

During the previous twelve (12) month period there were eleven (11) allegations of sexual abuse and/or harassment received. Investigation was completed in all cases, with findings of five (5) substantiated, five (5) unsubstantiated, and one (1) unfounded. The facility Investigator, Warden, and PCM responsible for conducting and the oversight of PREA allegations were aware that all cases must be carried through until completion, including when appropriate referral for criminal prosecution. Further, all staff interviewed knew their responsibility to report any allegation of sexual abuse or sexual harassment. Based upon site and documentation review there was no evidence to indicate that an investigation, either administrative or criminal, failed to be opened when a PREA allegation was received at IWP during the reporting period.

There was information shared during one (1) PREA Specialized offender interview pertaining to a previously alleged report of staff sexual misconduct and associated investigation completed at another facility. Details as provided during the interview, associated with this offender's report, were shared appropriately with IDOC Central Intelligence and Investigations for their review. Findings related to Central I&I's review of this case were not judged to be within the scope of this audit, and thus, will not be reported herein.

Standard 115.22b: Per policy, sexual abuse and harassment reports shall be investigated by the facility's Investigations and Intelligence staff. During the interview with the onsite facility Investigator, she acknowledged that she would primarily conduct both criminal and administrative investigations. She indicated that she would contact the Agency for additional investigative team support, and local Law Enforcement, if backup was necessary.

Per interviews with the facility Investigator, she understood her responsibility to thoroughly document PREA allegation investigations, and process each investigation through to conclusion. Further, the facility Investigator articulated the agency's process for referral to the local prosecutor of substantiated PREA investigations judged to be criminal in nature. One (1) of the five (5) substantiated cases was deemed to be criminal in nature and had been referred for criminal investigation. The response from the prosecution department, remained pending while evidence was provided that the facility Investigator continued follow the case at the time of the site review.

Per the PCM and PREA Executive Director, the agency documented all sexual abuse referrals locally through facility PREA Committee Monthly Minutes, as well as the annual IWP Staffing Plan Review, and Agency-wide through the Adult Survey of Sexual Victimization (SSV), and Sexual Assault Prevention Annual Report. The probationary auditor reviewed PAQ uploaded facility reports, and website published copies of Agency documents.

The Agency's policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation is published on the Agency website. This auditor visited the website in June of 2018 and confirmed the policy was both public and available.

No corrective action was recommended for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Lesson plan curriculum for the staff/contractor training was evaluated by the probationary auditor and contained all items indicated above. Through random interview with twelve (12) staff and training record review the probationary auditor confirmed that IWP staff had been trained on the above defined components.

Standard 115.31b: The IDOC supported lesson plans, as assessed by the probationary auditor, are written specifically for Female and Male offenders, as well as Youth and are provided appropriately for the designated facility. The Female offender lesson plan was provided at the facility, as female offenders were housed at IWP. Any staff reassigned to IWP from another facility received training upon their entry into the facility at Modified Transfer Orientation, per facility procedure, for which proof of practice was provided and confirmed through interview with the PCM. Random staff interviews also substantiated receipt of PREA gender specific training upon initial employment prior to post reporting.

Standard 115.31c: The lesson plan was reviewed with staff on an annual basis at in-service training, per Staff Orientation and Training (PAP #02-01-115, pg. 7). The facility PCM reported that any additional information related to PREA updates throughout the year was made available by providing copies as on-the-job training, and/or announced during Roll-Call by Sergeants. Further, random staff interviews and confirmation from the PCM indicated that as part of the annual training staff were

provided with a PREA informational brochure to keep. The brochure was created to assist staff with the continuous ability to identify incidents of sexual abuse and sexual harassment (p.8).

Standard 115.31d: Staff signature was provided on the PREA Training Documentation Form in the employee Personnel file. As part of the signature process the employees acknowledged they understood the material presented and had the opportunity to have any of their questions answered regarding the IDOC PREA training. Further, based upon random (12/12; 100%) and Specialized staff interviews, all had received annual in-service training. Per the PCM, all facility staff received annual in-service training, at which PREA was part of the In-Service Agenda. The PCM, and Training Coordinator indicated the facility maintained completion documentation of all In-Service Training. During the onsite documentation review, of fifteen (15) employees randomly sampled, all files (15/15; 100%) had current training documentation on file.

No corrective action was recommended for this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Standard 115.32a: Per PAP #02-01-115 – Sexual Assault Prevention; VI. Volunteers, Interns, and Contractual Staff, all volunteers, interns and contractual staff shall be provided with the same training as staff regarding sexual abuse, sexual harassment prevention, detection, and reporting (p.8). The lesson plan provided for staff was identified by IWP to be the same lesson plan for contractors. The lesson plan curriculum, as indicated, was evaluated by the probationary auditor to meet criteria for 115.31a. The training practice of providing IDOC supported PREA training to all contractors and volunteers was confirmed by the PCM, as well as during interviews with contractors.

Standard 115.32b: The lesson plan provided included the IDOC’s zero-tolerance of sexual abuse and sexual harassment, as well as how to report such incidents. Further, each volunteer, intern, or contractor was to be given provided a copy of the same brochure staff receive related to sexual abuse detection, prevention, and reporting. Interviews with volunteers (two of two; 2/2; 100%) and contractors (five of five; 5/5; 100%) confirmed that they had received PREA trainings through the facility and computer access. Each were able to articulate the Agency’s zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report such incidents.

Standard 115.32c: Per policy, the Agency maintains documentation to confirm that volunteers and contractors understand the training they received. Specifically, upon receipt of PREA training and related brochure, the individual signs and dates an Acknowledgement of Receipt of Training and Brochures – Sexual Assault Prevention Form. By providing a signature on this form the volunteer or contractor acknowledged their understanding of the material presented in the PREA training provided and the opportunity to have had their questions related to this material answered.

Based upon the onsite record review, Wexford (Medical and Mental Health) and Aramark (Food Services) contractors were up-to-date on PREA-related trainings. The facility had a total of one hundred seventy-six (176) of combined contractors (forty-one; 41) and volunteers (one hundred thirty-five; 135) permitted to provide services onsite. Per the PAQs, all had received the required PREA training. Site documentation evaluation consisted five (5) contractors and 2 (two) volunteers file review for Acknowledgement of Receipt of Training and Brochures – Sexual Assault Prevention signed forms. In all seven (7/7; 100%) cases the appropriate documentation of training records was available and dated within appropriate timeframes.

No corrective action was recommended for this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Agency PAP #02-01-115 – Sexual Assault Prevention, VII. Offender Education Program was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.33a: Discussion with the Intake Coordinator and PCM confirmed that upon intake to IWP, offenders were provided a copy of the PREA brochure in their institutional intake packet within seventy-two (72) hours of arrival. The arriving inmates were then scheduled to attend the facility's upcoming Offender Orientation Session, at which the Comprehensive PREA Education Training is provided, which occurs each Monday. The PREA brochure is IDOC supported and states the Agency's zero tolerance policy towards sexual abuse and sexual harassment. The brochure also includes multiple resources (internal and external to the facility) for reporting sexual abuse and sexual harassment.

Per the PAQ, there have been four-hundred and twenty-six (426) intakes during the previous twelve (12) month period at IWP, and all (100%) received the appropriate intake information in the mandated timeframe. During random interviews, twenty-three of thirty (23/30; 77%) inmates confirmed that they recalled having received a brochure within the intake period upon arrival to IWP regarding the Agency's zero tolerance policy. As indicated, the PREA brochure included in the Orientation Package includes multiple reporting resources for sexual abuse and prevention. Of the seven (7) offenders who could not recall having received information at IWP intake, all were able to describe the agency's zero tolerance policy and provide avenues for reporting sexual abuse or sexual harassment.

Standard 115.33b: The Monday following offenders' arrival at IWP, they are scheduled to participate in an Offender Orientation Session run by the Intake Coordinator. This Session incorporated the Comprehensive PREA Offender Education, including a discussion of the previously provided PREA brochure, presentation of a PREA-content related video, and question and answer session. The Orientation Session specifically emphasized information related to all inmates' rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting sexual assault and sexual harassment incidents, as well as Agency policies and procedures for responding to such incidents.

At the Orientation Session, the offenders sign the PREA Offender Education and IWP Sexual Assault Prevention Training Forms. These Acknowledgement Forms state that they understand the Agency's zero tolerance policy towards sexual abuse and sexual harassment, and have been provided with various methods to report victimization. From the offenders interviewed, the majority reported their Orientation and PREA inmate education session had occurred within their first 'few days' to a 'week' of their arrival.

Standard 115.33c: Within seventy-two (72) hours of arrival all offenders, including transfers, are to be provided a copy of the PREA brochure (as described in 115.33a; above), which is contained in their Orientation Package. In Indiana PREA policies do not differ across facilities, as IDOC has implemented Agency-wide PREA policies. While Agency policy specifies that offenders transferred within the IDOC

are required to receive additional information only to the extent that PREA policies differ from those at their originating facility; in practice, the facility provides all incoming offenders, including transfers, with the same PREA information they received upon entry into the IDOC system.

At IWP, the audit team members were unable to observe the Orientation Session as the site review did not take place on a Monday. However, through interviews with offenders it was expressed that PREA inmate training occurred upon arrival. During random interview with offenders who had been at the facility longer than a year, some indicated they had not initially received PREA inmate education upon their initial arrival at IWP, while had received information regarding PREA at their adult intake institution (i.e., Rockville Correctional Facility). These offenders acknowledged they had; however, received a PREA brochure and PREA-related information at some point during their stay at IWP. Based upon responses during random interview, all inmates interviewed (30 of 30; 100%) were able to explain the Agency's zero tolerance policy and describe a variety of reporting mechanisms.

During the audit team member's interview with the Intake Counselor, she explained that to confirm the offender population's understanding of PREA education, she goes over the PREA Brochure during the Orientation Session. During individual offender intake interview, the Intake Counselor reported that she discusses PREA-education specifics to include the Agency's zero-tolerance policy towards sexual abuse and sexual harassment, and answers any PREA-related questions. At the intake interview, she also completes the SVAT and initiates Medical and Mental Health referrals, as necessary. With all evidence taken into consideration, the facility materially meets this standard provision.

Standard 115.33d: The PCM indicated that the PREA material was read verbally to anyone who has cognitive or visual limitations. There were bilingual staff onsite who would provide interpretation services when needed, in languages including Spanish, Cantonese, Mandarin, Gujarati, Hindi, and Hearing-impaired assistance. For those inmates who did not speak a language for which a staff member could be provided, the Language Solutions contract would be utilized and provided information as to how to request an interpreter along with languages available for translation purposes. This information had been posted in all housing units, and was visible to the auditors during site review. The services covered through Language Solutions at the Language Training Center (LTC) included multi-lingual interpretation 24 hours per day, 7 days per week, which was positively tested during site review. The agency had specific provisions for accessibility services for inmates who are deaf or hard of hearing (e.g., written materials), blind or have low vision (e.g., a televised segment in which the PREA brochure was read in its entirety and verbal provision of PREA materials given via counselor), or otherwise disabled (e.g., a counselor to discuss the content of the PREA brochure and standards with effective communication established).

Standard 115.33e: The PAQs provided indicated that 426 of the 426 (100%) offenders who had been transferred to the facility during the previous twelve (12) months received the comprehensive PREA inmate education. Documentation of inmate participation in the PREA comprehensive education sessions is available per policy and facility procedures in the offender files. Inmate files were reviewed to assure fidelity with this documentation. Based upon the fourteen (14) inmate files reviewed, and one (1) uploaded sample file; a total of fifteen (15), nine (9/15; 60%) had documentation available in their inmate file confirmed by signature receipt of PREA Comprehensive Education within thirty (30) days of Intake.

Standard provision 115.33e was non-compliant and required corrective action. During the site review IWP was unable to provide a document to substantiate the inmates' receipt of PREA information at intake. However, a log with inmate signatures providing documentation of Intake Orientation Packet Handouts (which contained PREA Education) and a list of all newly admitted offenders to IWP through

the months of June and July 2018 was provided to the auditor following the site review. This substantiated offender receipt of the PREA brochure in the Orientation Packet within twenty-four (24) hours of intake by way of signature. This log was maintained by the Intake Coordinator.

Standard 115.33f: Policy indicates that PREA information, such as posters, inmate handbooks, and brochures in English and Spanish must be continuously available throughout the prison. Based on site review, the PREA materials (including posters, inmate handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. The posters were specifically posted at the front, midway, and back of each housing unit. They were also visible throughout the facility buildings, including the visiting room. Inmate and staff noted during interview that posters and additional PREA resources were evident in multiple locations throughout the facility.

Corrective action was completed for this standard.

At the time of the site tour standard provision 115.33(e) was non-compliant. While it was apparent that the population has received PREA-related Inmate Education, as reflected by the interviewed offenders' responses in 115.33(c), the documentation upon site review assessment for receipt of Comprehensive PREA Inmate Education for standard provision 115.33(e) compliance was poor at 60% (9 of 15).

