

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

Interim Final

Date of Interim Audit Report: 10/18/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 11/20/20

Auditor Information

Name: Sonya Love

Email: sonya.love57@outlook.com

Company Name: Diversified Consultant Services

Mailing Address: P.O. Box 452

City, State, Zip: Blackshear, Georgia 31516

Telephone: (678) 200-3446

Date of Facility Visit: July 13-14, 2020 Click or tap here to enter text.

Agency Information

Name of Agency: Indiana Department of Correction

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Physical Address: 5124 W. Reformatory

City, State, Zip: Pendleton, IN 46064

Mailing Address: 5124 W. Reformatory

City, State, Zip: Pendleton, IN 46064

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Robert Carter

Email: RoCarter1@idoc.in.gov

Telephone: (317) 233-5541

Agency-Wide PREA Coordinator

Name: Bryan Pearson

Email: BPearson@idoc.in.gov

Telephone: (812) 526-8273

PREA Coordinator Reports to:

Executive Director of Adult Facilities

Number of Compliance Managers who report to the PREA Coordinator:

21

Facility Information

Name of Facility: Pendleton Correctional Facility

Physical Address: 4490 W. Reformatory Rd.

City, State, Zip: Pendleton, IN 46064

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip:

Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: IDOC.GOV

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Warden Dushan Zatecky

Email: DZATECKY@idoc.in.gov

Telephone: 765-778-2107 ext. 1260

Facility PREA Compliance Manager

Name: Laura "Renee" Bodkin

Email: labodkin@idoc.in.gov

Telephone: 765-778-2107 ext. 1579

Facility Health Service Administrator N/A

Name: Lisa Gibson

Email: lhamblen@idoc.in.gov	Telephone: 765-778-2107 ext. 1579 <small>Click or tap here to enter text.</small>	
Facility Characteristics		
Designated Facility Capacity:	1986	
Current Population of Facility:	1854	
Average daily population for the past 12 months:	1864	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females and Males <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-85	
Average length of stay or time under supervision:	789 days	
Facility security levels/inmate custody levels:	3/4	
Number of inmates admitted to facility during the past 12 months:	789	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	789	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	789	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<small>Click or tap here to enter text.</small> <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider	

	<input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	427
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	152
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	95
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	120
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	15
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a	8

<p>control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	
<p>Number of single cell housing units:</p>	<p>8</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>2</p>
<p>Number of open bay/dorm housing units:</p>	<p>5</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>406</p>
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	7
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	7
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-audit preparation

The standards used for this audit became effective August 20, 2012. An internet search confirmed that Pendleton Correctional Facility (PCF) 2016 final PREA report was posted on the agency and facility website on August 26, 2016. Further, in reviewing the IDOC website the Auditor found the following PREA related information:

IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS

To report an incident of sexual abuse or sexual harassment on behalf of an inmate please call (877) 385-5877 or email IDOCPREA@idoc.in.gov

Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:
 - Date of the alleged incident.
 - Victim's name and DOC number and facility
 - All alleged perpetrators names and DOC numbers
 - Location of alleged incident
 - Any other information provided regarding the incident

*For more information on the Prison Rape Elimination Act (PREA) visit: www.prearesourcecenter.org

IDOC SURVEY of SEXUAL VIOLENCE REPORTS

- Survey of Sexual Victimization Reports, 2011-2018

IDOC AGENCY ANNUAL REPORT

- Annual reports, 2013-2019

- Annual Sexual Prevention Report 2019 Year, Pendleton Correctional Facility, dated 2/04/2020

Indiana Ombudsman Bureau

The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from offenders housed in DOC facilities or offenders' family members that the DOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. The director of the bureau was appointed by the Governor in May 2005. The Ombudsman Bureau reviews complaints from inmates across the state and provides recommendations to the IDOC for resolution. The Ombudsman Bureau completes a monthly report of substantiated complaints which includes an overview of monthly activity and any follow-up if necessary. The Lead Auditor found an unrelated PREA complaint dated November 2018 from an inmate at Indiana State Prison, regarding classification.

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. The facility completed the Pre-Audit Questionnaire and uploaded with supporting documentation on February 13, 2019. Correspondence with the PREA Coordinator and PREA Compliance Manger took place throughout the audit process. The Auditor was provided access to all PREA related documents and files.

Local and National Victim Advocacy

The Indiana Coalition Against Domestic Violence: 800-332-7385

National Domestic Violence Hotline: 800-799-7233 TTY 800-787-3224
<http://www.thehotline.org/>

National Suicide Prevention Lifeline: 800-273-8255 TTY 800-799-4889
<https://suicidepreventionlifeline.org/>

National Sexual Assault Hotline: 800-656-4673
<https://www.rainn.org/> *24/7 Live Chat*

National Child Abuse Hotline: 800-422-4453
<https://www.childhelp.org/hotline/>

Inmate Handbook

An examination of the inmate handbook revealed that PCF inmate education includes information about:

- Mental Health Services and how to access the service

- Education: Academic and technical training provided at most facilities
- Access to law libraries that may be used for legal research
- Substance abuse: Programming is available in all facilities
- Education: Educational and treatment programs for inmate victims of sexual abuse and inmates with a history of abusiveness, either during a current commitment or previously.
- Telephone calls will be monitored and recorded, apart from calls to your attorney or legal representative.
- Inmates may have access to legal representatives, including consular officials, and the courts to the extent required by statute, treaty, court order, rule, or policy
- Sexual Assault Prevention and Reporting
- Offender Grievance Process

Pre-Audit Questionnaire (PAQ)

The Auditor completed a document review of the Pendleton Correctional Facility Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, PREA Compliance Manager and the Auditor.

Documentation request:

The following documentation was requested for the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmate census the first day of the audit
- A roster of new employees hired in the past 12 months
- Staffing Plan
- Unannounced institutional rounds
- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors

Entrance Briefing and Tour (On-site Audit)- First day

The audit began on July 9th, 2020 with the telephonic interviews of specialized staff. The onsite audit began of July 13 -14, 2020. The on-site portion of the audit was conducted by Sonya Love, Certified PREA Auditor. A meeting took place with management staff to outline the auditor's sampling strategy, logistics for the facility tour, the interview schedule and to discuss the need to review additional directives, policies, and supplemental documents. The

Auditor Sonya Love was provided a private room in which to work and interview staff and inmates.

NARRATIVE

Pendleton Correctional Facility (PCF) is located at 4490 W. Reformatory Road, Pendleton, Indiana. The facility is being audited by Diversified Consultants, certified PREA Auditor, Sonya Love. Following telephone and email communication with the agency PREA Coordinator and facility PREA Compliance Manager, review of documents using the Synciplicity virtual platform began prior to onsite portion of the audit. The audit team included Nikki Tucker. Her role was limited to administrative review of this document for clarity, conciseness, grammar, spelling, formality, punctuation, and vocabulary.

Pre-audit

The facility PREA Compliance Manager provided the Auditor with a time-stamped photo of the PREA notice postings. The Auditor received access to an electronic database termed Synciplicity where the agency stored data relevant to the audit. In Synciplicity the Auditor found PREA standards along with supporting documentation. The Auditor reviewed the Pre-Audit Questionnaire, policies/procedures, organization charts, staffing plan as well as other related documents using the Synciplicity software platform.

On-site Review

On July 13, 2020, the Auditor arrived, and met with the Warden, PREA Coordinator, and PREA Compliance to discuss the logistics of the audit process. The onsite team consisted of one certified Auditor.

Due to the Corona virus pandemic, active quarantines and limited access to specialized practitioners caring for inmates some interviews took place telephonically. Random staff and inmate interviews with staff took place onsite. The audit facility tour excluded some living units due to active quarantine of some living units.

