

**PREA AUDIT REPORT**     Interim     Final

**ADULT PRISONS & JAILS**

**Date of report:** January 2, 2017

|   |   |   |   |
|---|---|---|---|
| <b>Auditor Information</b>  |   |   |   |
| <b>Auditor name:</b> Jeff Kovar   |   |   |   |
| <b>Address:</b> P.O. Box 552 Richmond, TX 77406   |   |   |   |
| <b>Email:</b> Jeff@preaauditing.com   |   |   |   |
| <b>Telephone number:</b> 832-833-9126   |   |   |   |
| <b>Date of facility visit:</b> June 6-9, 2016   |   |   |   |
| <b>Facility Information</b>   |   |   |   |
| <b>Facility name:</b> Miami Correctional Facility/Chain O'Lakes Correctional Facility   |   |   |   |
| <b>Facility physical address:</b> 3038 West 850 South, Bunker Hill, IN 46914  |   |   |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>   |   |   |   |
| <b>Facility telephone number:</b> 765-689-8920  |   |   |   |
| <b>The facility is:</b>   | <input type="checkbox"/> Federal                | <input checked="" type="checkbox"/> State                                     | <input type="checkbox"/> County             |
|   | <input type="checkbox"/> Military               | <input type="checkbox"/> Municipal  | <input type="checkbox"/> Private for profit |
|   | <input type="checkbox"/> Private not for profit |   |   |
| <b>Facility type:</b>   | <input checked="" type="checkbox"/> Prison      | <input type="checkbox"/> Jail   |   |
| <b>Name of facility's Chief Executive Officer:</b> Kathy Griffin  |   |   |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> Miami (MCF): 567/Chain O'Lakes (COL): 34   |   |   |   |
| <b>Designed facility capacity:</b> Miami (MCF): 3,188/Miami (MCA): 204/Chain O' Lakes (COL): 136  |   |   |   |
| <b>Current population of facility:</b> Miami (MCF): 2,869/Miami (MCA): 187/Chain O' Lakes (COL): 124  |   |   |   |
| <b>Facility security levels/inmate custody levels:</b> Miami (MCF)/Miami (MCA): Level 1-4 (Minimum, Medium, Maximum)/Chain O'Lakes (COL): Level 1 (Minimum) |   |   |   |
| <b>Age range of the population:</b> 18-86   |   |   |   |
| <b>Name of PREA Compliance Manager:</b> Miami (MCF)/Miami (MCA): Angela Heishman/Chain O' Lakes (COL): Jason Brooks   |   | <b>Title:</b> MCF and MCA: Administrative Assistant 2/COL: Casework Manager 3 |   |
| <b>Email address:</b> aheishman@idoc.in.gov/JEBrooks@idoc.in.gov  |   | <b>Telephone number:</b> MCF: 765-689-8920, ext. 5579/COL: 260-636-3114       |   |
| <b>Agency Information</b>   |   |   |   |
| <b>Name of agency:</b> Indiana Department of Corrections  |   |   |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i> Governor of Indiana   |   |   |   |
| <b>Physical address:</b> 302 W. Washington Street, Indianapolis, IN 46204   |   |   |   |
| <b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>  |   |   |   |
| <b>Telephone number:</b> 317-233-5288   |   |   |   |
| <b>Agency Chief Executive Officer</b>   |   |   |   |
| <b>Name:</b> Bruce Lemmon   |   | <b>Title:</b> Commissioner  |   |
| <b>Email address:</b> BLemmon@idoc.in.gov   |   | <b>Telephone number:</b> 317-232-5705   |   |
| <b>Agency-Wide PREA Coordinator</b>   |   |   |   |
| <b>Name:</b> Bryan Pearson  |   | <b>Title:</b> Executive Director of PREA                                      |   |
| <b>Email address:</b> BPearson@idoc.in.gov  |   | <b>Telephone number:</b> 317-232-5288   |   |

## AUDIT FINDINGS

### NARRATIVE

A Prison Rape Elimination Act Audit of the Miami (MCF), Miami (MCA), and Chain O'Lakes (COL) Correctional Facility was conducted from June 6-9, 2016. These facilities were combined into one audit due to the fact that they are run by the same Superintendent and share resources. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditor Noelda Martinez assisted with the onsite tour, staff and inmate interviews, and documentation review.

The auditor wishes to extend its appreciation to Superintendent Griffin and her staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor.

The auditor would also like to recognize Bryan Pearson (PREA Coordinator), Angela Heishman (PREA Compliance Manager at Miami Correctional Facility), and Jason Brooks (PREA Compliance Manager at Chain O'Lakes Correctional Facility) for their hard work and dedication to ensure the facility is compliant with all PREA standards.

The auditor provided the facilities with a Notification of Audit on March 26, 2016. The notification contained information on the upcoming audit and stated that any inmate with pertinent information should mail the auditor at least 10 days prior to the onsite audit date (June 6, 2016). The auditor instructed the facility to post this notification in all housing units and throughout the facilities at least six weeks prior to the onsite audit. During the facility tours, the auditor observed the posting in all housing areas and throughout the facilities. The auditor was advised by the PREA Compliance Managers that the notifications were posted six weeks prior to the onsite audit. During this time, the auditor received three letters from inmates at the facility.

Approximately six weeks prior to the onsite audit, the Agency provided the auditor with access to their Agency data room used for audit purposes. During the next two to three weeks, the agency and facility uploaded their policies, as well as all other relevant information. Approximately two weeks prior to the onsite audit, the facility provided the auditor with a completed pre-audit questionnaire. Over the next two weeks, the auditor reviewed the questionnaire and all relevant documentation. Prior to the onsite audit, the auditor provided the facility with follow-up questions based on his review of the pre-audit questionnaire and documentation.

An entrance meeting was held the morning of the onsite audit with the following persons: Superintendent- Kathy Griffin, Assistant Superintendent of Operations- Craig Grage, Custody Major- Danny Tucker, Administrative Assistant/PREA Compliance Manager Angela Heishman, ACA/Policy Coordinator- Traci Riggie, and Unit Team Manager- Jennifer Fiscel.

After the entrance meeting, the audit team was given a tour of all areas of the facility, including at Miami (MCF)/Miami (MCA): all general population housing units, indoor recreation building, administrative segregation, Prison Enterprise Network (PEN) Industries, chapel office, religious services, offender library, computer lab, law library, GED computer lab, ABE/GED classrooms, Department of Labor classrooms, visitation, control room, dental/medical, commissary, kitchen, and dining hall.

At Chain O' Lakes (COL), the audit team was given a tour of: all housing dorms, administration building, religious services, programming, staff training area, maintenance shop, maintenance building, recycle building (law library), greenhouse, laundry, kitchen, staff dining, inmate dining, visitation, medical, substance abuse/caseworker's office, storage building A, and storage building B.

A total of 53 staff interviews were conducted with at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who supervise youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility).

Staff interviews were conducted with staff from both day and night shifts (the facility operates on 12 hour shifts).

A total of 48 inmate interviews were conducted with at least one inmate interviewed from each interview category, with the exception of the interviews related to youthful inmates, inmates placed in segregated housing for risk of sexual victimization, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility).

All interviews were conducted one at a time in a private and confidential manner.

Telephone interviews were conducted with the Agency Contract Administrator and SAFE/SANE staff. In addition to these interviews, the auditor conducted a phone interview with the Ombudsman who is the outside reporting entity for the Indiana Department of Corrections.