The facility demonstrated compliance with this standard provision by providing scanned copies by email to the probationary auditor for a sixty (60) day time period (June through July 2018) of:

- 1.) A list of all newly admitted offenders from June 1, 2018 through July 31, 2018;
- 2.) Intake Orientation Handout Log documentation with offender signatures to demonstrate receipt of PREA Information at Intake (i.e., within 72-hours); and
- 3.) Comprehensive PREA Inmate Education documentation signed by all newly admitted offenders whose subsequent length of stay at IWP was thirty (30) days. Proof of Practice for each offender was completed by providing scanned signed forms a.) PREA Offender Education, and b.) IWP Sexual Assault Prevention Training.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

- Does Not Meet Standard** (*Requires Corrective Action*)

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

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

Confirmation was provided that IWP had one (1) trained Investigator with documentation provided of her completion of both the PREA: Investigating Sexual Abuse in a Confinement Setting (presented by the National Institute of Corrections; NIC) and Sexual Assault Response Team (SART) Instructor trainings. During discussion, the facility Investigator affirmed that she had completed these trainings.

During interview, the facility Investigator was able specify training she had received during specialized training. She discussed the IDOC Investigations and Intelligence Academy, and the PREA training provided by the NIC, which covered how to handle both administrative and criminal sexual abuse and sexual harassment investigations. Further, the PREA Advanced Investigations training is provided by the NIC to explain the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.

Standard 115.34c: The signed facility Investigator specialized training record, which had each of the above components was provided with PAQ upload. This auditor reviewed the PREA-NIC specialized training for which the facility Investigator was certified to have attended April 25, 2016, and SART Instructor Training on March 15, 2016.

No corrective action was recommended for this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Standard 115.35a: PAP #02-01-115 – Sexual Assault Prevention; XVII. Medical and Mental Health Services and XVIII. Victim Support address specialized training provided to Medical and Mental Health staff designed to ensure their ability, per policy, to detect signs of sexual abuse, preserve evidence, to whom to report, as well as how to effectively and professionally respond to victims. A copy of the lesson curriculum for Medical and Mental Health contract providers was reviewed by the probationary auditor, and evaluated to contain the components indicated for specialized training.

Based upon specialized Medical and Mental Health staff interview, each were able to provide evidence of training to support their ability (as related to their defined role) to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting and documentation responsibilities.

Standard 115.35b: The facility does not conduct forensic medical examinations, which was confirmed in interviews with facility Medical and Mental Health staff. Forensic medical examinations are contracted for provision at Terre Haute Regional Hospital, thus, the facility staff had not received training in conducting forensic examinations.

Standard 115.35c: At the facility, Medical and Mental Health providers were not directly employed by the state. All onsite Healthcare staff were contracted through Wexford. Wexford required all training requirements to be up-to-date for contracted providers, including PREA training mandates. Wexford providers received a module entitled: Prison Rape Elimination Act and What Healthcare Providers Need to Know as part of their Medical and Mental Health specialized training.

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

Based upon random record review of three (3) contractors files while onsite, Wexford staff were up-to-date in their PREA-mandated training.

No corrective action was recommended for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) the inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

In determination of compliance towards the provisions of this standard, the probationary auditor reviewed PAP #02-01-15 – Sexual Assault Prevention; IX, Offender Intake into the Department; and XII. Transfer Assessment, as well as PAP #01-04-104 – Offender Records.

Standard 115.41a: The facility has a comprehensive process in place, per policy, for the screening of offenders upon entry into IDOC and facility transfer for the risk of sexual abuse victimization or sexual abusiveness toward other offenders.

IWP received daily Incoming Offenders information regarding arriving offenders, containing PREA potential-victim or potential-perpetrator status. This information is reviewed by the Intake Counselor, PCM, and Custody staff responsible for initial housing and placement determinations. Based upon onsite review, designated Custody staff utilized this list to make initial housing decisions by reviewing this list prior to placing offenders in their housing units and cells. The information received was from

the screening conducted at the originating facility to inform initial housing placement (through the first 72-hours until the SVAT reassessment occurs). The facility utilized information gathered from the SVAT intake reassessment conducted at IWP to make subsequent placement decisions (e.g., housing, jobs, programming, etc.).

Standard 115.41b: The intake counselor was interviewed and indicated she meets with the offenders within seventy-two (72)-hours of intake at IWP to re-administer the SVAT. After administration of the SVAT, she then corroborated the information provided with that contained in the inmate's chart and previously completed SVATs. The PAQ reported 100% of offenders (426/426) had completed the SVAT within the mandated timeframes. Per random inmate file review (9 of 14; 64%), the SVAT was not being consistently recorded in the offender's file. However, offender randomized interviews (23 of 30; 77%) recalled having participated in the SVAT process upon intake at IWP. All of the interviewed offenders (30 of 30; 100%) believed their sexual safety needs were considered by IWP custodial staff in decisions about their placement. Notwithstanding, the facility was not in compliance with this provision, and corrective action was implemented. Specifically, all arriving offenders were tracked for a ninety (90) day period with proof of their SVAT completion within seventy-two (72) hours timeframes provided to the probationary auditor.

Per policy, if the offender has reported a history of sexual victimization, they are afforded a referral to Mental Health to discuss their history. The offender has the right to decline this referral, while the opportunity for the referral should be documented in the chart. Based upon targeted chart review of six (6) individuals with a reported a history of prior sexual abuse victimization, all six (6/6; 100%; one pending while timely referral had been initiated) appropriately received a timely referral to Mental Health services at IWP. Targeted offender interviews supported the same with indication that referrals were offered for Mental Health services upon their report of prior sexual abuse victimization history.

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

Standard 115.41d: The SVAT form has risk factors, including: (1.) whether the inmate has a mental, physical or developmental disability; (2.) The age of the inmate; (3.) the physical build of the inmate; (4.) whether the inmate has previously been incarcerated; (5.) whether the inmate's criminal history is exclusively nonviolent; (6.) whether the inmate has prior convictions for sex offenses against an adult or child; (7.) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8.) whether the inmate has previously experienced sexual violence; (9.) the inmate's own perception of vulnerability; and (10.) whether the inmate is detained solely for civil immigration purposes (while there were no offenders at IWP held solely for civil immigration purposes, thus, item 10 was not applicable).

Through discussion with the Intake Counselor, she described that during interview with the offender she queries regarding each of the aforementioned risk factors. Subsequently, she combined the interview information with that discovered through chart review. The Intake Counselor described, per the required scoring method, risk factors were not necessarily scored as a cumulative score or an all or nothing rating. Instead, the scoring was used in consideration with the offender's chart, and relative salience of any particular item(s). She described that in the scoring process there were occasions that

a particular indicator would be more heavily weighted in consideration of PREA-flag implementation for a specific offender.

Standard 115.41e: The screening specifically considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in the scoring of this tool. During interview with the Intake Counselor, she reported that the SVAT included consideration of risk factors indicated in 115.41e, while emphasized that this information was not solely based upon inmate report. Instead the screen, per the Intake Counselor, involved an integration of the Counselor's interview with the inmate along with case factors and details documented within the offender's chart.

Standard 115.41f: Follow-up with SVAT reassessment per policy is to be conducted within thirty (30) days of arrival with the assigned housing unit Counselor. The Counselor is to meet with the offender on a second occasion to discuss any concerns associated with adjustment to the unit, regarding sexual safety, potential victimization, concerns regarding abusiveness, and any reports received from collateral sources (e.g., housing officers, inmates, programming assignments) regarding the offender's behavior that would merit readjustment of their SVAT scores.

The PAQ reported 100% of offenders (426/426) had completed the SVAT within the follow-up mandated timeframes. However, random inmate file documentation during site review showed 7% of the sample (1 of 14) had a reassessment SVAT completed within timeframes. There appeared to be discontinuity in the housing unit Counselors' understanding of their responsibility to conduct the SVAT risk screening on a second occasion for follow-up purposes. During random offender interviews, the offenders were unable to recall for certain having participated in a follow-up SVAT, while continued to support that their sexual safety needs were appropriately considered.

The facility was not in compliance with this provision, and corrective action was implemented. Training had been provided to the Housing Unit Counselors regarding timely completion of the follow-up (i.e., within 30-days of inmate arrival) SVAT. Further, corrective action included that all arriving offenders who remained at the facility for a thirty (30) day length of stay were tracked with proof of their SVAT completion within timeframes provided to the probationary auditor. The facility provided proof of practice for timely follow-up SVAT tracking to the probationary auditor for a ninety (90) day period (June through August 2018).

Standard 115.41g: Per policy #02-01-115; XVII. Victim Support, at any time that a referral, incident of sexual abuse, request, or receipt of additional information that would bear on this individual's risk of sexual victimization or abusiveness an SVAT reassessment will be completed. The PCM shall change the PREA flag status if deemed appropriate (p.28). There were examples of this nature secondary to IWP's PREA allegations received during the reporting period, as provided with the PAQ upload. The reevaluations were conducted for potential victimization and/or abusiveness (as merited), implemented per provision within this standard, and appropriate rescoring of the SVAT completed with relevant considerations made regarding program, work, bed, etc. in the relevant cases.

Specifically, the evaluator reviewed each of the scored reassessments for individuals who had been involved in the five (5) substantiated PREA allegations during the review period, which demonstrated appropriate consideration regarding the implementation and/or change to PREA-flag status for alleged victims and abusers. Further, the auditor was able to speak with the PCM and facility Investigator, as well as Targeted population inmates regarding reassessments. The PCM and facility Investigator indicated reassessments were completed when warranted, to include secondary to referral, request, an incident of sexual abuse, and/or receipt of additional information. The offenders interviewed as part of the PREA-Targeted population, specifically those who had submitted a PREA substantiated allegation,

indicated they were reassessed and placed in housing, work, and programming locations where they believed the facility had taken their sexual safety into consideration.

Per discussion with the Warden, PCM, and facility Investigator the results of the SVAT were considered regarding housing placement, and those offenders who met potential victimization concerns placed in the cells more proximate to the officers' station in the front of the building. Further, all cases of potential-victim and potential-perpetrator were separated from cell and when possible housing placements. Random offender (30/30; 100%) interviews and informal conversations established that the inmates believed their own perceptions were considered by the facility in making placement decisions. Each reported they felt safe at the facility.

Standard 115.41h: Per interviews with the PCM and Counselors responsible for intake and risk screening, as well as written policy (#02-01-115; p.17), no offender can be disciplined for failure to respond to questions asked on the SVAT pursuant to items 1, 7, 8, and 9, as listed in the above SVAT contents. No (0/30; 0%) offender reported having been disciplined associated with their responding patterns to the SVAT during interview.

Standard 115.41i: Policy #01-04-104 – Establishment, Maintenance and Disposition of Offender Records; VI Classification, Access, Review, Challenge, Expungement, Release, and Security of Information; A3. Classification of Information – Confidential, establishes appropriate controls on sensitive information. The results of the SVAT were considered confidential, and per policy filed in the offender's facility packet accordingly.

During site review it was observed that the SVAT evaluation was stored in a subfolder within the offender's facility file marked Confidential. The facility files were held under double lock, meaning in a secured area behind locked door in locked file cabinets, and only available for designated staff review. The file requires staff signature to obtain for review. Medical and Mental Health staff, Investigative Staff, PCM, PREA Executive Director, and Counselors have access to the Confidential portion of the file containing the SVAT information.

Per policy and interview with the PCM, IWP had implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment. Such controls were designed to ensure that sensitive information cannot be exploited to the offender's detriment by staff or other offenders. Should the SVAT results determine PREA victim-or abuser-potential this information was entered into the IDOC offender database to ensure accessibility to staff members making determinations regarding housing, bed placements, education, work positions, and program assignments, while these staff members would not have access to detailed SVAT information unless by position designation.

Corrective action was completed for this standard.

At the time of the site tour standard provision 115.41b and f were not in compliance.

The facility was not in compliance with 115.41b – SVAT Intake timeliness (i.e., 72-hours). While it was apparent that the offender population believed their sexual safety was considered in placement decisions, documentation for completion of the SVAT for standard provision 115.41(b) compliance was poor during site review at 64% (9 of 14). Corrective action was implemented. Compliance was demonstrated with this standard for a ninety (90) day period (June through August 2018), as the facility provided scanned copies by email to the probationary auditor of:

- 1.) A list of all newly admitted offenders from June 1, 2018 through July 31, 2018; and
- 2.) Proof of SVAT completion within intake timeframes (i.e., 72-hours).

The facility was not in compliance with 115.41f – SVAT Follow-up timeliness (i.e., 30 days). While the offender population reported that their sexual safety was an ongoing consideration and important to IWP in the determination of housing and placement decisions, documentation for completion of the Follow-up SVAT (within 30-days) for standard provision 115.41(f) compliance during site review was poor at 7% (1 of 14). Corrective action was implemented. Training had been provided to the Housing Unit Counselors regarding timely completion of the follow-up SVAT prior to the Interim Audit report. Compliance with this standard provision was demonstrated following a ninety (90) day period (June through August 2018) throughout which the facility provided scanned copies by email to the probationary auditor of:

- 1.) A list of all newly admitted offenders whose length of stay was thirty (30) days or greater from June 1, 2018 through August 31, 2018; and
- 2.) Proof of SVAT completion within Follow-up timeframes (i.e., 30 days).