The Auditor requested and received an updated roster of staff and inmates for the facility on the first day of the audit. The inmate roster was collated by housing units. The Auditor also requested and received a roster of targeted inmates. The targeted population included inmates in the following categories:

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

The Auditor conducted a site review of the facility. The PREA Coordinator, PREA Compliance Manager and Major escorted the Auditor. The team toured every housing units except the quarantine units. The facility tour included a site review of medical, mental health, the main kitchen, the warehouse, intake processing area, the laundry, main control, all maintenance shops, industries areas, education, outside recreation, gym, and chapel. The Auditor tested dayrooms telephones for access to reporting sexual abuse or harassment and access to outside advocacy organization

Furthermore, during the tour the Auditor noted placement of camera, potential blind spots, staff and inmate ratios, coverage of surveillance cameras, inspected inmate bathrooms and showers to identify potential concerns with privacy and any potential for opposite cross-gender viewing of inmates. The telephone system was randomly tested for. PREA related informational posters were prominently posted near the telephones for easy viewing.

Specialized Staff Interviews including:

- Agency contract administrator;
- Intermediate or higher-level facility staff;
- Medical and mental health staff.
- Administrative (human resources) staff;
- SAFE and SANE staff;
- Volunteers who have contact with inmates
- Contractors (Wexford health Sources) who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the incident review team;
- Designated staff member charged with monitoring retaliation
- First responders both security and non-security staff; and
- Intake staff.

Other Staff Interviews included:

- Agency Head or designee
- Warden
- PREA Compliance Manager
- PREA Coordinator

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmates or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Pendleton Correctional Facility , otherwise known as the PCF, is an [Indiana Department of Corrections](#) prison located in Madison County. As of 2019, the prison housed medium and maximum-security inmates. The number of staff currently employed by the facility who may have contact with inmates is 427 and 120 volunteers. The average age range of inmate assigned to Pendleton Correctional Facility is 19 to 85 years old. The average population is 1864 and a designated population of 1986. PCF has 15 housing units which included single cell, multiple occupancy, segregated cells, and dorm type housing units. Food is prepared onsite by inmates under staff supervision. Recreation is available both inside shelter and outside in designated recreational areas. Warden Zatecky is the current Warden of Pendleton Correctional Facility.

Programs

The Indiana Department of Correction offers a wide selection of programming, courses, and activities based on both facility and inmate need, as well as available resources. Listed below are several current programming opportunities available at the facility. While some are led by staff, many are volunteer driven. Department of Labor programs include: Housekeeping; Landscape Management Technician; Recovery Operator; Office Manager; Teacher’s Aide; Animal Trainer; Maintenance Repair, and Foodservice.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 (IDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment outlined in Policy 02-01-115.

A review of the organization chart and memo identifies that a PREA Coordinator and Compliance Manager has been designated. Moreover, Indiana Department of Correction (IDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment that is outlined in Policy 02-01-115, Sexual Abuse Prevention. The Sexual Abuse Prevention Policy details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency has designated a statewide PREA Coordinator.

The Executive Director of PREA/PREA Coordinator is positioned in the upper level of the IDOC hierarchy. During his interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Moreover, the interview also confirmed that the PREA Coordinator was highly organized and extremely knowledgeable of the requirements for PREA.

The Pendleton Correctional Facility has designated a PREA Compliance Manager to ensure adherence to all standards outlined in the Prison Rape Elimination Act (PREA). The Institutional PREA Compliance Manager (PCM) reports to the Warden for all things related to custody management of inmates. The facility organizational chart confirmed that the PCM/Administrative Assistant 3 reports directly to the Deputy Warden for matters such as PREA retaliation monitoring, PREA incident reviews, PREA recommendations and issues of PREA compliance. The PCM has responsibility for American Correctional Association (ACA) audits and policy management and facilitates the facility PREA Committee. The PCF also has an assigned designated backup PREA Compliance Manager.

During her interview, the PREA Compliance Manager demonstrated a working knowledge of PREA standards and she clearly outlined how Pendleton Correctional Facility implemented and monitored PREA at the facility level. Further, the PREA Compliance Manager confirmed that she utilizes a PREA Working Committee to maintain compliance with each standard. Additionally, the PREA Compliance Manager also confirmed that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

During the facility tour the Auditor took note of zero tolerance posters displayed in English and Spanish throughout the facility including all living units. Pendleton Correctional Facility meets the requirements of Standard 115.11.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)

- Pendleton Correctional Facility Organizational Chart
- Interview with the PREA Coordinator (Executive Director)
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interview with the backup PREA Compliance Manager

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has 7 contracts. All applicable contractors are required to adopt and comply with PREA standards. All new contracts or contract renewals signed on or after August 20, 2012 provide for IDOC monitoring to ensure that the contractor is complying with the PREA standards, PCF met the requirements of Standard 115.12.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Sexual Abuse Prevention 02-01-115
- Interview with PREA Coordinator
- Interview with the agency Contract Administrator
- IDOC sample uploads of contracts, GEO Group
- IDOC sample uploads of contracts, Crain House
- IDOC sample uploads of contracts, Bartholomew County

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes

No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a shift

Yes No NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention confirmed that the agency has a documented policy that mandates the development and annual review of a facility staffing plan. The staffing plan provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse.

The Pendleton Correctional Facility (PCF) currently has 427 positions assigned to the facility: 295 Custody, 37 Administrative, and 36 Program positions.

The PREA Coordinator confirmed during his interview that he consults with PCF and the PREA Compliance Manager in the review of the facility staffing plan. The PREA Compliance Manager in her role coordinates the assessed, determined, and documented whether adjustments are needed reviews, approves, and will make recommendations when necessary for Pendleton Correctional Facility at least annually.

Policy 02-01-115, Sexual Abuse Prevention indicates that the staffing plan shall be reviewed, updated, and submitted to the assigned Executive Director of Adult Facilities, Executive Director of Youth Services, and Executive Director of PREA annually, no later than January 31 of each year.

IDOC uses American Correctional Association (ACA) standards and principles of the Indiana Justice Model in their correctional practices. The Auditor was provided a 2020 Staffing Plan dated 2/04/2020, that included considerations such as a Master Roster Post Analysis, vacancy rates, the composition of the inmate population, generally accepted detention and correctional practices, any findings of inadequacy from internal or external oversight bodies, components of the facility's physical plant including "blind-spots" or areas where staff or inmates may be isolated. Custody posts are determined by the Indiana Department of Correction Master Roster Post Analysis. The last staffing plan was completed by the facility in July 2019. PCF has not had any judicial findings of inadequacies, judicial findings of inadequacies or federal findings of inadequacies in 2019. Pendleton Correctional Facility's vacancy rate has been above the 10% as mandated by ACA standards. According to the 2020 Staffing Report for PCF, the Warden, Deputy Warden of Operations, Major, and Utility Captain all monitor post assignments and vacancy rates to ensure safety and security issues are being address in a timely manner. The PREA Coordinator confirmed during his interview that he received the PCF staffing plan as well as the Regional Director, William Wilson.

The Pendleton Correctional Facility has a social media presence and posts career opportunities on Facebook. Pendleton Correctional Facility has walk-in job interviews daily, the facility holds Job Fairs at a minimum of at least once per month with flyers posted in social media and throughout the surrounding counties, Pendleton Correctional Facility also makes all attempts to join any surrounding community job fairs to promote the IDOC as part of the recruitment and retention efforts, etc.