The count on the first day of the audit was MCF: 2,848, MCA: 172 and COL: 124. The count on the final day of the audit was MCF: 2,845, MCA: 174, and COL: 126.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During

this time, the auditor discussed his concerns with PREA Coordinator-Bryan Pearson, and PREA Compliance Manager-Angela Heishman, and PREA Compliance Manager-Jason Brooks.

When the audit was completed, the auditor conducted an exit briefing on June 9, 2016. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard, and created a Final Report of compliance. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through inmate and staff interviews, as well as information obtained through visual observations from the facility tour.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Miami (MCF) is a level 2/3/4 Medium/Maximum Security, adult male facility within the Indiana Department of Corrections. The facility is located in North Central Indiana (Miami County), about 6 miles south of Peru, Indiana, and about 10 miles north of Kokomo, Indiana, on U.S. 31. It encompasses approximately 206 acres on the south east corner of what was the Grissom Air Force Base. The facility maximum capacity is 3,188 offenders.

Miami Correctional Facility employs 567 full time staff. This number is enhanced by 129 health care, mental health, social service, food service, and PEN staff provided through private contractors. Custody staff make up 60 percent of the total staff at Miami Correctional Facility. The other 40 percent includes, Food Service workers, maintenance, business office, personnel, mailroom, caseworkers, case managers, classification, religious services, education, recreation, clerical, and safety. There are two daily custody schedules, 6am to 6pm and 6pm to 6am. The custody staff are split into five brackets, H and I, which are the day shifts, and J and K, which are night shifts. The fifth shift, X-Bracket, are those who work Monday through Friday.

Security at the Miami Correctional Facility consists of fences, razor wire, cameras, and a stun fence. There are three security towers. One is located at the administrative entrance (Tower 1) and the second is located near the rear gate (Tower 2). These are manned and armed 24-hours a day. A perimeter black top road also surrounds the entire facility whereby two vehicles encircle the facility 24-hours a day. A third tower is located in the center of the facility near the Phase II Industrial Building (Tower 3).

Each general population housing unit, in both Phase I and II are the same. They house 204 offenders each in two-man cells. Each cell has two bunks, a sink, toilet, and shelving built into the cell. The cell house is divided into two sides with 102 offenders on each side (51 cells). There is a laundry room, four individual showers and one large shower room with 8 shower heads, a large day room with telephones and J-pay kiosks, as well as four handicap accessible cells on each side. There is an upper and lower range on each side with 25 cells on the top floor and 26 cells on the bottom floor. A touch-screen computer, located in the second-floor control pod overlooking each side of the unit, operates the housing units. High security cameras are located in the main entrance hall of the unit and inside the dayroom on each side of the unit. Case Worker Offices are located inside each side of the housing unit. Located off the main hallway are the case manager's office and conference room. Housing units are operated on the Unit Team Management concept, using Unit Team Managers, Case Managers, and Correctional Case Workers to work with custody. This assures that decisions affecting individual offenders will be made by those who know them best.

The Restrictive Status Housing Unit Contains 100 cells in 8 ranges arranged in four wings on two levels. Offenders are placed in restrictive status housing to separate them from the general population either for disciplinary or administrative purposes. The cells are single-man rooms equipped with a bunk, shelf, toilet and sink. There are two showers, an interview room and an indoor recreation room on both the upper and lower part of each wing. Also inside the Restrictive Status Housing Unit are unit team rooms, a laundry room, and a medical examination room staffed with medical personnel daily. J-pay kiosks are situated on four of the eight ranges for offender use and they are allowed to use these kiosks for up to 60 minutes ever other day. On Wednesdays and Saturdays, they are allowed up to 30 minutes. The unit has 8 self-contained outdoor recreation pads with basketball goals in each. Some cells are equipped with cameras where offenders can be monitored if necessary. The unit is manned by 6 officers and a sergeant from 6am to 6pm and 4 officers and a sergeant from 6pm to 6am. A Correctional Lieutenant, Mental Health Professional, and Casework Manager complete the staff members assigned to this unit.

The Minimum Housing Unit at Miami (MCA) holds Level One offenders, serving five years or less. The unit has 17 dormitory-type cells that hold 12 beds each that are currently being used for offenders. There are upper and lower restrooms with showers and toilets and offices for Case Workers, a Case Work Manager, Correctional Lieutenant, and a Substance Abuse Counselor. There is also a classroom and a library set up in minimum housing units. For outside recreation, offenders have picnic tables, a volleyball court, and a basketball court. All offenders in this unit are given jobs. The maximum offender capacity is 204.

The Chain O' Lakes Correctional Facility (COL) is a level 1 minimum security adult male institution located in the Chain O' Lakes State Park. COL was established in 1968 with 50 offenders who were assigned to provide general labor for the Chain O' Lakes State Park. In 1985, the facility expanded to include office space, a day room, and an expanded dining room. Furthermore, two dorms were added to house an additional 60 offenders. The increase in population enabled offenders to provide further labor for the community.

In late 2014, Chain O' Lakes Correctional Facility became an annex of Miami Correctional Facility. Chain O' Lakes Correctional Facility is located approximately 84 miles from Miami Correctional Facility. The two facilities share a Superintendent as well as various other Departmental staff.

Chain O' Lakes Correctional Facility employs 28 full time staff. This number is enhanced by 8 health care, social service, and food service staff provided through private contractors. Custody Staff make up 70 percent of the total staff at Chain O' Lakes Correctional Facility. The other 30 percent include maintenance, clerical, and administrative staff. There are three daily custody schedules. The Custody staff are split into three shifts, A, B, and C. B Shift is from 07:45-16:00. C Shift is scheduled from 15:45-24:00. A shift is scheduled from 23:45-08:00. The Custody staff are on a 6 days on and 2 days off rotation, with every 5<sup>th</sup> and 6<sup>th</sup> weekend off.

The Facility has a total of 10 buildings, with one of those buildings containing 3 housing units. The other buildings consist of Maintenance, Administration, Recreation, and various storage buildings.

Chain O' Lakes Correctional Facility has three housing units, all located in the Main Building. The units are dormitory in style. The North and South housing units house 38 offenders each, while the East housing unit houses 60. The North and South housing units share a bathroom that is located between the two. Each unit has a small dayroom with a television, chairs, tables, and telephones.

## **SUMMARY OF AUDIT FINDINGS**

After the site visit, the auditor reviewed all documentation provided during the pre-audit, as well as the information discovered during the site visit. Based on this information the auditor determined the facility did not meet the following standards: 115.15, 115.41, 115.43, 115.68, and 115.81. The auditor provided the facility with an Interim Report on July 8, 2016, and outlined a Corrective Action Plan for compliance. The Areas Requiring Corrective Action, Corrective Action Plan, and Final Determination are outlined below under each standard that was originally found to be not meeting standards.

After reviewing all information provided during the pre-audit and onsite audit, staff and inmate interviews, visual observations made by the auditor during the facility tour, as well as information obtained during the Corrective Action Period, the auditor has determined the following:

Number of standards exceeded: 3 (115.11, 115.51, and 115.86)

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2 (115.14 and 115.66)

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

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states it is the policy of the Indiana Department of Corrections to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors and offenders and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or with which the Department contracts. The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractual staff, visitors, or official visitors and offenders whether committed by staff, volunteers, contractual staff, visitors, or offenders. Sexual activity between staff, volunteers, contractual staff, visitors, or official visitors, and offenders, regardless whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment has been alleged, a thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment has taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution.

A review of the above policy indicates definitions of prohibited behaviors are clearly outlined.