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XI. Offender Intake into the Department and XII. Transfer and Assessment was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.42a: This section of policy addresses the appropriate assignment of those inmates at high risk for sexual victimization or sexual abusiveness. Specifically, the policy states that information gathered through the risk screening shall be utilized in the determination of: (1.) housing; (2.) bed placements; (3.) work assignments; (4.) education; and (5.) program with the aim of separating those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness.

At IWP, per interview with the PCM and Intake staff, the SVAT is used by staff to inform determinations about the aforementioned five (5) placement, assignment, and programming considerations. Specifically, staff rely on the SVAT information from the originating facility for placement decisions within the first seventy-two (72) hours of the offenders' intake to IWP. Once the intake assessment SVAT has been completed at IWP (within 72-hours), the IWP completed SVAT becomes the basis for subsequent custodial decisions; to include offender housing, bed placement, work assignments, education, and programing.

As indicated during interviews with the PCM, as well as intake and housing unit Counselors (who each perform risk assessment screenings), there is a clear effort on the part of the IWP Counselling staff to utilize the information gathered through the SVAT to keep separated those offenders with potential for sexual victimization from those with potential for sexual abusiveness. Further, the PCM and counselors recognized the risk screening as a fluid process and that it was important to be continuously aware of each offender's individualized risk level and appropriate placement to ensure the sexual safety of all offenders at the facility.

Standard 115.42b: The facility staff with authorized access to screening information utilized the SVAT results to make individualized determinations about how to ensure the safety of each offender. Specifically, this information was applied on a case-by-case basis to make custodial decisions regarding each offender. Per informal interviews with the unit team manager, PCM, and Warden, as well as observation during the site review, the Executive team who participated in the site review take great pride in the decision making processes associated with appropriate placement of each inmate in a location where the offender will feel safe and be able to participate in programming to maximum benefit.

Standard 115.42c: In May 2018 PAP #02-01-118 – Transgender Offenders; IV. Intake & V. Offenders Diagnosed or Self-Identifying After the Reception Process; and PAP #3.01A – Health Services for Transgender Offenders were introduced into IDOC policy. These two (2) PAPs were reviewed by the probationary auditor, in addition to PAP #02-01-115 – Sexual Assault Prevention; XI. Offender Intake

into the Department and XII. Transfer and Assessment, and materially met policy requirements with regards to compliance towards standard provisions 115.42c-g.

As stated in policy (PAP #02-01-115; p.17), the agency considers whether to assign a transgender or intersex inmate to a facility for male or female inmates, on a case-by-case basis. Specifically, the agency must ensure appropriate facility placement to ensure the inmate's health and safety, and whether a placement would present management or security problems. When making subsequent housing or other program assignments for transgender or intersex inmates, the agency policy stipulates consideration on an individualized basis, again ensuring the inmate's health and safety, and evaluating the potential for any management or security problems.

The Warden, PCM, and PREA Executive Director all indicated that, per policy, IDOC and IWP provide an inclusive environment for transgender or intersex offenders with an aim that all inmates feel safe. They each emphasized that placement, and assignment decisions (including housing and programming) for transgender or intersex offenders would be made on a case-by-case basis with assurance towards the offender's health and safety, and consideration of any possible management or security problems. The auditor also spoke with the two (2) transgender offenders, specifically related to their safety and programming at IWP. Both of the inmates interviewed indicated that they believed the facility evaluated their cases on an individualized basis, took their perspectives into consideration when determinations were made about their housing, and program placement with attention given towards their health and safety.

Standard 115.42d: The cited policies indicate that placement and programming assignment review for each transgender or intersex inmate will be done initially with reassessment and subsequent reviews conducted at least every six (6) months. Decisions will be made on an individualized basis regarding transgender or intersex offender facility assignments, with review of any threats to safety experienced by the inmate. Based upon specialized interview with the two (2) transgender offenders, they indicated that their placement and assignment reviews were conducted every six (6) months at IWP. The auditor was able to review their associated files, which supported that reviews were completed on a biannual basis. Further, the PCM and housing unit Counselors confirmed that reassessments of transgender offenders were conducted at least twice a year and completed on an individualized basis. On an Agency-wide basis the PREA Executive Director oversees each transgender and intersex case to ensure that every case has a review completed at six (6) month intervals, as required per policy.

Standard 115.42e: Per policy, each transgender or intersex inmate's own views with respect to their own safety is to be given serious consideration when making facility and housing placement decisions and programming assignments. The housing unit Manager, who oversees the Counselors responsible for conducting routine biannual screening, expressed during interview that an important element of the biannual review is to discuss the transgender or intersex offender's own perceived level of safety. The PCM also confirmed that when making facility and housing placement decisions, as well as programming assignments, the transgender or intersex offender's views with respect to their own safety are given deliberate consideration. The Target interviews with two (2) transgender offenders confirmed the same, with their support that the facility placement teams take their expressed safety needs into consideration when making housing and programming assignments.

Standard 115.42f: PAP #02-01-115; XI. Offender Intake into the Department (p.17) states specifically that transgender and intersex offenders shall be given the opportunity to shower separately from other offenders. The two (2) transgender offenders, per their interview, had both been afforded the opportunity to shower separately from other offenders. Upon site review inspection, the facility physical plant is such that all shower stalls are separated by partition in every housing unit. Therefore, there

was an existing physical barrier in place to ensure that transgender offenders would be given the opportunity to shower separately regardless of where they were housed in the facility.

Standard 115.42g: Per policy, the agency always refrains from placing lesbian, bisexual, and transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed through discussion with the Warden, PCM, and PREA Executive Director, as well as random staff (12/12; 100), who all denied this practice. From site observation, this information was judged to be consistent with policy and report, as there did not appear to be any areas separated from the main population for offenders who may be perceived or identified as lesbian, bisexual, and/or transgender. The two (2) transgender and three (3) lesbian offenders denied to their knowledge having been placed in a dedicated wing, facility, or unit while at IWP solely on the basis of their identification or status.

No corrective action was required for this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XII. Transfer Assessment was evaluated by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.43 a-e: This policy states that offenders at high risk of sexual victimization shall not be placed in protective custody housing unless a thorough evaluation of alternatives has been conducted, and determination made that there is no viable alternative to separation of the victim from abuser. Policy requires that any placement must be immediately evaluated with an assessment completed within twenty-four (24) hours. The policy also requires that if the placement is made the facility shall permit the offender access to programs, privileges, education, and work assignments to the extent

possible. Furthermore, if any programming is restricted the facility is required to document the limited opportunities, duration of which, and reason. Any placement extending past thirty (30) days, per policy, necessitates documentation which provides justification for the extension.

A Memorandum was provided by the Warden indicating that during the review period the facility has not had any instances of holding an inmate at high risk of sexual victimization in involuntary segregated housing because there was no available alternative means of separation from the likely abuser(s). According to the PAQ, there were zero (0) inmates at risk of sexual victimization who had been assigned to involuntary segregated housing in the past twelve (12) months. Based upon information gathered during the site review, this information was consistent with both staff and offender interviews, as well as documentation review.

There was some concern noted about application of this standard at IWP, based upon the audit team's conversation with RSHU staff who believed that should a victim be held for protective custody purposes in segregation the victim would be subject to the same intake process as all offenders, including no out-of-cell activity during the first twenty four (24) hours and seven (7) day restriction of telephone access. Clarification was sought with the Warden on this procedure, who indicated that the victim would not be placed on such restrictions, but instead given access to programs, privileges, and opportunities for out-of-cell interaction (to include telephone calls) to the extent possible. During interview the Warden explained that the perpetrator, before the victim, would generally be placed in segregation or transferred to another facility in a situation involving allegations of sexual abuse. It was recognized that RSHU staff had not had situations of Protective Custody victims being held in their unit, and as such would benefit from familiarizing themselves with policy in the possibility of future instances. The PCM completed a refresher training prior to issuance of the Interim Report.

As both policy and local procedures would ensure that victims at IWP placed in RSHU for protective custody would be granted appropriate privileges, the facility is judged to meet 115.43(b).

No corrective action was required for this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) was reviewed by the probationary auditor regarding compliance with the provisions of this standard.

Standard 115.51a: When choosing to speak with a staff member offenders shall be allowed, per policy, to make reports to a staff member with whom they are comfortable in speaking about the allegations. Reports could include incidents of sexual abuse, sexual harassment, perceived retaliation that may have occurred secondary to the reporting of such incidents, as well as staff neglect or violation of responsibilities that may be perceived to have contributed to the occurrence of such incidents.

The Agency had multiple processes in place by which the offender may report sexual abuse, including: JPay (sexual abuse report contact information on the inmate kiosks, and the Ombudsperson address

provided), ICADV (posters visible throughout the facility in English and Spanish with a published hotline and address), information in the inmate handbooks (available in English and Spanish, and provided with Orientation Packet at intake), #80 on the inmate phones (which was automatically directed to a recording device and retrieved by the facility Investigator for follow-up), third party reporting (through peers, family, lawyers, and external contacts), as well as direct reports to staff members.

During random and specialized inmate, as well as random staff interviews, they were each able to articulate a number of internal ways to privately report any sexual abuse, sexual harassment or retaliation. The most cited response was to dial #80, and report the allegation directly to investigative authorities. Internal means of privately reporting at IWP, also frequently cited by the inmate and staff interviewees, included: speaking to any staff member, contacting the PCM, and submitting an email on the JPay system. During the site review, the auditor established that the #80 telephonic and JPay system were both appropriately receiving submitted reports.

Standard 115.51b: The facility had provided offenders with the ability to contact a private and public entity, outside of the IDOC, via the ICADV hotline and mail, as well as the Ombudsperson by mail. Both ICADV and the Ombudsperson were responsible to follow up on any allegations of sexual abuse and sexual harassment or retaliation they received while allowing the offender, upon request, to remain anonymous.

During offender random interviews, the Ombudsperson and ICADV were cited as resources to anonymously submit reports of sexual abuse and/or retaliation. However, the offender population indicated that the most likely, and viable, manner in which they would submit an anonymous report would be via the 'To/From/Request for Appointment/Information' document, by placing this into the mail for staff receipt.

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

Standard 115.51c: PAP #02-01-115 addresses that all reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift. Based upon random interviews with twelve (12) facility staff, each were aware of their responsibility to both receive any reports provided to them related to sexual abuse and/or retaliation, regardless of the manner in which it was received, to include: written, verbal, third party, or anonymously. They indicated that their responsibilities included the immediate notification of their appropriate supervisor regarding the alleged occurrence, taking necessary action towards intervention (i.e., First Responder duties), and documentation of all reported incidents on an Incident Report prior to the end of their shift.

Standard 115.51d: Per policy, staff also are informed regarding their own established private ways and responsibilities to report sexual abuse and sexual harassment. Staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigation and Intelligence Investigator, PCM, or via the IDOC Sexual Assault Hotline to the PREA Executive Director. Staff were informed of these procedures through annual training, brochures, and institutional posters. Email via the IDOC website was also an option available to all staff. Based upon randomized staff interviews (12/12; 100%), staff were aware of their ability to report privately, and believed they had resources available to privately report any knowledge of sexual abuse, harassment or retaliation that had occurred from reporting of such incidents.

No corrective action was required for this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) and PAP #00-02-301 – Offender Grievance Process; D. PREA Grievances (p.4-6) were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.52a: The agency does have an administrative process for dealing with offender grievances regarding sexual abuse and was not exempt from this standard. Per the PAQ, there were no (0) PREA-related grievances filed during the reporting period. During site review, interviews with the Facility Grievance Coordinator, Warden, and facility Investigator, review of related documentation, as well as random and targeted offender interviews appeared to be consistent with the information reported in the PAQ.

Interview with the PCM, who also served as the Grievance Coordinator confirmed her awareness of how to appropriately apply the standard provisions 115.52a-g should the circumstance arise in which she were to receive a PREA-related grievance. She was well versed on the need to screen grievances for possible PREA content, and should the grievance meet this criteria immediately manage the grievance per policy mandates.

Standard 115.52b: The Agency's policy subsection associated with PREA Grievances states specifically standard time limits shall be removed upon submission of a grievance regarding allegations of sexual abuse. The Department may continue to apply standard time limits to any portion of the grievance that does not allege an incident of sexual abuse.

Further Agency policy stipulates that offenders are not required to use any informal grievance process, or otherwise attempt to resolve with staff an allegation of sexual abuse. During the review period, based upon PAQ submission and confirmed by onsite review, there were no (0) administrative grievances filed that were associated with PREA-related staff sexual misconduct.

Standard 115.52c: Per PAP #00-02-301; D. PREA Grievances, an offender who alleges sexual abuse against a staff member may submit the grievance to any staff member at any time after the alleged incident occurred without submitting it to the involved party. Furthermore, such a grievance shall not be referred for adjudication to the staff member who is the subject of the complaint (p.5). As indicated, there were no (0) PREA-related grievances that met this criteria during the reporting period.

Standard 115.52d: Agency policy states that the decision of the grievance portion alleging sexual abuse shall be issued within ninety (90) days of the initial filing of the complaint. If the Agency extends beyond the maximum allowable extension of time to respond of up to seventy (70) days, the Agency shall notify the inmate in writing of any such extension and provide a date by which the decision shall be made (p. 5). As there were no PREA-related grievances filed during this time period, there were no responses necessitated.