Unannounced rounds conducted at PCF are documented by intermediate-level or higher-level supervisors in each unit logbook as well as the Duty Officer Logbook. During interviews with intermediate-level or higher-level supervisors who conduct unannounced rounds the Auditor confirmed that logistics or timing of unannounced rounds were random, and the timing or route taken during unannounced rounds was not discussed with staff in advance.

Random unannounced rounds from January 2020, November 2019, December 2019 were selected and examined by the Auditor for compliance. December of 2019 failed to demonstrate unannounced rounds occurred at the facility. The Auditor determined that PREA rounds were being conducted on all shifts, however some notations failed to distinguish the time on day the unannounced took place (AM/PM). Some medical and mental visits omitted the "out" time or departure from the segregation unit. The facility operates 24 hours and unannounced rounds were documented for all three shifts to include night shift. The Auditor

found that PREA rounds were documented for night shift as well as day shift by members of management in accordance with this standard. Pendleton Correctional Facility met the requirements of Standard 115.13.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- 2020 Annual Staffing Plan
- 2019 Annual SAP Report
- Post Justifications/Post Analysis
- SART Employee List
- Policy 02-01-115, Sexual Abuse Prevention
- Auditor review of files of unannounced rounds
- Interviews with the PREA Coordinator
- Interview with the Compliance Manager
- Interviews with staff (random)

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)

Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCF does not house youthful offenders. PCF met the requirements of Standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-03-101, Searches and Shakedown and Policy 02-10-118, Transgender and Intersex Inmates, address the requirements in Standard 115.15.

Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the inmate reasonable privacy and shall be conducted by staff of the same gender.

Opposite gender strip searches of an inmate shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on an Incident Report and submitted to the Custody Supervisor or designee."

According to the PREA Compliance Manager, the inmate shall be placed on the facility PREA Compliance Manager's tracking mechanism for LGBTI inmates and ensure an initial placement and programming assessment, with subsequent reassessments, are conducted every six (6) months in accordance with Policy and Administrative Procedure 02-01-115, "Sexual Abuse Prevention."

Staff (random and specialized) were able to describe the facility requirements for searching based on random staff interviews. There were twelve (12) random staff interviews conducted. Twelve (12) random staff training files also were examined. The training files indicate that all staff received training on the facility policy that prohibits cross-gender strip searches, cross-

gender visual body cavity searches, and cross-gender pat-down searches to be conducted except in exigent circumstances. Pendleton Correctional Facility met the requirements of Standard 115.15.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of Policy 02-03-101 (Searches and Shakedowns)
- Review of Policy 02-01-118 (Transgender and Intersex Inmates)
- Training: Security skills refresher evaluation
- Training: Strip and Cavity Searches
- Training sign in sheets and curriculum
- Review of the inmate handbook
- Interview with inmates (random and targeted)
- Interview with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Observations of Auditor during the on-site portion of the audit

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

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

115.16 (a)

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

prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended

delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention supports Standard 115.16.

Intake staff sampled during the audit confirmed that PREA education is provided in verbal and written formats. The Auditor determined by examination that IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of inmates who are limited English proficient (LEP). IDOC/Pendleton Correctional Facility has an on-going contract with a vendor to provide interpretive assistance to aid inmates in communicating effectively who are limited English proficient.

The vendor, Propio also employs interpreters who work onsite with face-to-face contact to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The interpretive services provided by Propio Language Services are available 24 hours a day.

During random staff interviews (100%) of participants sampled confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

Inmate participants included four (4) disabled inmates interviewed during this audit. Three (3) of the four (4) disabled inmates were in wheelchairs and one (1) inmate presented with cognitive challenges. One (1) inmate from the targeted group (LEP/China) was interviewed during the audit with interpretive assistance and but inmates confirmed receiving PREA

education in a format they understood. The Auditor also examined the orientation intake information on the LEP inmate. The Auditor determine that Pendleton utilized Lingualinx to communicate with the inmate from China. Pendleton Correctional Facility met the requirements of Standard 115.16.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 16-03 (Telephonic and In Person Interpretive Service)
- Contract: Propio Language Service, Over-the-phone instruction card for staff
- Contract: Lingualinx interpretive service
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with staff (random and specialized)
- Interview with inmates (random and targeted)
- Interview with the PREA Coordinator
- Review of various forms translated into Spanish to include PREA related information
- Auditor's observations during the facility tour
- Braille: Indiana Department of Correction Sexual Assault Prevention and Reporting Offender/Student Information Brochure

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 04-03-102, Human Resources and Policy 04-03-103, Information and Standards of Conduct for Departmental Staff, prohibits the hiring or promotion of anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) addresses the policy requirements of Standard 115.17.

Indiana Department of Corrections has a policy that requires criminal background records checks be conducted at least every five years on current employees and contractors who may have contact with inmates. Policy 04-03-103 supports compliance of the standard. Policy 04-03-103, Information and Standards of Conduct for Departmental Staff was reviewed by the Auditor. Additionally, IDOC provided the Auditor with a blank copy of applicant employment questionnaire for her review.

The Human Resource Manager (HRM) representative was interviewed during the audit. The HRM representative confirmed that the agency prohibits the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

IDOC considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. The PREA Coordinator confirmed in an interview that IDOC asks all applicants and employees who may have contact with inmates directly about previous misconduct during the interview process or written self-evaluations conducted as part of reviews of current employees performance evaluations.

Furthermore, the PREA Coordinator affirmed the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections. The PCM confirmed during her interview that IDOC prohibits the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The facility met the requirements of Standard 115.17.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Department Staff)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with staff (random and specialized)
- Interview with Human Resources Manager Representative
- Sample of potential employee application form
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Review of IDOC Applicant Questionnaire
- Facility Directive-207, Criminal History Background (IDAC) Checks dated 1/12/2016 and reviewed on 11/27/2018

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pendleton Correctional Facility has not made modifications to the existing facility. Pendleton Correctional Facility met the requirements of Standard 115.18.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Observations of the Auditor during the on-site tour
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- 02-01-115 (Sexual Abuse Prevention)
- Interview with the Warden

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention address this Standard 115.21. IDOC is responsible for investigating allegations of sexual abuse. This protocol developmentally appropriate for youth where applicable. It should be mentioned that PCF houses no youthful inmates.

The PREA investigator interviewed during the audit confirmed that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol adopted by the IDOC, as appropriate, are adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Indiana Code (IC) 11-10-3-5, Co-payment requirements; exceptions. IC 11-10-3-5 outlines circumstances when an inmate is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. The agency offers all inmates who experience sexual

abuse access to forensic medical examinations offsite, without financial cost, where evidentiary or medically appropriate.

Confirmed by examination, the agency offers all victims of sexual abuse access to forensic medical examinations, to an outside facility, without financial cost, where evidentiary or medically appropriate. The Auditor examined two sexual abuse incidents that took place in a IDOC facility. The inmate(s) were transported to a local hospital, examined by a SANE Nurse Examiner, and never charged for the medical services provided. Specifically, during the past 12-month period, the number of forensic medical exams conducted was three (3) with one (1) inmate refusing to submit to a forensic examination at the hospital.

By examination, the Auditor determined that IDOC and by extension Pendleton Correctional Facility has a MOU with the Indiana Coalition Against Domestic Violence (ICADV). The Auditor examined a contractual agreement (E-Contract 22593-A5) between ICADV and the IDOC. The scope of services provided by ICADV include:

1. Provide the victim a person they can talk to about what happened to them confidentially for crisis intervention.
2. Provide the offender a plan to address the trauma caused by the sexual abuse.
3. Provide referrals to services that provide ongoing support during and after release and to provide victim advocacy emotional support, crisis intervention, information, and referrals to inmates assigned to IDOC facilities.