Staff are advised in the policy that any form of sexual activity between staff and offenders, whether consensual or not, is prohibited and that staff who are found to have engaged in any form of sexual abuse and sexual harassment against offenders shall be subject to the appropriate disciplinary action, up to and including termination from employment and criminal prosecution.

Disciplinary sanctions for inmates who violate the agency's sexual abuse policies are also outlined in agency policy.

The agency has designated an upper level, agency-wide PREA coordinator. This staff member holds the title of Executive Director of PREA and reports directly to the Director of Audits. The PREA coordinator has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its facilities.

Both Miami (MCF)/(MCA) and Chain O'Lakes (COL) have a designated PREA Compliance Manager. At Miami (MCF)/(MCA), the PREA Compliance Manager holds the position of Administrative Assistant 2, and at Chain O'Lakes (COL), the PREA Compliance Manager holds the position of Casework Manager 3.

The PREA Coordinator indicated he has sufficient time to manage all his PREA related responsibilities and advised the auditor that ensuring PREA compliance was his full time job and only responsibility. He advised 24 PREA Compliance Managers report to him (18 adult and 4 juvenile), and he communicates with them during annual meetings, conference calls, and emails. The PREA Coordinator acknowledged that he copies the Superintendents on all corespondence in order to keep them informed.

The PREA Compliance Managers indicated they have sufficient time to manager their PREA related responsibilities. The auditor was advised Miami (MCF)/(MCA) has a secretary available to assist the PREA Compliance Manager whenever needed. In addition, there is an assistant PREA Compliance Manager that backs up the PREA Compliance Managers. This staff member is the training director and he is responsible for providing PREA education to new hires during orientation and is also responsible for annual training to current employees. The PREA Compliance Manager at Miami (MCF)/(MCA) stated she prioritizes her responsibilities in order to ensure the job gets done.

The auditor was advised Indiana Department of Corrections currently has 7 Department of Justice certified PREA Auditors that are used to assist with the agency's PREA compliance. These staff have numerous responsibilities, which include: conducting internal mock audits of facilities, identifying any potential areas of non-compliance, and providing input when making policy revisions.

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

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states when contracts are prepared with agencies and organizations to house offenders for the Department, a provision shall be included to ensure that the agency/organization maintains a zero (0) tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment.

The auditor was advised the agency has renewed two contractors for the confinement of inmates on or after August, 20, 2012. These contracts were with Community Education Centers and The GEO Group Inc. The auditor reviewed both of the contracts and discovered language stating CEC and GEO agree to comply with PREA.

During interviews with the Agency Contract Administrator, it was discovered that each housing contract has an assigned contract monitor, and possibly multiple monitors, depending on the size of the facility. The contract monitor goes onsite and inspects the facility to ensure compliance with the PREA standards. The Executive Director of PREA would be responsible for collecting PREA compliance data on the contract facilities. The auditor was advised the agency currently has two housing contracts with GEO; New Castle Correctional Facility and Heritage Trail Correctional Facility. The Executive Director of PREA advised New Castle Correctional Facility has recently gone through a PREA audit, and Heritage Trail Correctional Facility has their PREA audit scheduled for July 19, 2016. In addition, the agency has nine housing contracts with community confinement facilities who comply with the PREA standards. The auditor was advised that two other community confinement facility contracts will be terminated, because the facilities did not undergo a PREA audit.

## Standard 115.13 Supervision and monitoring

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

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

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

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

1. Generally accepted detention and correctional practices;

2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);
6. The composition of the inmate population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable Federal, State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual conduct; and
11. Any other relevant factors.

The auditor was advised the staffing plan is reviewed annually in January. The most recent staffing plan review for Miami (MCF) was conducted January 29, 2016; the most recent staffing plan review for Chain O'Lakes (COL) was conducted January 28, 2016. The staffing plan was predicated on 2,924.4 inmates at Miami (MCF) and 187 inmates at Chain O'Lakes (COL). These numbers were the average daily number of inmates at each facility respectively. A review of this plan indicates the Miami (MCF) has 557 position control numbers (PCNs) assigned to its manning table, 443 Custody, 66 Administrative, and 48 Programs budgeted positions. Chain O'Lakes (COL) currently has 32 position control numbers (PCNs) assigned to its manning table, 23 Custody, 9 Administrative, and programs handled by volunteers. The auditor was advised the administrative and programs positions have dropped significantly over the years due to privatization and restructuring. The Superintendent has a standing order to post and fill all vacant custody positions.

The auditor was provided documentation showing the facilities document instances of non-compliance on the facility's Recap Report. The most common reasons for deviating from the staffing plan include; approved leave, training, trips, unauthorized leave, vacancy, and workers compensation/FMLA/STD.

Policy states intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

The PREA Compliance Manager and other staff designated by the Superintendent shall tour the facility at least quarterly to locate and identify areas that may require additional electronic or staff monitoring in order to prevent sexual abuse.

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

During interviews with the staff, it was discovered the facilities have a staffing plan that consists of mandatory and non-mandatory positions. The facilities may close non-mandatory positions whenever there are not enough staff on duty. The facilities will never close mandatory positions and would fill the mandatory positions with voluntary or mandatory overtime if needed. The auditor was advised video monitoring is included as a part of the staffing plan. The facilities use a template during their review of the staffing plan. The template ensures the review is considering all requirements under 115.13. The staffing plan is located in the Custody Office. The facilities conduct their own internal review of the staffing plan annually. In addition, the PREA Coordinator has conducted internal audits of the facilities in an effort to identify any potential issues. Each shift sends in their daily roster, which includes vacated posts. The Warden reviews this daily to ensure the facilities are in compliance with their staffing plan. The auditor was advised that the mandatory positions have always been filled. The PREA Coordinator is consulted regarding any assessments of, or adjustments to, the staffing plan. The auditor was advised all facilities review their staffing plan no later than January 31 of each year. This review is then sent to the Regional Director and the PREA Coordinator for their review. Interviews with intermediate and higher-level facility staff indicate these staff make unannounced rounds on both day and night shift (facilities operate on 12 hours shifts). These rounds are documented in the log book and are turned in daily to the PREA Compliance Manager. These staff indicated they make their rounds at different times each day and in different patterns to have the element of surprise. The auditor was advised the officers have been made aware they are not to alert other staff when the unannounced rounds are being made.

### **Standard 115.14 Youthful inmates**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

XX Not Applicable

Neither Miami (MCF)/(MCA) nor Chain O'Lakes (COL) house inmates under the age of eighteen (18). If an inmate were sentenced and under the age of eighteen (18); they would be housed at other facilities specifically for youthful inmates.

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

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

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

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

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

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

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

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

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

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

No such searches have occurred within the past 12 months.

The auditor was advised that 100% of all staff have received training in conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Staff are required to sign a Statement of Acknowledgement documenting they received this training. The auditor was provided with a signed Statement of Acknowledgement form.

During interviews with random staff, staff acknowledged receiving training in conducting cross-gender searches and searches of transgender and intersex inmates. Staff advised that the searches would be conducted by the staff of the same gender of the inmates at the facility; therefore, such searches would be conducted by male staff at Miami (MCF)/(MCA)/Chain O Lakes (COL). Staff were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining their genital status. Both staff and inmate interviews indicated when female staff enter the male housing unit, there is an announcement made of "female." This alerts the inmates of the female staff entering the housing units. Both staff and inmates also acknowledged inmates are able to shower, get dressed, and use the restroom without being viewed by the female staff.

During an interview with a transgender inmate, it was discovered transgender and intersex inmates are not housed in separate housing units and are housed with the general population. The auditor was advised staff are professional and do not make inappropriate comments when they search transgender and intersex inmates.