Standard 115.52e: PAP #02-01-115, Sexual Abuse Prevention, states, “Third party reports by family, friends, and other members of the public can be made by electronically submitting an email to IDOCPREA@idoc.in.gov or telephoning (toll free) the IDOC Sexual Assault Hotline at (877)385-5877. This contact information shall be posted in visiting rooms and on the Department’s website (p.23).” Posting of this information on the website and in the visiting area was confirmed by this auditor.

PAP #00-02-301 permits the filing of PREA grievances by third parties, including fellow inmates, staff members, family, attorneys, and outside advocates, as well as to assist the offenders in filing requests for administrative remedies regarding sexual abuse allegations. If the offender declines assistance through a third party, the inmate’s declination is documented by the agency. Per Memorandum from the Warden, provided in the PAQ upload, there were no third party filings or declinations of assistance from third parties by offenders in the previous twelve (12) months at the facility. During the site review, there was no indication provided through random and targeted offender interviews, no letters received from inmates, and no informal statements made to suggest that third party filings had been ignored and/or not received.

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

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

No corrective action was required for this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XVIII. Victim Support (p.28-29) was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.53a: The facility provided offenders with access to the Indiana Coalition Against Domestic Violence (ICADV) services in the provision of emotional services for sexual abuse. Specifically, throughout IWP, the ICADV telephone number (including toll-free, 24/7 access) and address are visible in poster form (available in both English and Spanish) near the inmate phone access points. This information was also available on the JPay kiosks and viewed during the physical

plant inspection. Communication with ICADV was available through hotlines, written address, and the JPay, thus, reasonable communication had been provided in as confidential manner as possible. Per the PCM, there were no individuals held at the facility solely for civil immigration purposes.

During informal interviews the offenders were able to note the location of signs posted in the housing units near the telephones for ICADV hotline access. During random and Targeted interviews, the offenders were also able to describe that the ICADV hotline and address were posted in their housing units, and there was an address available for them to contact the Ombudsperson. During physical site inspection, the auditor confirmed this address was posted in the housing units and available on the JPay system for email delivery. Inmates reported during interviews they had access to outside services through JPay and the ICADV hotline number whenever they needed this form of support.

Phone calls at the facility were continuously recorded, and not listened to or subject to routine audio surveillance unless there was suspected abuse or misuse of this service, including utilizing the telephone to conduct criminal activity. In such occasions, through investigative processes phone call conversations were subject to review and possible disciplinary action. Offenders were made aware of this through the Intake Orientation Session. Additionally, details of this level of telephone monitoring and mandated sexual abuse reporting laws were included in the ICADV poster content. Offenders indicated their awareness that facility phones may be subject to monitoring, while believed that they were able to receive victim advocacy services in a manner which was as confidential as possible. During Targeted interviews, offenders who had received ICADV services indicated that the ICADV service provider met with them in a confidential environment in which they were able to speak openly. Support services were made available to these offenders in a timely fashion, when proffered, and per offenders' report found to be of assistance.

Further, mail sent to the ICADV and Ombudsperson are treated as legal mail, which was substantiated through interviews with the PCM, Warden, and housing unit staff. Legal mail was sent in a manner by which the offender composed their letter, and wrote the address of the Ombudsperson or ICADV, as well as their own name and offender ID# on the outside of the envelope. They then presented the letter and envelope to the Housing Unit officer, at which time the officer did not read the letter but instead viewed the offender placing the letter in the envelope and sealing it. The letter was then processed through the mail system to be sent to the Ombudsperson or ICADV in as confidential a manner as possible. Offenders were made aware of this process through the Orientation Session, as well as the provided PREA brochure, and Ombudsperson poster information. Knowledge of the ability to mail letters in a confidential manner, being processed as legal mail, was confirmed through random offender and staff interviews.

Standard 115.53b: The Medical and Mental Health Duty to Report Acknowledgement form, which was signed by offenders during the intake procedure at initial reception (i.e., typically Rockville Correctional Facility), included verbiage associated with the limits of confidentiality in the ICADV contract. ICADV posters also included language about confidentiality, specifically related to the fact that phone calls would not routinely be monitored; however, could be reviewed for possible disciplinary action if there was suspected abuse or misuse of this service. Further, ICADV mail correspondence was handled like legal mail at the facility, which was acknowledged by the PCM, Warden, and PREA Executive Director. As cited above, offenders were made aware of this process upon arrival during the orientation session, as well as through the Ombudsperson poster, and provided PREA brochure. The offenders were able to articulate the limits of confidentiality, during random and Targeted interviews, regarding sexual abuse reporting when receiving outside support services.

Standard 115.53c: The agency provided on PAQ upload a renewed contract through ICADV with current expiration of 9/30/18 for provision of emotional services to inmates related to sexual abuse. Per the interview with the PREA Executive Director, the agency's intention was to extend services with the ICADV prior to contract expiry. Per the PAQ, there were no (0) inmate calls from IWP directly during the previous twelve (12) months to ICADV. However, the PAQ upload provided information that there were two (2) offenders who had been provided support from victim advocacy services proffered through the PCM, who had contacted ICADV on the offenders' behalf. The interview with the PCM supported this information. The probationary auditor spoke by telephone with a contact from ICADV, who confirmed they had completed service provision for two (2) offenders during the reporting period, and no (0) additional calls were logged from the facility in the previous twelve (12) months.

No corrective action was required for this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

PAP #00-02-301 – Offender Grievance Process; D. PREA Grievances (p.4-6) and Policy #02-01-115, Sexual Abuse Prevention, were provided to the probationary auditor towards compliance with the provisions of this standard.

Standard 115.54a: PAP #02-01-115, states, "Third party reports by family, friends, and other members of the public can be made by electronically submitting an email to IDOCPREA@idoc.in.gov or telephoning (toll free) the IDOC Sexual Assault Hotline at (877)385-5877 (p.23)." Posting of this information was confirmed on the Department's website by this auditor with PREA posters available in the visiting room in both English and Spanish. Information was also provided in the Visitor's PREA Information Brochure regarding how to report inappropriate sexual conduct.

The agency policy further permitted PREA grievances to be filed by third parties (i.e., fellow inmates, staff members, family, attorneys, and outside advocates). Offenders may also request the assistance

of third parties in filing for administrative remedies regarding sexual abuse allegations. The Warden's Memorandum uploaded through the PAQs, stated there had been no third party filings or inmates who had declined assistance from third parties for assistance in filing grievances related to allegations of sexual abuse during the review period at the facility. Per offender interview, no (0) offenders had requested third party assistance with grievance filing, while each were aware of how to make a report on behalf of a peer who required their assistance in filing a PREA allegation.

No corrective action was required for this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.61a: Subsection XV. Reporting Sexual Abuse mandates that any staff, volunteer, or contractor with reason to believe that sexual abuse or sexual harassment has occurred has the duty to immediately report this information to a supervisor (including the shift supervisor, PCM, facility Executive staff, or PREA Executive Director). Reporting also includes any act of perceived retaliation against an inmate or staff for reporting an incident of sexual abuse or sexual harassment, as well as any staff neglect or violation of duty to report that may have contributed to any of the aforementioned incidents. Throughout contractor (5 of 5; 100%), volunteer (2 of 2; 100%), and random staff interviews (12 of 12; 100%), it was clear that all interviewed understood their duty to immediately report any incident of sexual abuse, sexual harassment or retaliation related to reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to an incident or associated retaliation.

Standard 115.61b: Per PAP #02-01-115, staff shall only reveal information related to the sexual abuse or sexual harassment to designated supervisors, the PCM and staff involved with investigating the incident. Specifically, staff are obligated to share details of the incident only to the extent necessary to make treatment, investigation, and other security and management decisions, and not to disclose to other parties unnecessarily. During randomized interviews, staff (12 of 12; 100%) again were clear about their responsibilities to hold confidential details associated with sexual abuse and sexual harassment allegations with disclosure provided only to those who were part of the investigation.

Standard 115.61c: Mental health and Medical staff, per policy, are required to report any detected signs of potential sexual abuse that are discovered during routine Medical examinations. They are further required to discuss their concerns with the offender and report their suspicions to I&I staff. The Mental Health and Medical Duty to Report was delineated in the PREA Duty to Report: Medical and Mental Health Staff Acknowledgement form signed by offenders upon their intake into IDOC as adult offenders at Rockville Correctional Facility. The auditor was provided a copy of this form to review towards compliance determination for this standard provision.

During interview with Medical and Mental Health staff the staff interviewed were aware of their duty to report and the limitations of confidentiality. They indicated that upon meeting with offenders they informed the inmate of these limits prior to initiating treatment. Offenders during both Specialized and random interview were also able to state the limits of confidentiality during treatment with Medical and Mental Health providers.

Standard 115.61d: There is a subsection of XV. Reporting Sexual Abuse that addresses if an alleged sexual abuse incident involves an offender under the age of eighteen (18) or an endangered/vulnerable adult that the incident shall be reported to the Child Protective Services or the Adult Protective Services at Indiana Family and Social Service Administration (FSSA). There had been no offenders under the age of eighteen (18) held at the facility during the reporting period. Per the PAQ uploaded Warden Memorandum, there were no reports filed associated with vulnerable adults during the previous twelve (12) months. Through inmate and staff conversations at the onsite review and review of the investigation reports, it appeared that there were no PREA allegations judged to have met the criteria for endangered/vulnerable adult status reporting during the reporting period.

Standard 115.61e: PAP #02-01-115 obligates that all incidents of alleged sexual abuse and sexual harassment are reported and investigated by the facility's Intelligence and Investigations. This is to include any third party and anonymous reports. Two (2) samples of anonymous reports were provided with the PAQ upload. Anonymous reports at the facility were typically made on facility 'To/From/Request for Appointment/Information' documents. The two (2) samples provided had investigative follow-up documentation included.

During interview, the Warden and PCM both confirmed that all reports of allegations of sexual abuse and sexual harassment were forwarded for investigation to the facility's Intelligence and Investigations, including those received anonymously and from third parties. Per interview with the assigned facility Investigator, all reports of alleged sexual abuse and harassment were investigated on an administrative or criminal level. Onsite review based upon offender (Targeted and random), and staff (Specialized and random) interviews, as well as examination of investigations completed indicated that all PREA-related filings during the reporting period were judged to be appropriately investigated.

No corrective action was required for this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Standard 115.62a: Per PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) when the facility learns that an offender may be at substantial imminent risk of sexual abuse, immediate action shall be taken to assess and implement protective measures. This may include, per policy, placing the offender in Protective Custody, Administrative Restrictive Status housing, or any other appropriate action (p.23). During the Warden’s interview, she indicated that during such instances the alleged perpetrator would be moved housing units, placed in RSHU or transferred to another facility prior to the victim in a situation involving substantial risk of imminent sexual abuse. Further, the Warden expressed that staff members involved in PREA allegations would be removed from their post and potentially placed on Administrative Leave, prohibiting them from access to the potential victim in situations indicative of substantial risk of sexual abuse allegations against staff.

While per the PAQ the agency had no (0) documented incidents of the need to take immediate action to protect the inmate from situations indicative of substantial risk of sexual abuse, they proactively worked in situations of PREA allegations to ensure alleged victims and abusers were separated. Specifically, the facility took action to assess and implement appropriate protective measures without delay in each of the relevant cases. There were seven (7) incidents that met criteria for consideration of PREA allegation abuser/victim separation during the previous twelve (12) month period at the facility. In five (5) of these investigations the alleged PREA abuser and victim were immediately separated by movement from the same housing unit. In the other two (2) incidents that met criteria for separation the alleged abuser was placed in RSHU; both of which cases involved substantiated PREA allegations.

During random offender interview, it was conveyed that the inmate population at IWP largely felt safe in the environment. Specifically, the offenders expressed that should they have a concern for their sexual safety the facility would prioritize expeditious management of the situation, largely expressed by the inmates as separating the alleged victim and abuser. Random interviews with twelve (12; 100%) facility staff also demonstrated awareness that intervention in a situation involving substantial risk of imminent sexual abuse must occur without unreasonable delay, and involved immediate assessment and implementation of protective measures, including separation of the alleged victim and abuser.

There was no corrective action required for this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XV. Reporting Sexual Abuse (p.22-24) was reviewed by this auditor towards compliance with the provisions of this standard.

Standard 115.63a: Per policy, when the Warden or designee receives an allegation that an offender was sexually abused at another facility, the information about the allegation shall be conveyed to the Head of the facility where the alleged abuse occurred. Per the PAQs submitted there were one (1) allegation of sexual abuse received at IWP which required notification to another facility Head. There were reportedly no (0) allegations of sexual abuse received at another facility for which notification was received at IWP during the reporting period.

Standard 115.63b: Per policy, the facility Head notification shall occur within seventy-two (72) hours of receipt of the initial allegation. For the allegation received at IWP, the appropriate contact with the Head of facility designee (including PCM and I&I facility Investigator) where the alleged abuse occurred was conducted within the appropriate timeframes; as email contact was made within the same business day as the report was received at IWP from the inmate.