The initial contractual agreement with ICADV was dated 12/7/2018, expired on 9/30/2019, it was amended on 2/10/2020 and expired on 5/31/2020 now extended to October 31, 2020.

From each living unit any inmate victim of sexual abuse or harassment, may request victim advocacy services from ICADV by:

Calling toll free to the ICADV hotline from the inmate phone system by dialing #66. Inmates are advised from the recording if you get an answering service leave your name, DOC# and facility in the message or writing:

Indiana Coalition Against Domestic Violence
Attn: IDOC Victim Advocate
1915 W. 18th Street, Indianapolis, IN 46202

Alternatives, INC., The Auditor confirmed by examination that PCF has a MOU with Alternatives Inc. A call was made to the service provider. The Alternatives Inc. Coordinator of the program Michelle Resendez verified that facility currently has a MOU with Alternatives Inc. to provide victim advocacy emotional support, crisis intervention, information, and referrals to inmates assigned to PCF.

Random and specialized staff confirmed knowledge of the MOU with ICADV. Random and targeted inmates interviewed during the audit detailed general information about services

provided by a victim advocacy organization for victims of sexual abuse, but they could not provide any specific information for the Auditor.

Each inmate could tell the Auditor where additional victim information could be located on the living units.

Specialized staff confirmed that if requested by the victim, PCF would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. The IDOC is responsible for investigating allegations of sexual abuse in the facility. They shall also notify the State Police liaison of the assault to request assistance, if needed, and consult with local prosecutors if there is a potential criminal violation.

PCF maintains a list of Sexual Assault Response Team (SART) Members for each shift to provide a consistent, coordinated, competent and compassionate response to sexual assault in a IDOC facility to serve as victim-centered advocates and make victim needs a priority in an incident of sexual abuse, during a forensic examine and throughout the investigatory process. According to the Indiana Coalition to End Sexual Assault and Human Trafficking, core members include advocates, law enforcement, Sexual Assault Nurse Examiners (SANEs), and prosecutors. The team may also include crime labs and anyone from the community who provides services in response to sexual assault.

St. Vincent Anderson Regional Hospital is the primary care facility for Pendleton Correctional Facility. By telephone, the Auditor confirmed that the hospital employs Sexual Assault Nursing Examiners (SANE). St. Vincent Anderson Regional Hospital currently has four (4) SANE certified nurses. All SANE nurses are certified in adult care. St. Vincent Anderson Regional Hospital has a SANE nurse on call 24 hours a day, 7 days per week. On the Madison County website, St. Vincent Anderson Regional Hospital, Sexual Assault Treatment Center publicizes forensic exams are free to the public. PCF met the requirements of Standard 115.21.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- E-Contract 22593-A5, contractual agreement with the Indiana Coalition Against Domestic Violence
- Email: St. Vincent Anderson Regional Hospital, Sharine Todd, ED Director, regarding identification of four (4) SANE nurse examiners, dated 2/13/2020
- Email: St. Vincent Anderson Regional Hospital, Mari Wasilewski, ED Director, regarding any updates to the hospital PREA protocol, dated 2/12/2020
- Email: St. Vincent Anderson Regional Hospital, Mari Wasilewski, ED Director, regarding any updates to the hospital PREA protocol, dated 5/22/2020
- Email: St. Vincent Anderson Regional Hospital, PREA Sexual Assault protocol for Correctional Facilities, dated 2/13/2020, guidelines developed 6/12/2014
- Sexual Assault Response Team (SART) Members

- Memorandum: Facility Directive 13A, Sexual Response Team regarding the victim advocate and the responsibilities of the shift supervisor
- List of certified employees and copy of certificates of completion (Investigators)
- Interviews with staff (random and specialized)
- Telephone conversation with staff from the outside entity providing services
- Interviews with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Internet search: Sexual Assault Services Madison County Indiana Coalition to End sexual Assault
- Advocacy contact information: Alternatives, Inc., P.O. Box 1302, Anderson, IN., 24-hour Hotline: 866-593-9999
- Advocacy contact information: Indiana Coalition to End Sexual Assault & Human Trafficking

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention is in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an entity with the legal authority to conduct criminal investigations. The agency documents all referrals for investigation. The policy is available and accessible on the agency's internet website.

Policy 00-01-103 indicates that the Office of Investigations and Intelligence investigative staff responsibilities in response to allegations of sexual abuse. The facility PCM investigates sexual harassment. The agency has a practice that documents all such referrals. More, the agency ensures an administrative or criminal investigation is completed for all allegations of sexual harassment.

The Auditor interviewed a facility investigator who confirmed that Pendleton documents all investigations to include those referred for criminal prosecution. In the past 12-month period, the facility had a total of fifty-three (53) investigation of alleged sexual abuse/sexual harassment, forty-two (42) were administrative investigation and eleven (11) for criminal investigation. Pendleton Correctional Facility met the requirements of Standard 115.22.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Office of Investigations and Intelligence)
- Interview with the PREA Compliance Manager
- Review of the agency website

- Review of Sexual Incident Reports
- Interview with the Warden
- Interviews with an agency investigator
- PREA Committee Meeting Minutes

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and Policy 01-05-101 Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets collectively address the policy requirement of Standard 115.31.

The training curriculums provided by the agency is tailored to the needs and attributes of the inmates in the facility. Furthermore, the training curriculum included topics such as: inmates on inmates' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

IDOC has a written receipt that acknowledges that on a specific date the employee received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, Sexual Abuse Prevention. Additionally, the employee is issued a copy of the Department of Correction Brochure, Sexual Assault Prevention, and a copy of specific PREA related Staff Brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. IDOC provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in Pendleton Correctional Facility staff training transcripts, training curriculum, and specialty specific training.

A total of twelve (12) random training files were reviewed. Training documentation confirmed that all twelve (12) training files reflected that staff received the request PREA related training. PCF met the requirements of Standard 115.31.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 01-05-101 Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets.
- Indiana Training Plan/On the Job Training Session/Security Skills Evaluations/ Learning Plan Transcript/employee acknowledgment of training
- IDOC PREA Sexual Assault Manual
- IDOC Staff Development & Training
- What you need to know Video
- Auditor review of training curriculum /informational brochures
- Interviews with staff (random and specialized)

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention addresses this standard. All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention and detection address Standard 115.32.

The Auditor confirmed by examination that PCF has one hundred twenty (120) volunteers and (95) contractors who have contact with residents. As the pandemic continues to affect facilities in Indiana external access to facilities by volunteers remains closed. The Auditor examined volunteer and training to determined that all have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

PREA related training outlined by the agency includes an explanation of inappropriate contact with offenders as described in Policy and Administrative Procedure 04-03-103, Information and Standards of Conduct for Departmental Staff, and the prohibitions against sexual contact with offenders as stated in the Indiana Code (IC 35-44.1). As a part of this training, staff are provided with a brochure created to assist staff in identifying incidents of sexual abuse and sexual harassment. All training is tailored to the gender of the offender population at a given facility.

Furthermore, training in the detection and response to sexual behavior is part of the volunteer, intern and contractor orientation training and annual in-service training. Each volunteer, intern, or contractor having regular contact with offenders shall be provided with a copy of the brochure provided to staff regarding sexual behavior and receive the same information and training materials that are provided to staff.