### **Areas Requiring Corrective Action**

During the onsite audit, the auditor toured the Control Room and discovered the officer working in the Control Room had the ability to pan and zoom into the shower areas in the dayrooms. The auditor was advised this was not a gender specific post; however, the agency was in the process of getting new video technology that would allow the agency/facility to "black out" the shower area and enable inmates to shower without being viewed by female staff working in the Control Room.

During the onsite audit, the auditor discovered the officer's station in the housing unit control rooms faced the shower area and enabled cross-gender viewing of the shower area whenever female staff work in this position.

During the onsite audit, the auditor discovered the showers inside the housing units had no doors or curtains and enabled cross-gender viewing when female staff entered the housing unit.

During the onsite audit, the auditor discovered any female staff working the RHU would be able to view inmates in the RHU shower.

### **Corrective Action Plan**

The auditor is requiring the facility to either designate the Control Room position as a gender specific post for male staff, or provide documentation showing the new video technology mentioned above has been installed.

The auditor is requiring the facility to provide documentation they have placed non-transparent film (or something similar) over the lower portion of these windows in the housing unit control rooms in order to prevent cross-gender viewing in the shower areas.

The auditor is requiring the facility provide documentation they have installed shower doors or shower curtains in the shower areas of the day rooms.

The auditor is requiring the facility provide documentation they have installed a removable privacy curtain (or something similar) to the outside of the RHU door that would prevent cross gender viewing in this area.

### **Final Determination**

During the Corrective Action Period, the agency upgraded its camera technology and provided the auditor with documentation stating staff in control no longer have direct access to view the shower area and do not have zoom capabilities. The auditor was

provided with photos from views of the housing unit cameras and confirmed staff can no longer view the inside of the shower areas.

During the Corrective Action Period, the auditor was provided with a memo, dated October 4, 2016, stated non-transparent film was purchased and installed in all fourteen (14) general housing unit control rooms by the shower area. In addition, the auditor was provided with, and viewed, several images of the non-transparent film placed on the on the windows near the shower area. The auditor confirmed the non-transparent film prevents cross-gender viewing in the shower areas.

During the Corrective Action Period, the auditor was provided with documentation stating shower doors were installed to all 28 gang showers. The auditor was provided with a sample of photos of the newly installed shower doors and confirmed these doors prevent cross-gender viewing when female staff work inside the housing units.

During the Corrective Action Period, the auditor was provided with documentation of a privacy shield that was installed in the middle area of the RHU shower doors. The auditor was provided with photos and confirmed the modification to the RHU doors prevents cross-gender viewing when female staff work in this area.

Based on the information listed above, the auditor has determined the facility now meets this standard.

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

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

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

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

Indiana Department of Corrections has an agreement with Language Training Center, Inc. for providing translation services. The agreement is for in-person interpretive services for foreign languages and includes American Sign Language.

The facilities have not had a need for an inmate interpreter, reader, or other type of inmate assistant in the past 12 months. If such need arises, the facilities are prepared to document the limited circumstances in individual cases where such assistance may be necessary.

During the pre-audit, the auditor was provided with a list of 5 staff members that were identified as speaking Spanish that could be used to translate, if needed. In addition, another staff member was identified as speaking French.

During the pre-audit, the auditor was provided with a memo stating in the event an offender incarcerated at Miami (MCF)/(MCA) requires the services of an interpreter due to their ability to understand the English language and there are no facility staff members available to interpret in the required language, the Indiana Department of Administration (IDOA) has established a Quick Purchase Agreement (QPA) to obtain the services of qualified interpreters for use in various situations to include PREA related issues. Any staff member who will require this services should follow the normal procurement process as outlined in current policies relating to QPAs. Any questions concerning this process should be referred to the business administrator for further clarification.

Staff interviews indicate the agency established an MOU for hotline and in-person interpreter services. Staff are required to read the PREA education to those inmates who cannot read. Staff were aware not to use inmate interpreters whenever translating for a limited-English speaking inmate that was alleging sexual abuse.

During the onsite audit, the auditor interviewed a Spanish speaking inmate using the interpreter hotline. The auditor was able to communicate with the inmate effectively. The Spanish speaking inmate advised the auditor that there are PREA posters available in Spanish. This inmate also confirmed there are Spanish speaking staff at the facility, who have discussed PREA with him in Spanish. This inmate also acknowledged he is able to read the PREA posters that are written in Spanish and understands this information.

### **Standard 115.17 Hiring and promotion decisions**

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

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

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

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

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

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

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

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

Subsequent criminal history background checks shall be completed at least every four (4) years on current employees, contractors, and volunteers who have contact with offenders.

During the past 12 months, all staff hired at both Miami (MCF)/(MCA) and Chain O’Lakes (COL) (including contractors and volunteers) have gone through criminal background record checks.

During the pre-audit, the auditor was provided with a sample of criminal background record checks.

During the pre-audit, the auditor was provided with mandatory pre-interview questions. One of the questions asks if the applicant has “ever been disciplined formally or informally for sexual harassment, inappropriate conduct, or behavior.”

During the pre-audit, the auditor was provided with a Prior Institutional Employer Form that is used to solicit sexual abuse information on applicants from their prior employers.

Interviews with the facility’s Human Resources staff indicate criminal background records checks are conducted on all staff, volunteers, and contractors who have contact with inmates. Sexual harassment would be considered when determining whether to hire or promote anyone. The auditor was advised criminal background records checks are conducted on all current employees annually by IDAC. During the application and promotional process, the auditor was advised employees are asked specific questions pertaining to previous sexual misconduct. Staff have an affirmative duty to disclose any such previous misconduct; this is included in their “Information of Standards of Conduct Policy.” Human Resources staff advised that if a former employee applies for work at another institution, upon request from that institution, the facility would provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. Human Resources shall confirm and document that the request originated from an institutional/correctional employer. After confirmation, Human Resources shall forward the Prison Rape Elimination Act Release of Information form, signed by the prospective employee, to the institutional/correctional employer for completion, signature, and return to Human Resources. Once the form is returned and received, Human Resources shall verify the dates of employment and forward the form to the Executive Director of PREA Compliance. The Executive Director of PREA Compliance shall research the Sexual Incident Report System (SIRS) for substantiated incidents involving the former employee, accurately complete the form, and return to the institutional/correctional employer.”

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

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect offenders from sexual abuse and sexual harassment.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance its ability to protect offenders from sexual abuse.

The auditor was advised the agency/facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012.

During the pre-audit, the auditor was provided with a proposal to upgrade the CCTV System at Miami (MCF). This upgrade includes 28 OMNI cameras (2 per housing building) that will replace the PTZ cameras. Camera retention will be for a minimum of 30 days. The auditor was also provided with a purchase order for 10 additional mirrors for Miami (MCF).

The auditor was advised during interviews with staff that the agency recently assigned one of the agency’s former PREA Compliance Managers to assist the Director of Construction Services. This staff member provides insight and recommendations whenever camera technology is upgraded. Camera technology would be added to any potentially vulnerable areas that were identified. Staff indicated there have been no modifications to the facility since August 20, 2012. Staff advised when installing video technology, they would look at past allegations of sexual abuse and focus on any of these areas as well as any blind spots discovered. Staff would review past reports and sexual abuse incident reviews and use this information to determine where to place new cameras.

## Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol that was adapted from or otherwise based on the most recent edition of the DOJ’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.

Any forensic evidence would be collected by trained SANEs at St. Vincent Hospital.