Standard 115.63c: In the assurance that the investigation is completed, per policy, the receiving facility shall document that it has been provided notification. In the allegation received at IWP, the receiving facility documented their receipt of the notification on the same date the email was sent from IWP.

Standard 115.63d: The Head of the facility receiving the notification shall ensure that the allegation is thoroughly investigated in accordance with Agency policy. The PCM at the receiving facility in the aforementioned case provided IWP with follow-up regarding subsequent investigation and closure of the PREA allegation (in this case: unsubstantiated).

Based upon interview with the Warden, facility Investigator, PCM, and PREA Executive Director this information was consistent with the PAQ submission. Furthermore, the Warden, facility Investigator, and PCM were able to describe the necessary protocol related to **Standards 115.63a-d**. There was no

evidence gathered during onsite or PAQ upload review that there were any PREA allegations that had failed to be reported on the part of IWP to other facilities under Standard 115.63 criteria.

There was no corrective action required for this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; X. Staff Designated as First Responders and XVI. Investigation of Sexual Abuse were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.64a: The agency has a standardized policy for First Responders in allegations of sexual abuse. Per policy, the first security staff responding to the scene of an allegation of sexual abuse are required to:

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

During random staff interviews (12 of 12; 100%) and those identified as First Responders (3 of 3; 100%), it was uniformly clear that staff understood their responsibilities and Agency procedures associated with scene security, and evidence maintenance for both victim and abuser involving an allegation of sexual abuse.

Per the PAQs submitted, there were nine (9) incidents of a sexual abuse allegations submitted during the previous twelve (12) months at IWP that necessitated implementation of a First Responder protocol. In all nine (9/9; 100%) of these incidents the victim and abuser were physically separated. In one (1) incident the allegation conformed to the ability to collect usable physical evidence. Through review of investigation notes for this allegation it appeared the appropriate protocol as listed above was followed. Further, per PAQ investigations upload, and onsite interviews with the Warden, PCM, facility Investigator, and PREA Executive Director the information garnered regarding the First Responder duties provided in each of the nine (9) cases were judged to be appropriate.

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

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

During interviews with non-security staff (including volunteers and contractors) it was again uniformly clear that each understood their responsibilities related to responder duties. Per the PAQs submitted there were no (0) incidents of sexual abuse allegations submitted during the previous twelve (12) months at the facility in which the first responder was a non-security staff member. Based upon record review conducted onsite, examination of all investigations during the reporting period, and interviews with the Warden, PCM, and facility Investigator this information was judged to be consistent.

There was no corrective action required for this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; X. Sexual Assault Response Team (SART); A. Establishment of a Facility SART was reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.65a: Per policy, the Warden at each facility shall be responsible to establish a SART and a written plan as a Facility Directive, in which actions are coordinated to be taken in the event of a sexual assault. The coordinated response shall involve staff First Responders, Medical and Mental Health providers, Investigations & Intelligence (I&I), and Executive staff.

The facility has a written institutional plan, Titled: Indiana Women’s Prison: Facility Directive #01-15: Sexual Assault Response Team (Revised 08/25/17). The components of this Directive include the specifics for conducting a coordinated response to an incident of sexual assault at the facility, including: 1. Purpose; 2. First Responders Duties, 3. SART Activation; 4. PCM, I&I, Warden, Custodial Supervisors & Medical Notifications; 5. Medical Responsibilities, Forensic Examination and SANE (Terre Haute Regional Hospital) Transport; 6. Investigation and Intelligence Responsibilities, including Criminal Prosecution Referral (when appropriate); 6. Victim Support (including Medical and Mental Health Referrals); and 7. Case Record Retention.

Interviews were conducted with a number of staff who served specific functions as members of the coordinated response team at the facility (to include First Responders, Medical and Mental Health providers, facility Investigator, PCM, and Warden). Each of the designated parties expressed an understanding of their role as it pertained to engagement in a coordinated institutional response towards an incident of sexual assault.

There was no corrective action required for this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

No corrective action was required for this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; IX. Facility PREA Committee and form PREA Retaliation Monitoring: Indiana Department of Corrections were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.67a: The Agency's policy stipulates that all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of the same will be protected from retaliation. The facility shall also designate staff members to be in charge of monitoring for retaliation. At IWP, oversight for retaliation was provided by the PCM, and she typically also conducted retaliation monitoring contacts. The PCM and Warden both confirmed the PCM's responsibility for retaliation monitoring during interview.

Standard 115.67b: The Warden and PCM indicated that policy directed monitoring contacts to include review of the alleged victim's housing and work assignments, disciplinary history, and any change in their placements since the reported incident. Alleged victims were to be monitored with particular consideration as to whether they would benefit from a different assignment within the facility or consideration of transfer to another facility. As indicated previously, alleged perpetrators would be first moved, and the victim separated from staff members involved in allegations of sexual abuse or sexual harassment prior to victim change of placement or transfer.

All retaliation cases involved an in-person interview with the offender, and review which included disciplinary reports, housing, and program changes. Further, per the PCM, emotional support services were continuously offered to the victim across the Retaliation Monitoring through ICADV, Mental Health resources, and Sexual Assault Response Team (SART) member contacts. The Retaliation Monitoring reports were judged to be thorough in their content and involved a level of clear analytical reasoning when implementing judgments of any potential retaliation concerns. There were no (0) instances of retaliation indicated per the PAQs, which was judged to be consistent based upon information gathered onsite during targeted offender interviews, discussion with the PCM, and review of investigative files.

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

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

The Agency will continue monitoring beyond ninety (90) days if initial monitoring indicates a continuing need to do so, and would involve periodic status checks as merited.

During the review period the facility conducted PREA retaliation monitoring reviews in eleven (11) cases, including those completed and currently pending completion of the ninety (90) day review period. Documentation for the six (6) completed cases was reviewed by this auditor, and included appropriate contacts every fifteen (15) days through the ninety (90) day monitoring period with the relevant documentation included at each interval. In one (1) case the monitoring review was extended beyond the ninety (90) days, which involved an additional contact before retaliation monitoring closure. This IWP retaliation monitoring during the review period was substantiated through onsite file review of investigations, grievances, and interviews with the Warden, PCM, PREA Executive Director, and facility Investigator. Targeted offender interviews also substantiated the occurrence and integrity of retaliation monitoring.

Standard 115.67e: PAP #02-01-115 was reviewed, and supported that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The Warden, PCM, PREA Executive Director, and facility Investigator all expressed that retaliation entirely countered Agency policy. Specifically, articulated that any individual (staff or inmate) who expressed a fear of retaliation related to their cooperation in a PREA-related investigation would be appropriately monitored against retaliation through the PREA Retaliation Monitoring protocol and any other case-relevant measures as deemed to be necessary.

Standard 115.67f: Per policy, the Agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Per PAQ upload there was one (1) unfounded investigation during the previous twelve (12) months. This case was monitored for retaliation secondary to case factors. Upon site review, based upon information gained during interviews with the Warden and PCM, monitoring was judged to have been appropriately implemented and the basis of continuation (despite the unfounded finding in the PREA allegation) an appropriate consideration in this case.

There was no corrective action required for this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XII. Transfer Assessment was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.68a: The Warden provided a Memorandum which indicated that during the review period the facility did not use involuntary segregated housing to protect any inmate who was alleged to have suffered sexual abuse subject to the requirements of 115.43. Based upon review of the investigations and secondary to Specialized staff interviews, including with the PCM, facility Investigator and Warden, there were zero (0) inmates held in involuntary segregated housing in the past twelve (12) months during post-allegation for protective custody; however, there was one (1) offender moved into protective custody post-allegation that was discovered to be unfounded. This offender was judged to be appropriately placed in segregation for safety issues. Per interviews with the aforementioned Specialized staff (i.e., PCM, facility Investigator and Warden), some of the surrounding offender population was angered by this offender's misuse of the PREA reporting measures in leveraging false allegations towards inmate peers. At that point other offenders potentially posed a safety threat to the offender who had filed the unfounded PREA allegation's safety.

As noted there were observations made by the auditor which indicated RSHU staff mistakenly believed that should a victim be held for protective custody purposes in segregation the victim would be subject to the same intake process as all offenders, including the first twenty-four (24) hours no out-of-cell activity and seven (7) day telephone access restriction. Clarification had been sought with the Warden, who indicated that the victim would not be placed on such restrictions but instead given access to programs, privileges, and opportunities for out-of-cell interaction (to include telephone calls) to the extent possible. Again, during interview she explained that the perpetrator would generally be placed in segregation or transferred to another facility before the victim in a situation involving allegations of sexual abuse. The PCM completed refresher training with the RSHU staff prior to the Interim Report.

This standard was judged to be materially met based upon not having utilized involuntary segregated housing to protect any inmates who had alleged to have suffered sexual abuse. Furthermore, the facility demonstrated understanding of the implementation of appropriate policy and procedure in such instances of this occurrence.

There was no corrective action required for this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

PAP #00-01-103 – The Operation of the Office of the Investigations and Intelligence and PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p.24-26) was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.71a: In the content of the two aforementioned documents, the Agency was able to demonstrate that they had comprehensive policy to conduct investigations into sexual abuse and sexual harassment allegations in a prompt, thorough, and objective manner. Specifically, policy delineates that all sexual abuse investigations shall begin as outlined in investigating allegations of misconduct with activation of a facility Sexual Assault Response Team (SART). Investigations of sexual abuse or sexual harassment allegations shall be completed with the same standards of promptness, thoroughness, and objectivity, including third-party and anonymous reports.

Per policy, all facility staff shall be prepared to play an active role in responding to sexual abuse incidents. If a report is made within the ninety-six (96) hour time frame, staff shall ensure that the alleged victim and alleged abuser do not take any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the situation warrants, staff shall ensure the security of the crime scene, including alleged victim and alleged abuser clothing, bedding, and object(s) used for penetration. If necessary, staff shall ensure retrieval of new clothing for the alleged victim after the forensic medical examination is completed without disturbing the crime scene. If the alleged abuser is known, facility Investigators shall require him/her to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse. Facility Investigators shall specifically have a responsibility to respond immediately to:

- a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- b. Interview alleged victims, suspected perpetrators, and witnesses; and,
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Facility Investigators will also be active in SART team actions and decisions including, but not limited to:

- a.) Responding to call;
- b.) Enhancing safety for victim(s), witness(es), and suspect(s);
- c.) Pursuing medical examinations and necessary transport arrangement;
- d.) All interviews, including compelled interviews; and,
- e.) Chain of Custody needs.

The facility Investigator will also be active in any potential court or administrative process.

During interview with the facility Investigator (regarding criminal and administrative investigations), she described response to PREA-related incidents to necessitate immediate response. Policy and practice, per her report involve the first responder notifying their supervisor who then notify her in the most direct succession possible. The facility Investigator expressed immediate to mean that investigations are initiated at the moment of discovery. The moment of discovery as explained by the Investigator was upon receipt of the PREA allegation from the victim or third party. Upon the auditor's review of the eleven (11) investigations, all were started within the same day of the PREA allegation report (and from analysis of written documentation within minutes), which could be demonstrated by documented date of interviews, physical send out for SANE evaluation, as well as initial documentation of alleged victim and abuser physical separation. The facility Investigator was able to describe that evidence collection involves integration of data from a variety of sources for corroboration, including direct and indirect

evidence. She specified that the evidence collection process is continuous until the case is closed, and she would add information with documentation as the information gathered. Furthermore, the facility made no differentiation between first-party and third-party or anonymously received reports. Both per policy, and interviews with the Warden and facility Investigator all incidents of alleged sexual abuse and sexual harassment reported were investigated by the facility's Intelligence and Investigations, regardless of whom is the reporting party. This was to include any third-party and anonymous reports. Per these same interviews, reports of alleged sexual abuse and harassment were all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level.

Upon the auditor's review of the eleven (11) PREA investigations conducted at the facility by this investigator it was clear that she utilized multiple evidence gathering techniques in order to thoroughly investigate each allegation of sexual abuse and/or sexual harassment (e.g., DNA, interviews from a variety of sources, secondary interviews with key subjects, location of the alleged victim and abuser, telephone conversation review, historical video monitoring, lab results, etc.). Each investigation was completed timely with prompt initiation; as indicated evidence gathering started from the moment of discovery. The results of the facility investigations were also judged by the probationary auditor to have been objective, as the determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, determined independently based upon evidence gathered, not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved.

Standard 115.71b: The agency, per PAQ responses, has a total of forty-four (44) specially trained investigators. Specifically, at the facility, there is one (1) assigned specially trained investigator responsible for conducting investigations into allegations of sexual abuse and sexual harassment. If this investigator is unavailable, the agency will call into duty one of the other forty-four (44) specially trained investigators. The specialized investigator training record, as provided by PAQ upload, was completed by the facility's Investigator. During interview, the facility Investigator was able to specify training she had received during specialized training. She discussed the IDOC Investigations and Intelligence Academy, and the PREA training provided by the National Institute of Corrections (NIC), which covered how to handle both administrative and criminal sexual abuse and sexual harassment investigations. Further, the PREA Advanced Investigations training is provided by the NIC to explain knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. The signed facility Investigator specialized training record, which had each of the above components, was provided with PAQ upload. The probationary auditor reviewed the PREA NIC specialized training for which the facility Investigator was certified to have attended April 25, 2016, and Sexual Assault Response Team (SART) Instructor Training attended on March 15, 2016.