The curriculum the agency utilized for training volunteers and contractors is provide at a level and type of training that is based on the PREA standards, role, and responsibility with the agency. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Each staff interviewed by the Auditor affirmed a duty to report sexual abuse/sexual harassment immediately to a shift supervisor, the PREA Compliance Manager, Major or Warden. It should be noted that because of the pandemic PCF suspended volunteerism in the facility. PCF met the requirements of Standard 115.32.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 Sexual Abuse Prevention
- Pendleton Correctional Facility Contractor and Volunteer Manual
- Pendleton Correctional Facility Contractor (Wexford/Aramark)
- Interview with the PREA Compliance Manager

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and IDOC 16-03, Telephonic and in Person Interpretive Service, address the policy requirement of Standard 115.33.

Policy 02-01-115, Sexual Abuse Prevention, indicates that inmates housed in the Indiana Department of Corrections (IDOC) to include transfers will receive as a part of the orientation to Pendleton Correctional Facility, PREA education about sexual abuse and sexual harassment prevention within seven (7) days, using multiple learning platforms such as video, verbal and interpretive services.

During an interview with the PREA Coordinator the Auditor determined that IDOC takes reasonable steps to ensure inmates have meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient or otherwise present with disabilities such as hearing or visual impairments. Further, the agency documents PREA related information in the inmate's institutional, clinical, and medical files.

IDOC, 16-03, Telephonic and in Person Interpretive Service policy mandates the establishment of a contract with an interpretive provider. The Auditor interviewed the PREA Coordinator who confirmed that the agency has a statewide interpretive contract that includes services to inmates housed at PCF. The Auditor examined the contractual agreement for interpretive services with vendor, Propio, LLC with an expiration date of 11/30/2020. The vendor, Propio, LLC, provides 24 hours a day phone interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The Auditor established that PCF has PREA informational posters displayed throughout the facility in English and Spanish. Key PREA information is continuously, readily available, and visible to inmates through PREA posters, near a row of stationary telephones, on personal tablets, and in the inmate's handbook.

During the intake process the inmate is required to sign the educational acknowledgement form indicating that PREA information was disseminated in a language each understood. PREA related education is delivered verbally, by video, and in brochures. The educational information includes topics regarding:

- The IDCO's zero tolerance of any sexual abuse and sexual harassment;
- Offender rights to be free from sexual abuse and sexual harassment;
- Offender rights to be free from retaliation for reporting sexual abuse and sexual harassment;
- How to prevent sexual abuse;
- Self-protection;
- Reporting sexual abuse and sexual harassment; and,
- Treatment and counseling available to offenders who are victims of sexual abuse.

The PREA Compliance Manager (PCM) confirmed during her interview that as indicated in the Pre-Audit Questionnaire (PAQ), the number of inmates admitted during the past 12 months who were provided PREA education during intake was 789. A total of forty (40) inmates institutional files were reviewed by the Auditor to confirm that each inmate received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. According to inmates sampled during the audit each received PREA related education and an inmate handbook within 72 hours of their arrival. The Auditor determined that within 30 days of intake, Pendleton Correctional Facility provided age-appropriate comprehensive education to inmates in person regarding: their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents.

Interviews with a sample of random and targeted inmates confirmed that the PREA related education provided to inmates was age appropriate. The same sample of inmates confirmed for the Auditor that they understood their right to be free from sexual abuse and sexual harassment and how to report abuse.

During random and specialized interviews (100%) PCF staff confirmed that during a sexual abuse incident they would avoid depending on the use of an inmate interpreters, inmate readers, or other types of inmate assistance except under limited circumstances such as a medical emergency and if the extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance responsibilities of a first-response as indicated in Standard 115.64, or delay the investigation into the inmate's allegations of sexual abuse. Pendleton Correctional Facility met the requirements of Standard 115.33.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 Sexual Abuse Prevention
- Policy IDOC 16-03, Telephonic and in Person Interpretive Service
- Auditor review of inmate's education materials
- Inmate Information System
- PREA related brochures (Spanish)
- PREA related brochures (English)
- Inmate Handbook (Spanish)
- Inmate Handbook (English)
- Auditor reviewed inmates' institutional files
- Interviews with staff (random and specialized) specialized staff Wexford contractors
- Interviews with inmates (random and targeted)
- Interview with the Health Administrator (Wexford Health Sources) (Contractor)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Examined contract with vendor, Propio, LLC, for interpretive services to inmates
- Victim information: Indiana Coalition Against Domestic Violence, address, and telephone access #66

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention, Policy 00-01-103, Office of Investigation and Intelligence and Conducting Sexual Assault Investigations Presentation Guide, and IDOC–Sexual Assault Response Training (SART) Curriculum address Standard 115.34.

In addition to general PREA training of all new and existing employees, contractors and volunteers, the agency mandates that investigators receive training. According to the PAQ, Standard 115.34, the agency has seven (7) trained PREA investigator who have completed course training in conducting sexual abuse investigations in confinement settings. The agency provided five certifications to confirm completion of specialized training for investigators.

The Auditor examined the on-line curriculum for specialized training, PREA: Investigating Sexual Abuse in a Confinement Setting, conducted by the National Institute of Corrections, to determine that the course included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Auditor examined the training curriculum for specialized training, PREA: Investigating Sexual Abuse in a Confinement Setting, conducted by the Moss Group, to determine that the course included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The PREA investigator interviewed during the onsite portion of this audit confirmed completion of specialized training. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations in confinement settings. The PREA Coordinator also provided the Auditor with training records and certificates that confirm that investigative staff completed mandated specialized training as a requirement for compliance with this standard. Examination of training files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once. PCF met the requirements of Standard 115.34.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 00-01-103, Investigation, and Intelligence
- IDOC–SART Training Curriculum
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Executive Director, agency head
- Interview with a PREA investigator
- Training records of investigative staff
- Documentation that agency investigators have completed required training
- Internet search: curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting, conducted by the National Institute of Corrections

- Examined curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting, conducted by the Moss Group.

Investigators Training

National Institute of Corrections

- National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, James Stevens, February 2020
- National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, Sarah Jones, February 2020
- National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, John Poer, January 2016

United States Department of Justice

- United States Department of Justice, Fall Law Enforcement Conference, James Stevens, September 2019
- United States Department of Justice, Fall Law Enforcement Conference, John Poer, September 2019

State of Indiana, Department of Corrections

- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Sarah Runyan, October 31, 2014
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Amber Loummel, June 25, 2018
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs and facility Investigator Certification Training Academy, Jeffery Malott, June 25, 2018
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Aaron Long, June 25, 2018
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Charles Houchins, October 27, 2014
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Charles Nelms, July 19, 2019
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Christopher Sandford, July 17, 2017
- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Brock Turney, June 6, 2016

- State of Indiana, Department of Corrections, Division of Staff Development Emergency Operations, Internal Affairs, and facility Investigator Certification Training Academy, Sean Watts, June 6, 2016

The Moss Group

- The Moss Group, PREA: Specialized Investigations Training, February 28, 2018, James Stevens
- The Moss Group, PREA: Specialized Investigations Training, February 28, 2018, John Poer
- The Moss Group, PREA: Specialized Investigations Training, February 28, 2018, Charles Houchins

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirements of Standard 115.35, specialized training for medical and mental health (full-or-part-time) care practitioners who work regularly at PCF. Medical practitioners at PCF do not conduct forensic medical exams. Forensic medical exams are conducted in the community. The policy governs specialized and general training of medical and mental health practitioners for compliance with this standard.

PCF training documents confirms that medical and mental health practitioners have received specialized training as required in Standard 115.35. Further, the Auditor confirmed by examination of the curriculum that the specialized training of medical and mental health staff 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.