During the past 12 months, the Miami (MCF)/(MCA) has had 6 forensic medical examinations conducted by SAFEs/SANEs; Chain O’Lakes (COL) has not conducted any forensic examinations.

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

During the pre-audit, the auditor was unable to locate a formal MOU with St. Vincent Hospital. The auditor contacted the hospital and interviewed one of the SANE staff who stated forensic examinations would be conducted for any inmate who was sexually abused. The auditor was advised by the SANE staff that an MOU was not necessary.

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

In the event that a victim advocate is not available at St. Vincent Hospital, Miami (MCF)/(MCA) and/or Chain O’ Lakes (COL) would send a designated Sexual Assault Response Team (SART) member along with the victim to act as an advocate, when appropriate. The auditor was provided with documentation showing these staff members have received training in sexual assault response.

Random staff interviews indicated the SART team, PREA Compliance Manager, and Investigative Staff would be utilized to investigate sexual abuse investigations. Random staff advised that their immediate responsibility would be to separate the victim from the abuser, notify a supervisor, and notify medical staff. Random staff advised that typically any physical evidence would be obtained by SAFE staff at the local hospital. The auditor spoke with one of the SANE staff at St. Vincent Hospital and was advised the hospital has five SANE staff working at the hospital. The auditor was advised these staff operate on a call-out schedule and are available 24 hours a day, 7 days a week. Facility staff advised a SART certified staff member would accompany and provide emotional support for any inmate transported to the hospital for a forensic exam. The auditor was advised that some hospitals also provide their own victim advocate at the hospital. The agency uses a form to document any acceptance or refusal of victim advocate services. In addition to these services, any inmate who makes an allegation of sexual abuse is referred to Indiana Coalition Against Domestic Violence.

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

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

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

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

In the past 12 months, there have been 67 allegations of sexual abuse and/or sexual harassment received at Miami (MCF)/(MCA); and 1 allegation received at Chain O’Lakes (COL). All of these allegations resulted in administrative investigations. None of the allegations were investigated criminally.

The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

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

### **Standard 115.31 Employee training**

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

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

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

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

j. Relevant laws regarding the applicable age of consent.

The auditor was provided with a presentation guide and powerpoint presentation that is used to train all staff who have contact with inmates. A review of the powerpoint presentation indicates all required training topics are being covered.

Training is tailored to the gender of the inmates at the facility.

Employees who are reassigned from facilities housing the opposite gender are given additional training.

All staff that are currently employed by the facilities have received PREA training.

Staff receive refresher training annually. Between trainings, staff receive refresher training verbally, through email, during roll call, and through policy updates. Staff are required to sign an Acknowledgement of Receipt of Training and Brochures, "Sexual Assault Prevention" form, acknowledging they have received the required training. The auditor was provided with a sample of acknowledgement forms, documenting this training.

Random staff interviews indicated staff are receiving the required training under 115.31. Staff advised their PREA training lasted approximately one full day. Staff were aware of the agency's zero tolerance policy and their responsibilities under PREA.

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

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

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

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

Contractors and Volunteers receive the same powerpoint training that the security staff receive. This powerpoint contains specific information and training for contractors and volunteers.

The auditor was advised that 348 volunteers and/or individual contractors at Miami (MCF)/(MCA) and 111 at Chain O' Lakes (COL), who have contact with inmates, have received this training. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

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

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

### **Standard 115.33 Inmate education**

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

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

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

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

- a. The Department's zero tolerance of any sexual abuse and sexual prevention and intervention;
- b. Self-protection;
- c. Reporting sexual abuse and sexual harassment, and;
- d. Treatment and counseling available to offenders who are victims of sexual abuse.

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

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

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

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

The auditor was provided with a sample of Offender Education forms that have been signed by inmates who have received this information.

All inmates admitted into the facility, both at Miami (MCF)(MCA) and Chain O'Lakes (COL), within the past 12 months were given this information at intake.

All inmates admitted into the facility, both at Miami (MCF)(MCA) and Chain O'Lakes (COL), whose length of stay was 30 days or more, received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

During the pre-audit, the auditor was provided with a copy of the sexual abuse poster that is posted in the housing units. The poster contains reporting information and states inmates may report sexual abuse by: 1) telling any staff member, 2) Dialing #80, and 3) Filing a grievance, or by having a family member file a report on their behalf. The auditor was also provided with information

stating inmates may report through the JPay Kiosk. The auditor had an inmate demonstrate the use of the #80 hotline as well as reporting through JPay.

Interviews with a member of the intake staff indicated the inmates are provided with PREA education within a few hours of intake. Intake staff advised the information is read and explained to the inmates, they are provided with PREA brochures, and they are required to watch a PREA video. This information is then gone over with the inmates a second time approximately 30 days after intake. Inmates are required to sign an acknowledgement sheet, acknowledging the training they received.

#### **Standard 115.34 Specialized training: Investigations**

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

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

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

The auditor was provided with the presentation guide for conducting sexual abuse investigations. A review of this material indicates all training topics required under 115.34 are included.

The auditor was provided with documentation showing five staff members have completed the required training for conducting sexual abuse investigations in confinement settings. All five staff members received 3 hours of online training from the National Institute of Corrections.

An interview with the facility investigative staff indicates investigators receive training specific to conducting sexual abuse investigations in confinement settings. The auditor was advised this training consisted of online training provided by the National Institute of Corrections (NIC). The investigator confirmed the training topics included; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, as well as the criteria and evidence required to substantiate a case for administrative and prosecution referral.

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

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

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

Medical and mental health staff receive PREA training. The auditor was provided with a powerpoint training from Corizon. This

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

The auditor was advised that all medical and mental health staff at Miami (MCF)/(MCA) and Chain O'Lakes (COL) have received this training.

Facility medical staff do not conduct forensic examinations. Such examinations are conducted at St. Vincents Hospital by trained SANEs.

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

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

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

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

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

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

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

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

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

#### **Areas Requiring Corrective Action:**

Interviews with a random sample of inmates as well as a review of risk screening documentation, shows inconsistencies in when

risk screenings were being conducted. During interviews with the staff, the auditor was advised all inmates entering Miami (MCF)/(MCA) within the past 12 months have received a risk screening. Staff acknowledged that most inmates received an initial screening within 72 hours of intake; however, staff recently discovered 30 day risk screenings were not being conducted consistently. On May 1, 2016, the facility put procedures in place to ensure the 30 day risk screenings were being completed within 30 days of intake.

Staff at Chain O' Lakes indicated they were not screening inmates that transferred to their facility.

**Corrective Action Plan:**

As part of the corrective action plan, the auditor is requiring the facility to conduct initial screenings within 72 hours of intake and conduct rescreenings within 30 days of intake. The auditor is requiring Miami (MCF)/(MCA) and Chain O' Lakes (COL) track their risk screenings in a spreadsheet, logging the date of intake, date of the initial 72 hour screening, and date of the 30 day screenings. The auditor is requesting this information be provided three months after the submission of the Interim Report, October 8, 2016. On or about October 8, 2016, the auditor will request the risk screenings from a sample of the inmates on the spreadsheet. The auditor will review the screenings and look to see if the initial screenings are being conducted within 72 hours of intake, as well as if the 30 day screenings are being conducted within 30 days of intake.

**Final Determination**

During the Corrective Action Period, the auditor was provided with 72 hour and 30 day risk screening documentation from both the Miami Correctional Facility and the Chain O'Lakes Facility. The auditor was provided with risk screening tracking spreadsheets in June, July, August, September, and October. In addition to reviewing the tracking spreadsheets, the auditor requested a random sample of risk screenings from both facilities. After reviewing this information, the auditor has determined the facility is now consistently conducting the risk screenings within the appropriate time period. Based on the information listed above, the auditor has determined the facility now meets this standard.