Standard 115.71c: Per policy, the facility Investigator has been trained specifically, per the IDOC Investigations and Intelligence Academy and PREA course curriculums, on the gathering and preservation of direct and circumstantial evidence. Such evidence may include available physical and DNA evidence, and any available electronic monitoring data. Further, interviewing of the alleged victim(s), perpetrator(s), and potential witness(es) would be conducted. The investigator would also review prior complaints and reports of sexual abuse involving the suspected perpetrator. There were eleven (11) investigations conducted during the previous twelve (12) months that necessitated the gathering of evidence associated with a sexual abuse and/or sexual harassment allegations.

When interviewed, the facility Investigator was able to describe a variety of evidence gathering techniques, and the process by which to proceed towards the substantiation of an allegation of sexual abuse and/or sexual harassment. She described the evidence gathering processes that she would

utilize to include preservation of direct evidence and research of circumstantial information. The facility Investigator described how she would utilize video surveillance to substantiate the presence or absence of individuals in locations where PREA allegations had reportedly occurred. She specified how she would determine potential individuals to interview beyond the alleged victim and abuser, to include individuals who lived in cells adjacent to alleged incidents, or work peers, staff members, as well as individuals she may have observed the alleged incident through watching historical video recordings at the time when the alleged incident occurred. She described utilizing recorded telephone conversations and written communication (to include offender 'kites', or notes to each other) to bring into evidence. In discussion about timeliness of evidence, she emphasized the importance of collecting useable physical evidence in an expeditious manner to ensure that any possible DNA was preserved and able to be utilized. The facility Investigator also stated that she reviewed prior reports and complaints of sexual abuse involving the suspected perpetrator. During interview, the facility Investigator indicated that continuous documentation of her evidentiary findings was of utmost importance to ensure that the case progress was documented through to conclusion.

It was apparent when the probationary auditor reviewed the entire investigative files for each of the eleven (11) investigations conducted during this period that the facility utilized comprehensive interviewing techniques (including alleged victim(s), perpetrator(s), and potential witness(es)), gathering DNA evidence, evaluating available electronic monitoring data (to include video surveillance and telephonic recordings), as well as researching offenders historical conduct reports (and background checks), social and placement contacts, as well as obtaining any usable, physical communications (e.g., offender letters and notes). The facility Investigator was judged to have implemented appropriate preservation of direct and circumstantial evidence, and utilized evidence gathering techniques as available to her. She gathered and preserved direct and circumstantial evidence, to include any physical and DNA evidence, as well as video surveillance monitoring data. Investigations involved interviews with alleged victims, suspected perpetrators, and witnesses (to include cellmates, work partners, others present in the location of the alleged incident). Further, the facility Investigator ensured a thorough review was conducted of prior reports and complaints related to sexual abuse involving the suspected perpetrator and included in the investigatory documentation. As related to all of the aforementioned investigatory processes, including direct and circumstantial evidence, interviews, as well as report reviews, the facility Investigator compiled findings of each that were documented thoroughly in the investigative case file.

Standard 115.71d: During the interview with the facility Investigator, she clarified that during investigations which appear to support criminal prosecution, her training stipulated that she only conduct compelled interviews after consultation with prosecutors as to whether compelled interviews may pose an obstacle for subsequent criminal prosecution. Per policy, the Agency follows this protocol.

Standard 115.71e: The Agency's investigative protocol, and training curriculum mandate that the investigator assesses each alleged victim, suspect, or witness on an individual basis and does not determine the individual's credibility based on their status as an offender or staff member. Further, the agency does not require the offender who alleges sexual abuse to submit to a polygraph or other truth-telling device as part of proceeding with the investigation. During interview with the facility's Investigator she confirmed that each alleged victim, suspect, and witness were evaluated on an individualized basis, and the merit of their credibility shall not be determined based upon their status as an inmate or staff member. She indicated the facility does not require the offender who alleges sexual abuse to submit to a polygraph or any form of truth-telling device as part of the investigative process. During PREA-Special Interest offender interviews, all denied having been asked or required to submit to a polygraph as part of proceeding with their investigation.

Standard 115.71f: Per PAP #02-01-115; X. Reporting Sexual Abuse, the investigative findings shall endeavor to determine whether staff actions or failures to act contributed to the alleged sexual abuse. Further, the investigation shall provide documentation of such findings in written form. The written document (i.e., IDOC Agency document: Sexual Incident Report; SIR) shall contain a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

There were, as indicated, eleven (11) investigations completed during the previous twelve (12) months, which were each reviewed by the probationary auditor. The investigations conducted at IWP, as submitted, conformed to all necessary reporting and documentation of sexual abuse protocol, including entry of each incident into the SIR. Discussion with the facility Investigator confirmed that her investigative processes conformed to this protocol during sexual abuse investigations.

Standard 115.71g: Per policy #02-01-115; X. Staff Designated as First Responders – Investigations and Intelligence, for any criminal investigation all investigators are to investigate and then document the facts found in a sexual allegation case in written form. The written document is to contain a thorough description of physical, testimonial, and documentary evidence and provide an attachment of documentary evidence where feasible. The investigator is responsible for the notification of local State Police liaison if assistance is requested, and consultation with the local prosecutors when there is a potential for a criminal violation determined. As investigators may not be onsite when an initial report is made, they are utilized on an on-call basis.

During interview with the facility investigator, she confirmed awareness of the processes by which to notify State Police when necessary and seek consultation with local prosecution in cases potentially deemed to meet criminal prosecution threshold. During the review period there had been one (1) substantiated case at IWP submitted for consideration of criminal prosecution. This investigatory case was reviewed by the probationary auditor and contained the physical, testimonial, and documentary evidence, as well as attached copies of all documented evidence upon submission to the local prosecutor's office for consideration of prosecution.

Standard 115.71h: Per policy and specialized training, all substantiated cases of sexual abuse that appear to be criminal shall be referred for prosecution. The facility Investigator was aware of and able to describe this policy. As indicated, there was one (1) substantiated sexual abuse case at the facility which had been referred for criminal prosecution. A determination had not yet been made regarding prosecution in this case, while the facility Investigator provided evidence of continued contact with the local prosecutor's office to provide additional information if needed, and ensure appropriate completion of case referral through closure.

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

Standard 115.71j: Policy stipulates that all allegations of sexual abuse and sexual harassment shall be investigated regardless of whether the alleged perpetrator or alleged victim has left the Department's employment or are no longer under the Department's authority (PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse). The Warden, facility Investigator and PREA Executive

Director confirmed that should such an alleged incident meet the aforementioned conditions, the investigation would continue to be carried through to completion.

Per policy and interview with the facility Investigator and Warden, the facility held responsibility for conducting their own investigations into both administrative and criminal sexual abuse and harassment allegations, with the exception of requesting assistance from local State police when deemed necessary. Per policy and interview information, the facility remained involved even if local State police became included in a facility investigation. Specifically, the facility would continue to follow-up to ensure the investigation was carried through with appropriate closure. There were no (0) circumstances meeting this criteria at IWP during this reporting period.

There was no corrective action required for this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

During interview with the facility Investigator, she provided the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment as fifty-one percent (51%). Through review of her utilization of this standard as related to the eleven (11) PREA investigation case files associated with administrative or criminal findings of substantiated cases, it was apparent that she utilized the preponderance of evidence in the substantiation of cases. Based upon policy, interview responses with the facility Investigator, and PREA investigation case examination it appeared to the probationary auditor that the appropriate standard of proof of not higher than a preponderance of the evidence was imposed in a finding of substantiating a case of sexual abuse and sexual harassment at IWP.

No corrective action was required for this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

PAP #02-01-115 – Sexual Assault Prevention; XVI. Investigation of Sexual Abuse (p.24-26) was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.73a: Following an investigation into an inmate's allegation that they have suffered sexual abuse or sexual harassment by another inmate or staff in a Department facility, the offender within the Agency, per policy, will be informed in writing whether the allegation of sexual abuse has been substantiated, unsubstantiated, or unfounded. The PCM confirmed that written notification was provided upon the conclusion of investigation to all eleven (11) inmates who had submitted a PREA allegation during the reporting period. This written documentation is completed on the Sexual Abuse/Harassment Investigation Outcome Offender Notification Form. During PREA-Special Interest offender interviews, inmates confirmed the same.

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

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

- 1.) The staff member is no longer posted within the inmate's unit;
- 2.) The staff member is no longer employed at the facility;

- 3.) The Agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; and,
- 4.) The Agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PCM and facility Investigator, who have been the designated parties responsible for victim notification and oversight at IWP, confirmed these procedures are followed. In the one (1) PREA allegation involving a former staff member reported during the review period, the appropriate investigation outcome communication was provided in writing to the offender based upon documentation evidence provided to the probationary auditor.

Standard 115.73d: Further, policy mandates, following an inmate's allegation that she has been sexually abused by another inmate, the Agency shall subsequently inform the alleged victim whenever:

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

The PCM and facility Investigator were both aware of these processes and indicated that in applicable cases the alleged victim had been informed of the aforementioned case details. There were no PREA allegations that conformed to notifications required by this standard provision during the review period, while one inmate-on-inmate substantiated (1) PREA allegation remained outstanding with a referral for criminal prosecution.

Standard 115.73e: The facility ensured documentation was completed on all notifications, to include receipt of offender signature on the Investigation Outcome Notification Form. At IWP during the previous twelve (12) months all eleven (11; 100%) offenders who had initiated a PREA allegation were informed in writing, confirmed by their signature receipt, that the case was closed (with the related investigation outcome findings: substantiated, unsubstantiated, or unfounded).

There was no corrective action required for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Policy outlining staff disciplinary sanctions is included in the following documents: State Personnel Director Discipline Policy; PAP #04-03-103 – Information and Standards of Conduct for Departmental Staff, and PAP #02-01-115 – Sexual Assault Prevention; V. Staff Orientation and Training and XVI. Investigation of Sexual Abuse, which were reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.76a: These policies delineate that staff may be subject to disciplinary sanctions up to and including termination from the Department for violation of sexual abuse and sexual harassment policies. The Department Head Designee, PREA Executive Director, and Warden confirmed understanding of and the Agency's ability to implement such termination processes when necessary.

Standard 115.76b: Dismissal from employment shall be the presumptive disciplinary sanction for any staff who violates the Agency's sexual abuse or sexual harassment policies. This was further confirmed when interviewing the Department Head Designee, PREA Executive Director, and Warden, who indicated that any staff member who violated the agency's zero tolerance policy would be presumptively terminated.

There were no (0) substantiated staff sexual abuse cases at the facility during the previous twelve (12) month period. There was one (1) PREA allegation involving staff on offender sexual abuse which was made during the review period, while had reportedly occurred in 2015. The staff had been terminated from the facility prior to the allegation, and was unreachable for investigative interview purposes. The investigation was carried through with remaining available avenues and closed as unsubstantiated.

Standard 115.76c: Per policy, disciplinary sanctions for violation of Agency policy related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the

nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The PAQ indicated that no (0) disciplinary sanctions were imposed during the previous twelve (12) months that would apply to this standard provision. The Department Head Designee, PREA Executive Director, and Warden specified that determination of disciplinary sanctions would be made with consideration of the aforementioned factors.

Standard 115.76d: Per Agency policy, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are to be reported to law enforcement agencies (when applicable). Further, all terminations for violations of Agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are reported to relevant licensing bodies.

Per the PAQ and based upon onsite file review there were no (0) PREA investigations that met this standard provision. The Department Head Designee, PREA Executive Director, and Warden were each aware of the need to follow through with reporting to both local Law Enforcement (when appropriate; criminal related sexual abuse violations), and relevant licensing boards (when applicable).

There was no corrective action required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The probationary auditor reviewed the following policies outlining volunteer and contractor disciplinary sanctions towards compliance with the provisions of this standard: State Personnel Director Discipline Policy; PAP #04-03-103 – Information and Standards of Conduct for Departmental Staff, and PAP #02-01-115 – Sexual Assault Prevention; V. Staff Orientation and Training and XVI. Investigation of Sexual Abuse.

Standard 115.77a: These policies stipulate that volunteers and contractors who engage in sexual abuse are prohibited from offender contact. Policy instructs that such individuals will be removed from the facility, not permitted to return, and may be subject to criminal prosecution (when applicable). Information regarding substantiated cases of sexual abuse shall be forwarded to relevant licensure bodies for external review. The Warden, Department Head Designee and PREA Executive Director confirmed knowledge of these Agency policies.

Standard 115.77b: Per policy, the facility is to take appropriate remedial measures and consider whether to prohibit further contact with inmates in the case of any contractor or volunteer who has violated sexual abuse or sexual harassment agency policies. During interview, the Warden specified that in any instances where further contact with offenders was deemed to be detrimental a Gate Closure would be issued for the identified volunteer or contractor. Such a Gate Closure would apply at all IDOC locations, including contracted facilities. This individual would, thereby, be prohibited from entry into any IDOC facility, even as a visitor. She reported that this procedure had not been activated in the previous twelve (12) month period towards contractors or volunteers at IWP.