During on site interviews, medical and mental health practitioners were able to describe in detail specialized and general PREA related training each completed in accordance with this standard. Pendleton Correctional Facility met the requirements of Standard 115.35.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Interviews with Medical and Mental Health Staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Wexford Companies, curriculum, What Healthcare Providers Need to Know, dated 3/2018-revised
- Review of training certifications for all medical and mental health staff, Joshua Wilson, dated 2/18/20, Wexford Health Sources Incorporated
- Review of training certifications for all medical and mental health staff, Richard Gale, dated 2/17/20, Wexford Health Sources Incorporated
- Review of training certifications for all medical and mental health staff, Yvonne Miller-Borsodi, 2/17/20, Wexford Health Sources Incorporated
- Review of training certifications for all medical and mental health staff, Sara Evans, 2/17/20, Wexford Health Sources Incorporated
- Internet search: National Institute of Corrections (NIC) - <http://nicic.gov/training/prea>
- PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting Course. 2013. <https://nicic.gov/library/027696>
- Internet search: End Silence: The Project on Addressing Prison Rape - <https://www.wcl.american.edu/endsilence/>
- Internet search: PREA Resources for Health Care Providers. National Commission on Correctional Health Care, video presentations on a variety of relevant topics, <http://www.ncchc.org/prea-resources>

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention and 04-01-101, Adult Offender Classification, address this standard. It is the policy of the IDOC 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.

According to the PREA Coordinator, PCF does not have a consent decree, legal settlement, or legal judgement that requires the facility to establish a dedicated facility, unit, or wing for inmates identified as gay, bisexual, lesbian, transgender, or intersex as provided by title, status, and finds of each decree, settlement, or judgement.

IDOC Policy 02-01-115 Sexual Abuse Prevention mandates, PREA screening assessments at all facilities of inmates, using a screening instrument termed, Sexual Violence Assessment Tool (SVAT), during intake or during a transfer to another facility, to determine the risk of victimization or abusiveness toward other offenders. The screening process ordinarily should occur within seventy-two (72) hours of arrival at the facility. Intake staff sampled confirmed that on or before their arrival the offender's history and alerts are reviewed, inmate housing decisions are made after completion of the SVAT, a face-to-face interview and PREA educational material is issued to the inmate.

The Auditor examined the Adult SVAT Questionnaire for objectivity. The instrument considers at a minimum factors outlined in Standard 115.41 such as the age of the inmate; physical build; previous incarcerations; the inmates' perception of vulnerability; and whether the inmates is or is perceived to be gay, bisexual; transgender, intersex or gender nonconforming. An interview with intake staff confirmed that the SVAT is used to inform housing, job, program, education, and housing considerations with the goal of keeping the vulnerable inmate at high risk of being sexually victimized from those inmates at high risk of being sexually abusive.

The Auditor examined institutional files to confirm that during intake Pendleton is completing an intake screening (SVAT), to determine an inmate's risk of victimization or abusiveness, as mandated in this standard. Problematic, the Auditor sampled the inmate population. The Auditor determined by examination of fifteen (15) institutional files that 53% of the time Pendleton completed IDOC 30-day Assessment Reviews on new arrivals or transfers to the facility. More, interviews during the onsite audit with random and targeted inmates confirmed that inmates are being screened for risk of victimization or abusiveness on arrival by the facility. The same sample of participants did not recall reassessments taking place within 30 days of their arrival. It should be mentioned that the initial sample was random therefore the sample included facility arrival dates from 2017-2020.

The Auditor refined the second sample of participants. The sample size was nineteen (19) inmates who entered or were transferred to Pendleton in September 2020. The Auditor determined that 100% of inmates entering the facility in September 2020 were reassessed within 30 days, to determine the inmate's risk of victimization or abusiveness or based upon any additional, relevant information received by the facility since the intake screening.

Interviews with specialized staff confirmed that PCF would not discipline an inmate for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness.

The specialized medical and mental health staff, the PREA Compliance Manager and the Health Administrator all confirmed during individual interviews that Pendleton Correctional Facility has a system in place to guard against the dissemination of sensitive information by staff or other inmates. After corrective action, PCF met the requirements of Standard 115.41.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115, Sexual Abuse Prevention
- Policy 04-01-101, Adult Offender Classification
- Review of record of inmates admitted in the past 12 months
- Sample review of inmates admitted in the past 12 months initial assessments
- Sample review of inmates admitted in the past 12 months reassessments
- Sample review of SVAT screenings, housing placements
- Review of SVAT screening instrument
- Facility tour
- Auditor interviews with intake staff (random and specialized)
- Auditor interviews with inmates (random and targeted)
- Auditor interviews with inmates self-identified as transgender, gay, bisexual
- Interview with a Health Care Administrator
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

Corrective action:

The Auditor pulled a second sample of institutional files (19) of inmates entering the facility in September 2020. From the sample, the Auditor determined that SVAT's were completed on 100% of inmates. Likewise, IDOC Review Assessment was completed by Pendleton staff within 30 days of their arrival in 100% of the sample participants. **Complete**

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention address, 02-01-118, Transgender and Intersex Offenders and 04-01-101, Adult Offender Classification addresses requirements of Standard 115.42. IDOC/Pendleton Correctional Facility use of information from the risk screening is mandated in Standard 115.41, Screening for risk of victimization and abusiveness and as required by Standard 115.42.

Policy 02-01-115 mandates the agency-wide use of SVAT risk screening information to better inform housing, programming, and education assignments, and to keep vulnerable inmates at high risk of sexual victimization safe from inmates with a propensity for abusiveness. The SVAT is an essential component in housing and placement decisions at PCF. If an inmate is identified as being either vulnerable or abusive the inmate's institutional data file is flagged in the agency database. Risk-based decisions made and documented in the database.

Policy 02-01-115 and 04-01-101 also mandate that decisions regarding appropriate transgender or intersex housing and facility programming are determined on a case-by-case basis, with placement decisions made while considering the impact to the inmate sexual safety while balancing agency and facility security concerns. According to the PREA Coordinator, the agency prohibits facility placement of a transgender or intersex inmate assignment to a gender-specific facilities based solely on their external genital anatomy. The agency's, Division of Classification, in consultation with the Department's Executive Staff, to include the Chief Medical Officer, ensures that a transgender and intersex inmate are housed in a manner consistent with their medical and mental health needs, sentencing level, and in accordance with and Administrative Procedure 01-04-101.

Further, Policy 02-01-118, Transgender and Intersex Offenders, indicates that:

An offender who self-identifies as transgender or is diagnosed as intersex after completing the reception process shall be referred to Health Services and evaluated in accordance with Health Care Services Directive 3.01A, "Health Services for Transgender Offenders Medical and Mental Health staff shall complete State Form 56492, "Transgender Evaluation" and forward a copy to the facility PREA Compliance Manager.

After the facility PREA Compliance Manager receives the completed State Form 56492, "Transgender Evaluation," from the facility HSA, the PREA Compliance Manager shall

convene the facility PREA Committee to complete State Form 56615, "Transgender/Intersex Placement Review" The PREA Committee shall consider the following information to complete State Form 56615:

1. The offender's own views of where he/she feels safe;
2. Medical and Mental Health assessment;
3. Security Threat Group (STG) affiliation;
4. Criminal history – sex or violent offense;
5. Conduct history – sex or violent offense;
6. PREA flag status;
7. Gender expression – gender non-conforming;
8. Policy and Administrative Procedure 01-04-101, "Adult Offender Classification;"
9. Security level; and,
10. Any other factors impacting safety and security

Random and targeted inmates (100%) sampled indicate that they are given the opportunity to shower, use the toilet and change clothes in private, except in exigent circumstances. Pendleton Correctional Facility has a policy that specifies placement in segregation would be a last resort. PCF indicated that the facility preference is to use the least restrictive measures to keep inmates safe, always considering the inmates own views of his safety and facility security considerations, until an alternative means of safety can be arranged.