**Standard 115.42 Use of screening information**

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

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders who are identified as a "likely PREA aggressor" shall not be housed in the same cell as or in a bed adjacent to offenders who identified as a "likely PREA victim." Offenders who have been identified as "likely PREA victim" shall not be housed in the same cell as or in a bed adjacent to an offender identified as a "likely PREA aggressor."

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders identified as Intersex or Transgender shall receive an initial placement and programming assessment with subsequent reassessments conducted every six months. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's

health and safety, and whether the placement would present management and security problems.

Interviews with LGBTI inmates indicated such inmates are not segregated and are housed with the general population. Transgender inmates indicate counselors asked them screening questions periodically. Transgender inmates indicated they are never strip searched for the sole purpose of determining their genital status. Transgender inmates also indicated they are given the opportunity to shower in single shower stalls.

Staff interviews indicated inmates who screened to be PREA Victim Likely would be housed separately from those that screened to be PREA Aggressor Likely. The auditor was advised these two types of inmates could be housed in the same housing unit, but not in the same cell. Both PREA Victim Likely inmates and PREA Aggressor Likely inmates would be housed with general population inmates. The auditor was advised transgender inmates would be housed with the general population and would be reviewed every 90 days. A transgender or intersex inmates own views in regards to their own safety would be given serious consideration in these decisions. Transgender and intersex inmates would be provided access to shower by themselves.

During the onsite audit, the auditor reviewed the housing locations for 16 inmates who were identified as being a PREA Victim Likely/PREA Aggressor Likely and discovered inmates who were identified as PREA Victim Likely were housed separately from those inmates who were identified as PREA Aggressor Likely.

### **Standard 115.43 Protective custody**

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Any such determination shall clearly document the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be made. Such assignment shall not ordinarily exceed a period of thirty (30) days (for juvenile offenders this assignment shall be reviewed every twenty-four (24) hours). Any assignment exceeding thirty (30) days shall be clearly documented providing justification for such placement. Any offender placed in restrictive status housing for this purpose, shall have access to programs, privileges, education, and work assignments to the extent possible. Should any programs be restricted, the facility shall document the opportunities that have been limited, the duration, the limitation, and the reasons for such limitations.

### **Areas Requiring Corrective Action**

Staff interviews indicated inmates who alleged sexual abuse would be placed in involuntary segregated housing. The auditor was advised such inmates would not have access to programs, privileges, education, or work opportunities. The auditor was advised the facility currently did not document the opportunities that were limited, the duration of the limitations, and the reasoning for the limitations. The auditor was advised there was no set time period an inmate could be held in involuntary segregated housing, but was advised they typically would not be housed longer than two months.

Inmate Interviews indicated inmates were reluctant to report sexual abuse due to such inmates being moved to involuntary segregated housing.

### **Corrective Action Plan**

As part of the Corrective Action Plan, the auditor required that anytime an inmate alleged sexual abuse, the facility use the recently

developed PREA Housing Assignment Review form to determine the inmate's housing assignment. The auditor requested the facility provide documentation for any inmate who alleged sexual abuse during the Corrective Action Period.

### Final Determination

During the Corrective Action Period, the auditor was advised that only one inmate who has reported sexual abuse during the Corrective Action Period was housed in involuntary segregated housing. The auditor was provided with a completed PREA Housing Assignment Review form for this inmate. The form documents the reasoning for the housing decision, as well as any recreation, education, work assignments, and other privileges that were restricted. In addition, the form documents the duration of any restrictions. Based on the information listed above, the auditor has determined the facility now meets this standard.

### Standard 115.51 Inmate reporting

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

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

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

The Offender Handbook states:

The Department wants you to have a safe place to live while you are in one of its facilities and it wants staff and visitors to be safe. The Department has a program to prevent unwanted sexual conduct in the facilities. The Department does not permit sexual conduct between staff, volunteers, contractors or offenders. Sexual conduct between staff, volunteers, contractors and offenders, no matter whether wanted or not, is strictly prohibited. In cases where sexual conduct has been alleged, a thorough investigation shall be conducted. In those cases where it appears unwanted sexual contact has taken place, quick action will be taken and disciplinary action taken if needed.

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

The Offender Handbook states inmates may report sexual abuse any of the following ways:

- 1) Speaking with any staff member, contractor, volunteer, or crew supervisor.
- 2) Filing a grievance form.
- 3) Dialing # 80 on the telephone system.
- 4) Sexual Assault Reporting through JPay.
- 5) Dialing #66 for access to a Victim Advocate
- 6) Having a family member or friend contact the facility on your behalf, or anonymously through email, or by telephoning (toll free) the IDOC Sexual Assault Hotline. This information is posted in the visitation building.

The auditor was provided with a copy of PREA posters in both English and Spanish. The posters state inmates may report by

telling a staff member, dialing #80, filing a grievance, or having a family/friend report on their behalf. The auditor was also provided with reporting instructions for JPay, and also reporting to the Indiana Coalition Against Domestic Violence.

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

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

Third party reports by family, friends, and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877) 385-5877.

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

During the pre-audit, the auditor was provided with a sample of a verbal report that was received and documented by the staff member receiving the report. The report sampled indicated the report was documented by the staff member immediately after receiving the report.

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

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

## **Standard 115.52 Exhaustion of administrative remedies**

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

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

Executive Directive #16-20 states when receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Superintendent. The Superintendent shall take immediate corrective action. The Superintendent shall forward the emergency grievance to the Executive Assistant, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. The Superintendent shall also forward the emergency grievance to the Department's Offender Grievance Manager, who shall issue a final Department decision within five (5) calendar days to the offender who filed the grievance. The initial response and final Department decision shall document the Department's

determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. The determination that a grievance is not an emergency may be appealed through the normal grievance procedures as directed in this policy and administrative procedure.

Indiana Department of Corrections Offender Grievance Process 00-02-301 states this subsection presents guidelines for the filing of grievances alleging that an offender is subject to a substantial risk of imminent sexual abuse, and removing the standard time limits on submission for a grievance regarding an allegation of sexual abuse. Standard time limits may apply to any portion of the grievance that does not allege an incident of sexual abuse. The Department shall not require an offender to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.

An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident. Sexual abuse as defined in policy 02-01-115, "Sexual Assault Prevention, Investigation, Victim Support, and Reporting," consists of non-consensual sex acts, abusive sexual contact, and staff sexual misconduct. Such a grievance shall not be referred to a staff member who is subject of the complaint. The Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Determination of the ninety (90) day time period shall not include time consumed by the offender in preparing any administrative appeal.

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

In the past 12 months, Miami (MCF)/(MCA) has received one grievance alleging sexual abuse. The final decision was reached within 90 days of being filed.

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

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

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

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

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

The Inmate Handbook states inmates can dial (toll free) #66 to speak with a victim advocate with Indiana Coalition Against Domestic Violence “ICADV”.

Posters contain information on victim advocate services that are available to victims of sexual abuse. These posters include information on the ICADV Hotline, as well as the mailing address to ICADV.

The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.

The facility informs inmates, prior to giving them access to outside support services, of the mandatory rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

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

During interviews with inmates who reported sexual abuse, inmates acknowledged receiving and/or having access to mailing addresses and telephone numbers for outside services. Inmates advised they can call #66 and speak with someone from Indiana Coalition Against Domestic Violence. The auditor was advised inmates can speak with a representative in a confidential manner anytime they had access to the phones.