Per the PAQs, there were zero (0) reported incidents of contractor or volunteer violations of sexual abuse or sexual harassment policy during the previous twelve (12) month period. This information was consistent with that gathered through onsite record review, examination of facility investigations and incident reports, as well as interviews.

There was no corrective action required for this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Policy #02-01-115 – Sexual Assault Prevention; VII. Offender Education Program and PAP #02-04-101 – The Disciplinary Code for Adult Offenders was reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.78a: Per policy, offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate had engaged in inmate-on-inmate sexual abuse. The Offender Education Program dictates offenders shall be advised that any inmate who engages in any type of sexual abuse and/or sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Further, the offenders, per policy, are to be advised that such cases shall be referred to the Indiana State Police for criminal prosecution and Child Protective Service, as appropriate (PAP #02-01-115; p.9).

Per the PAQ submission, as substantiated by onsite interviews with the PCM and facility Investigator, as well as investigative documentation review, there were five (5) inmates who had been administratively found to have engaged in inmate-on-inmate sexual abuse or sexual harassment at the facility during the previous twelve (12) month period. Random inmate interviews supported that offenders were aware of the extent of disciplinary sanctions should they engage in any type of sexual abuse and/or sexual harassment.

Standard 115.78b: Per policy, disciplinary sanctions administered for an inmate in such a case as an offender was found administratively guilty of having engaged in inmate-on-inmate sexual abuse or sexual harassment would be commensurate with the nature and circumstances of the abuse committed. The inmate's disciplinary history, and the sanctions imposed in comparable offences by other offenders with similar histories would be considered when determining the disciplinary penalty. Interviews with the Warden and Department Head Designee, as well as review of disciplinary sanctions administered in the investigative files, confirmed that this policy is followed at IWP.

Standard 115.78c: Interviews with the Department Head Designee and Warden also confirmed that policy stipulates disciplinary processes take into consideration whether mental illness or mental disability contributed to the offender engaging in their behavior. The findings of such a determination would also be a consideration in the type of sanctions imposed. Based upon the probationary auditor's review of the PREA-related investigative it was apparent that this standard provision is considered in the disciplinary process.

Standard 115.78d: Per the PAQ submissions, the agency offered therapy, counseling and other interventions designed to address and correct underlying reasons or motivation for abuse with these programs generally offered by Mental Health. Specifically, when an offender would be referred to programming of this nature a Mental Health practitioner would conduct a treatment evaluation. The Mental Health provider interviewed indicated that all known offender abusers receive a referral and were seen within sixty (60) days of learning of such abuse, while per provider report this assessment was generally conducted much earlier (fourteen [14] days). At the initial evaluation, the Mental Health practitioner determined and set forth further treatment planning, as appropriate.

The Agency does not require the offender to participate in Mental Health programming, and thus, permitted refusals. However, IWP may consider the offender's refusal to participate in recommended programming as part of their subsequent inability to gain access to incentivized program elements. Thus, their participation may be a condition of inability to access additional programming benefits. The Warden, PCM, and Mental Health provider each affirmed these provisions for Mental Health treatment, and indicated that enhanced offender treatment by Mental Health was accessible at the facility in the Special Needs Unit (SNU).

Standard 115.78e: Agency policy may discipline an offender from engaging in sexual contact with staff only upon discovery that the staff member did not consent to such contact. There were no (0) incidents of disciplinary action taken against inmates for sexual conduct with staff during the previous twelve (12)

month period based upon the PAQs, which was confirmed through random and targeted inmate interviews, and onsite documentation review.

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

Standard 115.78g: Agency policy prohibits sexual activity between offenders. Any offenders found to be engaging in such activity may be disciplined. The Agency, per policy, may deem such activity as sexual abuse only once a determination has been made that the activity was coerced. Sexual activity between inmates at IWP deemed to be consensual may result in receipt of a Conduct Report. Samples of Sexual Conduct reports issued during the previous twelve (12) month period were included in the PAQ upload. Sexual Conduct reports were only issued per interview with inmates, facility staff, and investigation reviews in such instances as when the inmate sexual activity had been investigated and judged to be consensual not coerced.

There was no corrective action for this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XI. Offender Intake into the Department, and XVII. Medical and Mental Health Services was provided for the probationary auditor’s review in support of compliance with the provisions of this standard.

Standard 115.81a & b: Per policy, during a part of a 115.41 screen, all offenders at the facility who disclose any prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional or community setting are to be offered a follow-up meeting with a Medical or Mental Health practitioner. Medical and Mental Health retain secondary materials, per policy, associated with documentation of compliance towards standard 115.81a.

The Intake Coordinator formally interviewed and housing unit Counselors informally interviewed during the physical site inspection who were each responsible for risk screenings at different times during the offenders stay at IWP were all able to cite the appropriate referral processes for inmates to Medical and Mental Health when required. Specifically, they understood that if the offender expressed a history of sexual victimization or perpetration based upon the criteria above they were to be offered a referral to Mental Health to discuss potential treatment needs. As stated previously, the offender has the right to refuse this contact, while the referral attempt must be documented, per policy.

Per the PAQ, 100% of individuals who had disclosed a history of victimization had received an offer of Mental Health services. Based upon information gathered during site review, random chart

documentation of five (5) individuals who had reported a history of sexual abuse victimization showed that this referral was consistently being placed and documented appropriately. Six of the six (6/6; 100%) referrals had been completed within the appropriate timeframes, while one of the referrals remained in process (and within timeframes) for Mental Health appointment scheduling.

Standard 115.81c: The facility is a prison, whereby they would not receive offenders directly from jail. Thus, as not applicable, IWP was judged to materially have met this provision.

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

Standard 115.81e: The Mental Health and Medical Duty to Report is expressly conveyed in the PREA Duty to Report: Medical and Mental Health Staff Acknowledgement form which was provided to and signed by offenders upon their initial intake (typically at Rockville Correctional Facility). The auditor was emailed a copy of this form to review towards compliance consideration for this standard provision.

Typically the offenders' original intake as an adult occurs at the reception facility, Rockville Correctional Facility. However, for some offenders who violated parole or entered directly based upon violations committed at community correctional facilities, the form was completed at IWP. Through auditing this provision it was discovered that signing of this form at IWP was inadvertently discontinued in January of 2018. Upon discovery, the Medical Department immediately employed remedy, and called all the offenders fourteen (14) offenders who did not have this signed form on file in order to review and provide signature. Proof of practice was provided to the auditor of completion on 7/20/18.

During interview with Medical and Mental Health staff they were aware of their Duty to Report and the Limitations of Confidentiality. They indicated that the inmate was informed of these limits prior to initiating any treatment. Further, during interview, practitioners stated they would obtain consent from the offender prior to reporting any sexual victimization that did not occur at an institutional setting unless the offender was under the age of eighteen (18). Of note, the facility does not house offenders under eighteen years of age.

There was no corrective action required for this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

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

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; XVII. Medical and Mental Health Services and IWP Facility Directive; #IWP 01-15: Sexual Assault Response Team were provided for the probationary auditor’s review towards compliance with the provisions of this standard.

Standard 115.82a: Per policy, at the facility victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Based upon interview with Medical and Mental Health staff, and per policy, the nature and scope of such services were determined by the providers according to their professional judgment. Medical and Mental Staff interviewed during the site review were able to clearly state their responsibilities in responding to a reported incident of sexual abuse.

The facility does not provide forensic medical examinations, while First Responders shall provide treatment, responding to immediate medical care needs and evaluate the victim for any life threatening injuries prior to transport to an outside facility for completion of the forensic medical examination. Should the victim refuse such treatment by First Responders, this would be documented on a, ‘Refusal and Release of Responsibility for Medical, Surgical, Psychiatric and Other Treatment’ Form 9262. There was one (1) offender at the facility who reported an allegation of sexual abuse during the previous twelve (12) months who necessitated transportation to an outside facility. Protocol was followed as specified in the above paragraph. This PREA allegation was concluded as unfounded.

Standard 115.82b: The facility had Nursing staff on grounds on a 24-hour a day basis. Per policy, security First Responders shall take preliminary first steps to protect the victim, as indicated in standard 115.62, and immediately notify the appropriate supervisor. Policy further mandates that facility Medical staff shall also be contacted and apprised of the report (IWP Facility Directive; #IWP 01-15: Sexual Assault Response Team; p.1). The Sexual Assault Response Team policy includes that the alleged victim shall be seen by Mental Health within two (2) business days upon the victim's return to the facility. Victim follow-up services were also available through the ICADV, which based upon documentation, PCM, and target offender interviews, had been proffered and accessed timely by two (2) offenders during the previous twelve (12) month period. Based upon random security staff interviews, staff members were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.62, and report any such incidents consistent with aforementioned policy #IWP 01-15.

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

Standard 115.82d: Sexual abuse forensic medical examinations are offered without cost to the victim, per policy. Comprehensive documentation from Terre Haute Regional Hospital with SANE contact information and forensic medical examination services offered was reviewed by the probationary auditor. All victims of sexual abuse were provided access to forensic medical examinations through Terre Haute Regional Hospital. Throughout the previous twelve (12) month period there was one (1) reported PREA allegation necessitating a forensic medical examinations through a SANE contracted site. Based upon material provided for review of the PREA allegation involving a SANE contact at Terre Haute Regional Hospital, the victim was not charged for the forensic examination. This PREA allegation upon investigation was determined to be unfounded.

When speaking with the SANE Nurse, PCM, Warden, and PREA Executive Director each indicated that any victim who required a sexual abuse forensic examination would be offered these services without financial cost. Moreover, the victim would be made aware that the forensic examination was free of charge, such that her decision to engage in the examination process would not be hindered by financial concerns.

There was no corrective action for this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Policy outlining the Medical/Mental Health treatment for victims and abusers was contained within PAP #02-01-115 – Sexual Assault Prevention; XVII. Medical and Mental Health Services and reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.83a: The facility offered Medical and Mental Health evaluation and, as recommended, treatment to all inmates who have been victimized by sexual abuse. There were Medical staff on a twenty (24) hour basis, and Mental Health staff during regular business hours at the facility. During the previous twelve (12) months all offenders who had reported a PREA allegation were offered a referral to Medical and Mental Health for appropriate intervention and supportive services, as were all alleged abusers. This offer for Medical and/or Mental Health services was completed by the PCM regardless of the outcome of the PREA-related investigation (i.e., substantiated, unsubstantiated, or unfounded).

Standard 115.83b: Medical and Mental Health evaluation and treatment at IWP included follow-up services and individualized treatment plans. When necessary, referrals were initiated for continued care based upon the victims transfer to or placement at other facilities, or their custodial release. The PCM indicated that she and designated staff at IWP (specifically the offender’s IWP Unit Team Counselor and Release Coordinator) would work to establish appropriate resources. Continuity of care ensured support services were in place at the transfer facility for the victim, and at such point as the offender was released to the community appropriate victim advocacy available and connected with the offender.

Standard 115.83c: The provision of Medical and Mental Health care, per policy, is to be available to victims in custody and provided at a level equivalent to the community standard of care. Based upon interviews with offenders, as well as IWP Medical and Mental Health providers, it was believed that those represented supported that Medical and Mental Health services provided to victims within the facility were consistent with the community level of care.

Standard 115.83d: Per policy, any inmate victims of sexually abusive vaginal penetration will be offered pregnancy tests. During the previous twelve (12) month review period there were no reported situations of this nature between male and female individuals which could have resulted in pregnancy at IWP, which was confirmed by investigation review, and onsite interviews. However, Medical staff were aware of their responsibility to provide ongoing access to pregnancy testing in any reported sexually abusive situations.

Standard 115.83e: Per policy, if pregnancy results from the conduct described in paragraph 115.83d, victims shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services. As stated, there were no reported incidents of sexually abusive vaginal penetration between male and female individuals which could have resulted in pregnancy during the review period, as confirmed during onsite review. During interview, Medical and Mental Health staff were able to describe their responsibilities to ensure the victim had uninhibited access to and comprehensive information in a timely fashion regarding all lawful pregnancy-related medical services.

Standard 115.83f: As indicated in the previous standard 115.82, PAP #02-01-115; Subsection XVII indicates that all victims of sexual abuse shall be provided with counseling through Medical Services. Such counseling will include information related to the transmission of, testing and treatment methods for (including prophylactic treatment), and the treatment risks associated with sexually transmitted infections (STI). Medical staff will also offer and support testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse incident (PAP #02-01-115; p.27). IWP Nursing staff was able to explain their duty to support victims of sexual abuse and ensure appropriate follow-up counseling was provided associated with STIs, including provision of prophylaxis.