The PREA Compliance Manager indicated that the PREA Committee meets regularly to discuss PREA related facility issues. The PREA Committee is a multidisciplinary team that would ensure that a transgender and intersex inmate is given the opportunity to shower separately from other inmates. The PCM confirmed that placement consideration for transgender or intersex inmates to a facility for male or female inmates is a classification decision made before the inmates is assigned to the PCF.

According to the PREA Coordinator, IDOC makes placement decisions on a case-by-case basis. During the on-site portion of the audit there were ten (10) transgender, and zero (0) intersex inmates assigned to PCF. Reassessment of transgender or intersex inmates are documented in an electronic file. Because of the sensitive nature of the personal information contained in the electronic file the agency limits access. The security process to protect electronic files is password protected. By limiting access, the agency protects information accessible via computers that needs to be protected from certain users. Policy 02-01-115 requires inmates (transgender and intersex) inmates be reassessed at least twice a year to review any threats to their sexual safety. Further, the same policy indicates that the agency/PCF should seriously consider the views of transgender and intersex inmates when determining programming, placement, and housing decisions regarding this category of inmates because of the propensity for victimization. Pendleton Correctional Facility met the requirements for Standard 115.42.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Policy 02-01-118 (Transgender and Intersex Inmate)
- Review of SVAT/reassessment screenings
- Review of SVAT screening tool
- Inmate Information System
- Observations made during the on-site portion of the audit
- Interviews with staff (random and specialized)
- Interviews with inmates (targeted group)
- Auditor Interview with the PREA Compliance Manager

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?

Yes No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention, 02-01-107, Use and Operation of Protective Custody, 01-04-106, Offender Monitoring Program, 02-04-102, Use and Operation of Adult Disciplinary Segregation Units and 02-01-111, Use and Operation of Adult Administrative Segregation Units all address the policy requirements of Standard 115.43.

The Auditor interviewed a security supervisor from segregation. He confirmed that the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The facility would only assign an inmate at high risk of sexual victimization to involuntary segregated housing only as a last resort to maintain the sexual safety of the inmate or until an alternative means of separation from likely abusers can be arranged. The PREA Compliance Manager indicated that PCF would place an inmate in involuntary segregated housing for less than 24 hours while the facility completed an assessment and documented the decision to place the inmate in segregation.

The PREA Coordinator also confirmed that involuntary placement in a segregated housing unit for a PREA related incident requires the facility to document the reason why no alternative means of separation could be arranged including a justification of the inability to provide placement in a less restrictive setting. Inmates placed in segregated because they are at high risk of sexual victimization have access to education, medical, mental health, some programs, and commissary but work is limited said the segregation supervisor. Pendleton Correctional Facility met the requirements for Standard 115.42.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115, Sexual Abuse Prevention
- Internet review of Policy 02-01-107, The Use and Operation of Protective Custody
- Internet review of Policy 01-04-106, Offender Monitoring Program
- Internet review of Policy 02-04-102, The Use and Operation of Adult Disciplinary Segregation Units
- Policy 02-01-111, The Use and Operation of Adult Administrative Segregation Units
- Inmate Information System
- Observations made during the on-site portion of the audit

- Interview with staff (random and specialized)
- Interview with inmates (random and targeted)
- Interview with the PREA Compliance Manager
- Interview with a Segregation Lieutenant
- Interview with the PREA Coordinator
- Sample review of inmate housing assignments and incident review
- Sample review of PREA Committee Meeting to discuss investigations and complaints
- Agency Offender Handbook (English/Spanish)
- PCF Offender Handbook, revised November 2018

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Inmate Access to Court address the requirements of Standard 115.51.

The PREA Compliance Manager indicated that the facility never houses inmates detained solely for civil immigration purposes. The agency provides multiple internal ways for inmates to privately report to agency officials: Sexual abuse and harassment; retaliation by other inmates or staff for reporting sexual abuse.

Policy 02-01-115 mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, from a third-party or anonymously. Further, the agency also provides inmates with at least one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The private entity or office allows the inmates to remain anonymous if requested.

PCF Inmate Handbook provides internal ways for inmates to privately report sexual abuse and sexual harassment. The PREA brochure is designed expand and inform readers regarding sexual abuse, ways to report an incident of sexual abuse, threats of sexual abuse or sexual assault. The victim of a sexual assault can report sexual abuse or sexual harassment by:

- Telling a trusted staff person
- Dialing # 66 to report sexual abuse or misconduct
- Writing or calling the Indiana Ombudsman Bureau
402 W. Washington, Street., W479
Indianapolis, IN 46204
- Filing a grievance
- Third party reporting having a family member or friend to report an incident on their behalf
- Email: idocprea@idoc.in.gov or phone:1 (877) 383-5877
- Alert the PREA Compliance Manager

Random and targeted inmates (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, during inmate interviews (random and targeted) inmates were able to detail multiple ways of reporting sexual abuse or sexual harassment to include contacting the PREA Compliance Manager or Ombudsman Bureau. The same inmates detailed for the Auditor how to report an incident of sexual abuse or sexual harassment using the grievance process. Random and targeted inmates sampled (100%) indicated that they felt comfortable telling a trusted staff member or the PREA Compliance Manager.

All staff (random and specialized) sampled indicated they would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, immediately document the event and immediately notify their shift supervisor while maintaining the sexual safety of the victim. PCF met the reporting requirements of Standard 115.51.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Indiana Ombudsman Bureau
- PCF Inmates Handbook
- Agency Inmate Handbook
- PREA related informational posters (English/Spanish)
- Facility tour
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-102 (Inmate Access to Court)
- Review of the investigative reports
- Auditor review of forms and reporting documentation
- Interviews with inmates (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (e)

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

115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) take in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 00-02-301 Inmate Grievance Process and Policy 02-01-115 Sexual Abuse Prevention and collectively address the requirements of Standard 115.52. The IDOC is not exempt from this standard.

Policy 00-02-301, Inmate Grievance Process, Section I, Policy Statement reads:

It is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.

Policy 00-02-301, Inmate Grievance Process, Section IV, Use of the Offender Grievance Process reads:

The Department recognizes only one grievance process. The grievance process described in this policy and administrative procedure is the only administrative remedy officially recognized by the Department for the resolution of offenders' grievable issues. The complete offender grievance process consists of the following steps:

1. **A formal attempt** to solve a problem or concern following unsuccessful attempts at informal resolutions;
2. A written appeal to the Warden/designee; and,
3. A written appeal to the Department Grievance Manager.

Matters Appropriate to the Inmate Grievance Process:

Examples of issues which an inmate may initiate the grievance process include, but are not limited to:

1. The substance and requirements of policies, procedures, and rules of the Department or facility (including, but not limited to, correspondence, staff treatment, medical or mental health, some visitation, and food service).
2. The way staff members interpret and apply the policies, procedures, or rules of the Department or of the facility.
3. Actions of individual staff, contractors, or volunteers.
4. Acts of reprisal for using the Inmate Grievance Process.
5. Any other concerns relating to conditions of care or supervision within the Department or its contractors, except as noted in this policy and administrative procedure; and,
6. PREA.