Interviews with random inmates indicate inmates are provided with victim services information during orientation and are provided with brochures containing this information.

#### **Standard 115.54 Third-party reporting**

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

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

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

#### **Standard 115.61 Staff and agency reporting duties**

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

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

### **corrective actions taken by the facility.**

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

If medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the offender and report their suspicions of all incidents of offender sexual assaults that occur in the Department with Internal Affairs staff. Offenders can refuse to report incidents that occurred prior to their incarceration in the Department.

Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the PREA Compliance Manager or staff involved with investigating the alleged incident.

During the pre-audit, the auditor was provided with documentation from verbal, anonymous, and third-party reports that were received and investigated.

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

### **Standard 115.62 Agency protection duties**

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

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

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

In the past 12 months, there have not been any instances where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicated that if an inmate were at substantial risk of imminent sexual abuse, the facility could contact the Classification Director at any time and request an emergency transfer. Any inmate could be moved within a matter of hours. If necessary, involuntary segregated housing would be utilized; however, this would only be until alternative housing could be arranged and would be used only as a last resort.

### **Standard 115.63 Reporting to other confinement facilities**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

The Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedures.

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

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

Staff interviews indicate that if the facility received an allegation from an outside facility, the matter would be forwarded for investigation.

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

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

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

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

In the past 12 months, there have been 30 allegations that an inmate was sexually abused at Miami (MCF)/(MCA); no such cases were reported at Chain O’Lakes (COL). In all 30 of these allegations, the first security staff member to respond to the report separated the alleged victim from the abuser.

In the past 12 months, there have been 5 allegations where staff were notified within a time period that still allowed for collection of physical evidence. In all 5 of these cases, the first security staff member to respond to the report:

- 1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:

- 2) Requested 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:
- 3) Ensured 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.

During an interview with a staff who acted as a first responder, this staff member advised when the incident occurred he immediately separated the alleged victim from the abuser and ensured the alleged victim and abuser did not do anything that could destroy evidence (eat, drink, brush teeth, wash, changing clothes, etc.). The crime scene was secured and medical and mental health staff were notified.

During interviews with random staff, inmates indicated that if a staff member received a report of sexual abuse, they would; separate the victim and abuser, secure the crime scene, tell both the victim and abuser not to brush teeth, wash, eat or drink, use the restroom, secure the crime scene, and notify medical and a supervisor.

During interviews with inmates who reported sexual abuse, inmates indicated staff respond immediately to reports of sexual abuse.

### Standard 115.65 Coordinated response

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

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

Facility Directive MCF IA-006 outlines the facility’s coordinated response plan and includes the specific responsibilities of the First Responders, Internal Affairs Investigator, Medical Staff, and the PREA Compliance Manager.

Staff interviews confirm the facility has a coordinated response plan in place in the event an inmate were sexually abused.

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

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

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

XX Not applicable

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

### Standard 115.67 Agency protection against retaliation

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

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

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

The facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual conduct or sexual harassment or for cooperating with investigations.

For at least ninety (90) days or three consecutive PREA Committee Meetings following an allegation of sexual abuse, the facility PREA Committee shall monitor and document the conduct and treatment of offenders or staff who have reported sexual abuse to see if there are any changes that may suggest possible retaliation by offenders and staff, and shall act promptly to remedy any such retaliation.

The Community Involvement Coordinator is the designated staff member that monitors retaliation at Miami (MCF)/(MCA) and Chain O’ Lakes (COL).

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

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

There have not been any incidents of retaliation that have occurred within the past 12 months.

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

### Standard 115.68 Post-allegation protective custody

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

- Does Not Meet Standard (requires corrective action)

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

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

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

#### **Areas Requiring Corrective Action**

Staff interviews indicated inmates who alleged sexual abuse would be placed in involuntary segregated housing. The auditor was advised such inmates would not have access to programs, privileges, education, or work opportunities. The auditor was advised the facility currently did not document the opportunities that were limited, the duration of the limitations, and the reasoning for the limitations. The auditor was advised there was no set time period an inmate could be held in involuntary segregated housing, but was advised they typically would not be housed longer than two months.

Inmate Interviews indicated inmates were reluctant to report sexual abuse due to such inmates being moved to involuntary segregated housing.

#### **Corrective Action Plan**

Based on the information listed above, the auditor initially showed the facility as not meeting this standard. As part of the Corrective Action Plan, the auditor required that anytime an inmate alleged sexual abuse, the facility use the recently developed PREA Housing Assignment Review form to determine the inmate’s housing assignment. The auditor requested the facility provide documentation for any inmate who alleged sexual abuse during the Corrective Action Period.

#### **Final Determination**

During the Corrective Action Period, the auditor was advised that only one inmate who has reported sexual abuse during the Corrective Action Period was housed in involuntary segregated housing. The auditor was provided with a completed PREA Housing Assignment Review form for this inmate. The form documents the reasoning for the housing decision, as well as any recreation, education, work assignments, and other privileges that were restricted. In addition, the form documents the duration of any restrictions. Based on the information listed above, the auditor has determined the facility now meets this standard.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy and The Operation of the Office of Investigations and

Intelligence Policy outline the agency/facility policy related to criminal and administrative investigations. Policy states investigations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Policy states substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Policy states all reports shall be kept for the length of the offender's/youth's sentences or the length of the employee's employment plus five (5) years.

The facilities, Miami (MCF)/(MCA) and Chain O'Lakes (COL), have not referred any allegations of conduct that appeared to be criminal for prosecution since August 20, 2012.

An interview with the facility investigator indicates all investigators who conduct sexual abuse investigations receive specialized training. The auditor was advised the facility investigator received online training through the National Institute of Corrections (NIC). Training topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, as well as the criteria and evidence required to substantiate a case for administrative and prosecution referral. The auditor was advised that the facility investigator would investigate administrative investigations while Intelligence and Investigations (I & I) would investigate criminal investigations. Investigations would be documented in written reports and would include; victim and witness statements, video footage, and any physical evidence. If an outside agency were conducting the investigation, the Intelligence and Investigations (I & I) Officer and facility investigator would keep track and remain informed on the progress of the investigation.

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

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

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

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

Staff were unfamiliar with the criteria and evidence required to substantiate an allegation of sexual abuse. Prior to the completion of the Final Report, the auditor was provided with a refresher training memo send to MCF Division of Investigations & Intelligence Staff. The memo cited agency policy, which states the substantiation standard for sexual abuse and sexual harassment investigations is a preponderance of the evidence. Due to the fact that this matter was addressed immediately following the onsite audit (prior to the conclusion of the final report), the auditor is showing the facility as meeting this standard.

#### **Standard 115.73 Reporting to inmates**

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

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

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

During the pre-audit, the auditor was provided with a sample of Report of Investigation of Incident forms that are used to inform offenders of the investigation findings.

There were 66 investigations of sexual abuse/sexual harassment completed by the agency/facility, at Miamic (MCF)/(MCA) within the past 12 months. At the conclusion of these investigations, the victim was notified of the results of the investigation in all but one instance.

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

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

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

During the onsite audit, the auditor reviewed a sample of notifications and discovered documented notifications are being provided to inmates.

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

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

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

termination from employment and criminal prosecution.

In the past 12 months, there have not been any staff from the facility who have violated agency sexual abuse or sexual harassment policies.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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 law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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

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

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

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

In the past 12 months, there have not been any contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

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

Staff interviews indicated if a contractor or volunteer violated the agency's sexual abuse and/or sexual harassment policies, they would be banned from the facility (even for minor violations of policy).