Standard 115.83g: PAP #02-01-115 specifically mandates that quality Medical and Mental Health services will be offered in a timely, unimpeded manner, free of charges to the victim of sexual abuse. Such services are to be offered free of charge regardless of whether the victim names the abuser or cooperates with the investigation. As noted previously, there was one (1) offender at the facility who had necessitated transportation to outside Medical services during the previous twelve (12) months following a PREA allegation. Based upon supplementary information provided regarding this case, all services were provided to her free of charge, despite the fact that the investigation was concluded as unfounded. The SANE nurse from Terre Haute Regional Hospital, and Nurse Administrator at IWP confirmed that forensic examination services were offered free of charge to the victim, regardless of the victim's willingness to cooperate in the investigation and/or name the alleged abuser.

Standard 115.83h: Per policy, all known inmate-on-inmate abusers shall be referred to Mental Health for evaluation. The Mental Health practitioner shall conduct an assessment of all known offender abusers within sixty (60) days of learning of such abuse history. During interview with the Mental Health provider this assessment was generally conducted in much less time, typically fourteen (14) days. The PCM placed Mental Health referrals for all five (5; 100%) inmate-on-inmate abusers in the substantiated PREA sexual abuse investigations during the previous twelve (12) month period.

There was no corrective action required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention; IX. Facility PREA Committee was reviewed by the auditor towards compliance with the provisions of this standard.

Standard 115.86a: The facility conducted a sexual abuse incident review at the conclusion of every investigation of sexual abuse, whether administrative or criminal, unless the allegation was determined to be unfounded. Per the PAQs there were ten (10) submitted administrative and/or criminal allegations of sexual abuse reported at IWP for which an investigation was conducted, excluding one

(1) unfounded case. Based upon documentation review and both formal and informal interviews conducted during the site review, this information was judged to be consistent with the PAQ submission.

Standard 115.86b: Per policy, the facility review will be conducted within thirty (30) days of the conclusion of the criminal or administrative sexual abuse investigation. Based upon review, in the substantiated and unsubstantiated PREA investigations at IWP the facility PREA committee reviews were conducted consistently within the thirty (30) day time frame.

Standard 115.86c: Per policy, the Facility PREA Committee will perform the sexual abuse incident review and shall be comprised of upper-level management officials (including the Warden and Administrative Assistant), with input from line supervisors, facility investigators, as well as Medical or Mental Health practitioners. At IWP, the PCM functioned as the appointed Chairperson. She prepared the initial findings of the review in cooperation with the facility investigator in advance of the meeting with a synopsis of the investigation. The facility sexual abuse incident reviews conducted for the ten (10) completed PREA investigations involved input from the aforementioned participants.

Standard 115.86d: Per interview with the Warden and PCM, sexual abuse incident review was a priority at IWP. Substantial effort was devoted towards ensuring that each incident had been thoroughly examined to establish if there were any improvements that could be implemented at the facility to prevent future occurrence. Specifically, per policy, the review will:

- 1.) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2.) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility;
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4.) Assess the adequacy of staffing levels in that area during different shifts;
- 5.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6.) Prepare a report of its findings, including but not necessarily limited to determinations made based on 1 through 5 (aforementioned) with any improvement recommendations and submit this report to the Warden and PREA Executive Director.

Based upon the probationary auditor's review of each of the ten (10) completed PREA Committee sexual abuse incident review reports, the aforementioned considerations were integrated into each.

Standard 115.86e: Per policy, the facility is responsible for implementation of all improvement recommendations or provide documentation of the reasons for not doing so (PAP #02-01-115; IX. Facility PREA Committee; p.12). Based upon the probationary auditor's review of all ten (10) of the sexual abuse incident reviews completed at IWP during the reporting period the recommendations were implemented. Primary recommendations involved continued separation of victim and abuser. There were no policy or practice changes identified. None of the allegations were deemed to have been motivated by race, ethnicity, gender identity, LGBTI (or perceived) status, gang affiliation, or other group dynamic. Physical barriers were noted to have been an issue in cases where allegations had occurred in bathrooms and housing cells; however, the installation of video surveillance barriers is explicitly prohibited in such areas due to inmates' need for privacy in showering, toileting, and managing personal hygiene. Staffing levels were not evaluated to have contributed to any of the allegations, nor was the ability to deploy additional monitoring technology or augment supervision by staff.

There was no corrective actions for this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The policy outlining sexual abuse data collection and annual aggregate data report preparation for the Agency is contained within PAP #02-01-115 – Sexual Assault Prevention; XIX. Statistical Reporting and was provided to the probationary auditor for review towards compliance determination of this standard. Further information was provided to the auditor for review towards compliance with this standard, including the 2016 Adult Survey of Sexual Violence and the 2016 Sexual Assault Prevention Annual Report.

Standard 115.87a: The Agency collected accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control using a specified standardized instrument with a designated set of definitions.

Standard 115.87b: The standardized instrument for accurate and uniform data collection of sexual abuse allegations was the Sexual Incident Report (SIR). Specifically, all reports of nonconsensual acts, abusive sexual contact, staff sexual misconduct, and sexual harassment as defined in the Sexual Assault Policy, PAP #02-01-115, shall be reported on a SIR. During interview, the PCM acknowledged her responsibility to submit a SIR for each allegation judged to be PREA related via the SIR-system at: <http://myshare.in.gov/Pages/IDOC.aspx>. Agency policy mandates that all investigations, regardless of outcome (i.e., substantiated, unsubstantiated or unfounded), shall be reported via completion of a SIR with any relevant written statements and documents attached. The SIR is confidential, and shall not be released to the public or offenders directly, unless as stipulated through order of the court. The PCM recognized part of her duties was to maintain a record of all sexual abuse reports at the facility, and has a log in which she recorded each incident. The information from each facility, as submitted by the PCMs were aggregated annually into an IDOC agency-wide report. The probationary auditor viewed the Agency's current reports available online through 2016, and via the PAQ uploaded versions.

Standard 115.87c: The content of each SIR completed within the review period was reviewed by the probationary auditor and included, at minimum, the data necessary to respond to all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Standard 115.87d: The content of every SIR was discussed at monthly facility PREA committee meetings, which ensured that each individual PREA allegation was discussed at the meeting most proximate to its closure. At the meeting, determinations were made whether any actions were necessary in order to prevent or reduce the likelihood of subsequent PREA incidents. All SIRs must be reported by every facility.

The PREA Executive Director was responsible for the development of an IDOC Department-wide report based upon all SIRs submitted by the Agency's facilities. This report was generated annually with the federally mandated data and presented to the Department's Executive Staff for review. During the site review, the probationary auditor confirmed with various local Executive members their participation in PREA monthly committee meetings as required. The PCM understood her obligation to upload any and all SIRs. The processing involved in the completion, including writing of these reports, was established during interview with the PREA Executive Director and Warden.

The Division of Research and Technology was able to request aggregate data regarding SIRs. The report prepared and approved by the Executive Staff was made available annually to the public through the Department's website with assurance that all personal identifiers were redacted.

Standard 115.87e: The Agency also obtained equivalent incident-based and aggregated data annually from each private facility with which it held contracts for the confinement of its inmates. New Castle

(2015) and Heritage Trail (2015 & 2016) Corrections Facility SSV Summaries were reviewed by the probationary auditor and were judged to have met the requirements of this provision.

Standard 115.87f: The Agency, per policy and online evidence, provided all such data from the previous calendar year to the Department of Justice no later than June 30th of the following year.

There was no corrective action required for this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

PAP #02-01-115 – Sexual Assault Prevention (SAP); XX. Program Evaluations was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.88a: Specifically, per policy, the Agency shall review all data collected and aggregated pursuant to standard 115.87. The Agency, annually, conducts an evaluation with the PREA Executive Director, Warden, PCMs, and other designated Executive staff to evaluate the Agency's efforts regarding prevention, detection, and response policies, practices, and training in the elimination of sexual abuse. The PREA Executive Director and Agency Head Designee acknowledged the collection and utilization of aggregated data accordingly. Further, they both supported that the Agency utilized this information to address problem areas and take corrective actions on an ongoing basis.

Standard 115.88b: Based upon the probationary auditor's review of available annual reports and per policy, Agency data is aggregated annually. Policy states that analysis includes a comparison of the current year of focus to the previous year(s) data, along with corrective actions implemented to address sexual abuse. Thereby, the agency has the ability to provide an assessment regarding their progress in addressing sexual abuse. Per the PCM, Warden, and PREA Executive Director, this meeting and report writing occurred consistently, at minimum annually, on an ongoing basis.

Standard 115.88c: The PREA Executive Director was responsible for gathering and aggregating data from each of IDOC's facilities and collating the information into report format. The final report, once presented to the Executive staff, shall be approved by the Agency Head. Once approved the report is posted on the Agency's website and made publicly available. The previous year's report (2016 SAP Report) was reviewed on the Agency's website by the probationary auditor and conformed to the provisions of this standard.

Standard 115.88d: Per policy, material that is deemed to pose a clear and specific threat to the safety and security of the facility is redacted with redactions limited to such materials within the publication as identified by the Agency. The PREA Executive Director, who held responsibility for generating this report, indicated during discussion that his report writing conformed to the provisions of this standard.

There was no corrective action required for this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

PAP #02-01-115 – Sexual Assault Prevention and website content of 2016 Sexual Assault Prevention report publication was reviewed by the probationary auditor towards compliance with the provisions of this standard.

Standard 115.89a: Agency policy ensures that both incident-based and aggregate data are securely retained and electronically stored information is appropriately backed up. During interview, the PCM indicated that IWP's facility data was stored securely with each local incident uploaded to the SIRS, which was the Agency's approved data management and storage system.

Standard 115.89b: The Agency made all aggregated sexual abuse data from directly controlled and contracted facilities readily available to the public. The Agency utilized website publications as a means by which to disseminate aggregated data. The probationary auditor visited the IDOC website in June 2018 and confirmed that appropriate reports associated with the Agency's 2016 Sexual Assault Prevention publication were uploaded and available. The PREA Executive Director confirmed this publication was uploaded annually.

Standard 115.89c: Per Agency policy, upon review of the report, all personal identifiers have been appropriately removed. During interview with the PREA Executive Director, he confirmed this process occurs prior to the release of the report. The probationary auditor observed all personal identifiers had been removed upon her review of reports available on the IDOC website.

Standard 115.89d: Agency policy indicates that sexual abuse data is collected pursuant to 115.87 and maintained for at least ten (10) years. There is no Federal, State, or local law requiring data to be

maintained otherwise. During discussion with the PREA Executive Director, he expressed that Agency data maintenance conformed to these standards.

There was no corrective action required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Standard 115.401a: IWP was audited during the previous Audit Cycle in May of 2016 (Audit Cycle was 2013 through 2016).

Standard 115.401b: Previously, IDOC had submitted Governor's Assurances and continued to schedule audits timely to ensure that during each year of the PREA Audit Cycle one third of their facilities would be audited. The PREA Executive Director, Agency Head Designee and Warden all emphasized the importance of IDOC maintaining PREA Audit Cycle standards.

Standard 115.401h: During inspection of the physical plant the probationary auditor and her team were escorted throughout the facility by the Warden, PCM, PREA Executive Director, as well as other Executive and Supervisorial staff integral to the functioning of the IWP. They were provided with unfettered access throughout the institution. Specifically, the team was not barred or deterred entry to any areas. The probationary auditor and her team had the ability to freely observe and ask questions, of offenders and staff, with entry provided to all areas without prohibition.

Standard 115.401i: The probationary auditor and her team were provided access to any and all documents requested. When copies of electronic documents (e.g., medical files) were needed, the staff at IWP gained appropriate access and printed relevant documentation. As the probationary auditor requested additional information pre- and post-audit, the documents were uploaded timely in an organized and legible fashion. When providing proof-of-practice documentation for items that were shown during site review to be deficient the email responses were clear and efficiently managed. Document preparation and delivery was judged to be organized, timely and efficient with no obstacles.

Standard 115.401m: The probationary auditor and her team were able to conduct interviews with any and all offenders requested. The IWP staff staged the offenders in a fashion such that the auditors did not have to wait between interviews. Further, if an offender was requested for a second interview, the staff were willing to bring this individual back without question. The rooms provided for offender interviews were soundproof and largely visually confidential from other offenders which was judged to have provided an environment in which the offenders felt at greater ease to share PREA-related content during interview.

Standard 115.401n: The posting of the probationary auditor's attendance at the facility was uniformly posted throughout the facility ahead of the audit. Proof of practice had been provided by way of photographs taken at a variety of relevant posting locations in the facility and was received by the auditor in an email on May 11, 2018. During the site review, the audit team members saw the posting in the housing units and areas of high traffic for both offenders and staff (e.g., visitation, education, and in-door recreation). The postings were printed in multi-colored papers and visible throughout the facility.

All of the provisions within this standard were judged to be outstanding and substantially exceeded requirements for this standard to be met.

No corrective action was required for this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Standard 115.403a: The completed IDOC PREA Audit report, in this case for the Indiana Women's Prison, for which the site review was conducted on May 24 & 25, 2016, and report completed October 14, 2016 was located on the Agency website. The report is available for review at <https://www.in.gov/idoc/2832.htm>. There was a link to the Final PREA Audit report provided midway down the webpage under DOJ Audit Report – Adult.

There was no corrective action required for this standard.

AUDITOR CERTIFICATION

I certify that:

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

Kate Burkhardt, Ph.D.

11/20/2018

Auditor Signature

Date