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

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

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

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

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

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

During the pre-audit, the auditor was provided with a copy of a Report of Disciplinary Hearing that was conducted on an inmate that violated the agency sexual abuse and sexual harassment policies.

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states following an investigation substantiating an incident of offender-on-offender sexual abuse; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate.

The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency prohibits all sexual activity between inmates and disciplines inmates for such activity. This activity constitutes sexual abuse only if the facility determines the activity is coerced.

Staff interviews indicate inmates found to have engaged in inmate-on-inmate sexual abuse can face criminal charges as well as disciplinary segregation. In addition, the inmate could lose good time, recreation, phone, and visitation privileges. Staff advised perpetrators would be offered services in an effort to identify the motivating factors for the abuse and provide treatment to address this behavior. Staff were unaware whether or not the facility would gauge an inmate's participation in these programs as a condition of access to programming and other benefits. Prior to the completion of the Interim Report, the auditor was provided with a memo addressed to mental health staff advising them to notify the IPCM anytime an inmate who is known to have engaged in inmate-on-inmate sexual abuse refuses to participate in these programs. The auditor was advised such an inmate's refusal would be discussed during the next PREA monthly meeting in order to determine whether or not the facility is going to require the inmate to participate in these programs as a condition of access to programming or other benefits.

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

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

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

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

If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, 100 % of all inmates, at Miami (MCF)/(MCA), that disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

In the past 12 months, 100% of all inmates, at Miami (MCF)/(MCA) that previously perpetrated sexual abuse, as indicated in the screening, were offered a follow up meeting with a mental health practitioner.

Information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Medical and Mental Health staff advised they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

During the onsite audit, the auditor was provided with documentation of an informed consent form as well as medical/mental health secondary materials.

### **Areas Requiring Corrective Action**

During the site visit at Miami (MCF)(MCA), the auditor randomly selected six inmates who disclosed prior sexual victimization during their risk screening. The auditor was advised that only two of these six inmates were offered a follow up with a mental health practitioner.

During the site visit at Chain O' Lakes (COL), the auditor was advised there were two inmates who disclosed prior sexual abuse during their risk screening. One of these inmates was interviewed and indicated he had not been offered a follow up evaluation with mental health staff. During interviews with staff at Chain O' Lakes (COL), it was discovered staff were unclear on how inmates who disclosed prior sexual victimization and/or previously perpetrated sexual abuse would receive a mental health evaluation (within 14 days of the screening). Staff indicated these services were currently not available at Chain O' Lakes (COL) and such inmates would more than likely be transferred to a facility that could provide these services.

### **Corrective Action Plan**

The auditor is requiring both Miami (MCF)/(MCA) and Chain O' Lakes (COL) develop procedures to ensure inmates who disclosed prior sexual victimization and/or previously perpetrated sexual abuse are offered a follow up evaluation with a mental health practitioner within 14 days of the intake screening. The auditor is requiring both Miami (MCF)/(MCA) and Chain O' Lakes (COL) provide a list of all inmates who disclosed prior sexual victimization and/or previously perpetrated sexual abuse during the corrective action period. In addition, both Miami (MCF)/(MCA) and Chain O' Lakes (COL) will be required to provide documentation showing these inmates were offered a follow up evaluation with a mental health practitioner within 14 days of the intake screening. The auditor is requesting this information be provided three months after the submission of the Interim Report, October 8, 2016.

### **Final Determination**

During the corrective action period, the auditor was provided with procedures to ensure inmates who disclosed prior sexual victimization and/or previously perpetrated sexual abuse were offered a follow up evaluation with a mental health practitioner within 14 days of the intake screening. The auditor was provided with a list of all inmates who disclosed prior sexual victimization and/or previously perpetrated sexual abuse during the corrective action period. The auditor was provided with documentation showing all 14 of these inmates received a follow up with a mental health practitioner within 14 days. Based on the information listed above, the auditor has determined the facility now meets this standard.

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

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states inmate victims of sexual abuse receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation.

The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement.

Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Victims of sexual abuse shall be provided counseling by Health Care staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following sexual abuse.

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

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

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

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

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

Female inmates are not housed at Miami/Chain O’Lakes Correctional Facility; therefore, 115.83 (d)-1 and 115.83 (e)-1 are not

applicable.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

If the facility is a prison, it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Staff indicated victims of sexual abuse would be provided with initial stabilization treatment. In addition, the inmate would be transferred to a hospital for a forensic exam, if appropriate. The auditor was advised upon return to the facility, the inmate would more than likely be transferred to another facility where the inmate could receive follow-up medical and mental health services. Once the inmate was released from prison, a mental health referral for the county where the inmate resides would be set up so that the inmate has an avenue for continued treatment upon release. Any medical and mental health care services offered would be consistent with community level care.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

Indiana Department of Corrections Sexual Abuse Prevention Policy states the PREA Committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including whether the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

In the past 12 months, there has been 65 completed investigations at Miami (MCF)/(MCA) and 1 completed investigation at Chain O'Lakes (COL). All of these completed investigations were followed by a sexual abuse incident review within 30 days of the completion of the investigation.

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

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

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

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

During the onsite audit, the auditor reviewed a sample of sexual abuse incident reviews. All sexual abuse incident reviews sampled were conducted within 30 days of the conclusion of the investigation. All sexual abuse incident reviews were well documented and

neatly organized. In addition to the sexual abuse incident reviews, the facility provides the agency with a monthly report of all sexual abuse related data. Such data is reviewed and analyzed on a monthly basis.

### **Standard 115.87 Data collection**

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

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

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Indiana Department of Corrections Sexual Abuse Prevention Policy contains a set of definitions for prohibited behaviors.

All investigations, regardless of the outcome (substantiated, unsubstantiated, or unfounded), shall be reported through the Sexual Incident Report.

The Executive Director of PREA shall develop a Department-wide report based upon the Sexual Incident Reports provided by the facilities.

During the pre-audit, the auditor was provided with data collected using the Department of Justice (DOJ) SSV form for 2014.

The agency aggregates the incident-based data at least annually.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. A review of the data provided indicates the data from private facilities complies with SSV reporting regarding content.

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

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

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

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

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

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

During the pre-audit, the auditor was provided with an annual report from 2014. This annual report contained statistical information on sexual abuse investigations, as well as problems identified and corrective actions taken. The auditor was also provided with documentation showing a statistical break down of all allegations at every facility.

The 2014 annual report included a comparison to 2012 and 2013, and was approved by the Commissioner.

The 2014 annual report provides an assessment of the agency's progress in addressing sexual abuse.

Indiana Department of Corrections has SSV reports from 2011, 2012, 2013, and 2014 posted on its agency website.

When the agency regacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

The agency indicates the nature of the material redacted.

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

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

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

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

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

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

The Sexual Incident Report shall be filed in the Confidential section of the offender facility packet. It shall not be released to offenders or the public, unless court-ordered.

Aggregate data regarding Sexual Incident Reports can also be requested from the Division of Research and Technology.

The Executive Director of PREA shall develop a Department-wide report based upon the Sexual Incident Reports provided by the

facilities. This report shall be completed by the federally mandated date and presented to the Department's Executive Staff for review and ensure the report is made readily available to the public through the department website, ensuring all personal identifiers are redacted.

The Executive Director of PREA shall maintain sexual abuse data for ten years after collection. Sexual Incident Reports and investigation reports shall be retained for five years beyond the abusers incarceration or employment.

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

**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.

Jeff Kovar

January 2, 2017

Auditor Signature

Date