Policy 00-02-301, Inmate Grievance Process, Section C. Emergency Grievance

The Auditor interviewed the Warden during the onsite portion of this audit. The Warden detailed the emergency grievance process. The Offender Grievance Specialist would immediately bring an emergency grievance to the attention of the Warden/designee, for review and response within one (1) business day of the offender filing the grievance. The action on any emergency grievance may be appealed by the offender within one (1) business day of receiving the response. The Offender Grievance Specialist will notify, via email, the Department Offender Grievance Manager, that the appeal has been submitted. The Department Offender Grievance Manager then issues a final Department decision within five (5) business days of the offender filing the grievance.

Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D.

Standard 115.52 (b) requires the agency to always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D. of the grievance process removes standard time limits for submission of a grievance and permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. However, Policy 00-02-301, Inmate Grievance Process, Policy Statement excerpt stipulates:

“...it is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.”

This segment of the grievance process conflicts with direction provided to staff found in other sections of the same policy.

Inmate Grievance Process, Section D., PREA Grievances, paragraph one (1) indicates that the Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. This information contrasts with verbiage found in, Inmate Grievance Process, Section C., Emergency Grievance.

The PREA Coordinator confirmed during his interview that the agency would issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The interview with the PREA Coordinator is consistent with Policy 00-02-301, Inmate Grievance Process, Section D. and Standard 115.52. Furthermore, the PREA Coordinator indicated that if the agency claims the maximum allowable extension of time to respond per 115.52(d)(3), the agency would notify the inmate in writing of any such extension and provide a date by which a decision will be made. The PREA Coordinator confirmed his understanding that if an inmate does not receive a response within the time allotted for reply by the agency, including any properly noticed extension, the absence of a response is considered a denial at that level.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted by IDOC to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. IDOC, Policy 00-02-301 Inmate Grievance Process, Subsection D. reads:

“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 any 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.”

The PCM indicated that Pendleton may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The facility investigator confirmed during his interview that IDOC may claim an extension of time to respond, of up to seventy (70) days if the normal time for response is insufficient to make an appropriate decision. The IDOC shall notify the inmate in writing of any such extension and provide a date by which a decision shall be made.

The agency disciplines an inmate for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the inmates filed the grievance in bad faith outlined in Policy 02-11-115 and 00-02-301. Pendleton Correctional Facility met the requirements of Standard 115.52.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 00-02-301, Inmate Grievance
- Policy 02-1-115, Sexual Abuse Prevention
- Interviews with staff
- Interviews with inmates
- Interview with the PREA Compliance Manager
- Inmate Handbook and Brochure

Cautionary Note:

- While the agency met the requirements of Standard 115.53 this Auditor highly recommends that the agency consider a policy modification in this policy, Offender Grievance Process, 00-020301.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Policy 02-01-102, Inmate Visitation, PREA posters, PREA pamphlets, PCF Inmate Handbook, and the Victim Advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV) and Alternative, Inc. were provided through an online platform (Syncplicity) for the Auditor's review. Both policies along with PREA related informational brochures and service agreements all address Standard 115.53. This facility never detains inmates solely for civil immigration purposes therefore the Auditor considers PCF exempt from Standard 115.53 (a) as it pertains civil detention.

By examination of the Memorandum of Understanding and the victim advocacy organization termed, Alternative Inc. dated February 11, 2020, the Auditor determined that the agency provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.

More, Pendleton Correctional Facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The Auditor noted that during her tour of the facility contact information for Alternative Inc. was displayed throughout the facility. The scope of assistance provided by Alternative Inc. include availability 24 hours a day, seven days a week, hospital response, crisis line (866-593-9999), legal, medical, and dental assistance; learn parenting skills for single-parent households; acquire education and job skills to support your independence; secure transitional or permanent housing; and pursue employment or job training opportunities. Alternative Inc. works in cooperation with other organizations such as the Indiana Coalition Against Domestic Violence (ICADV), Indiana VINE (victim assistance), AbuseLawsuit.com, and Maryville University (Understanding the Me-Too Movement: A Sexual Harassment Awareness Guide).

During interviews with inmates (random and targeted) all stated they have access to legal counsel if necessary, and it is not counted towards their weekly telephone call allotment. The same information is found in the PCF Inmate Handbook. During interviews, the inmates (100%) confirmed the telephone calls practice at the facility. PCF met the requirements of Standard 115.53.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- PCF Inmate Handbook
- MOU: Indiana Coalition Against Domestic Violence
- MOU: Alternative, Inc
- Policy 02-01-102, Inmate Visitation
- Facility tour
- Verification of inmate access to outside support services
- Internet search: Alternative, Inc, crisis hotline 866-593-9999
- Internet search: Indiana Coalition Against Domestic Violence
- Internet search: Indiana VINE
- Internet search: AbuseLawsuit.com
- Internet search: Maryville University (Understanding the Me-Too Movement: A Sexual Harassment Awareness Guide
- Interviews with inmates (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (English)

- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (Spanish)

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Policy 02-01-102, Inmate Visitation, PREA posters, PREA pamphlets, PCF Inmate Handbook, Alternatives, Inc., Ombudsman Bureau, service agreement and the Victim Advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV) and Alternative, Inc. were provided through an online platform (Syncplicity) for the Auditor's review. Both policies, brochures, advocacy contact information along with other PREA related service agreements all address Standard 115.54.

The IDOC established a method to receive third-party reports of sexual abuse and sexual harassment. The agency has distributed publicly information on how to report sexual abuse

and sexual harassment on behalf of an inmate. The Auditor examined the notification on the agency website during an internet search.

IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS

To report an incident of sexual abuse or sexual harassment on behalf of a inmates please call 877-385-5877, email IDOCPREA@idoc.in.gov or write or call:

The Indiana Ombudsman Bureau
402 W. Washington, Street., W479
Indianapolis, IN 46204

Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:
 - Date of the alleged incident.
 - Victim's name and DOC number and facility
 - All alleged perpetrators names and DOC numbers
 - Location of alleged incident
 - Any other information provided regarding the incident

Pendleton Correctional facility met the requirements of Standard 115.54.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Indiana Department of Correction website
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Internet search: IDOC website

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and 04-03-103, Information and Standards of Conduct for Department Staff addresses Standard 115.61. The PCF inmate population is over the age of 18 years old. The facility does not house youthful inmates under the age of 18. If the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect."

Policy 02-01-115 and 04-03-103 mandates IDOC staff to include contractors, to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Interviews with staff (random and specialized) (100%) confirmed that they understand their responsibilities regarding Standard 115.61 and that sexual misconduct is strictly prohibited by the agency and the Indiana State Code.

Indiana Code 35-44.1-3-10 states a staff person who knowingly or intentionally engages in sexual intercourse or deviate sexual conduct with an offender commits sexual misconduct, a Class D felony. The Department will aggressively pursue criminal prosecution of a staff person who violates Indiana Code 35-44.1-3-10.

Apart from reporting to designated supervisors or officials, the agency PREA Investigator interviewed during the onsite portion of the audit, confirmed that IDOC prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, or other security and management decisions.

Moreover, the PREA Coordinator confirmed in an interview that IDOC also requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who report an incident of sexual abuse or sexual harassment, and information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Further, the PREA Investigator confirmed to the Auditor that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Therefore, third-party, and anonymous PREA reports would be immediately forwarded to a facility designated investigator. If a PREA incident involved a vulnerable adult under a State or local vulnerable persons statute, the agency would report the allegation to the designated State or local service agency under applicable mandatory reporting laws.

Staff (random and specialized) interviewed confirmed that 100% of staff understood that IDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

Furthermore, medical, and mental health practitioners sampled during the audit affirmed a responsibility to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

The PREA Compliance Manager provided the Auditor with sample Duty to Report, Mental and Medical Health documents that an inmate is required to read and sign at the initiation of treatment by a practitioner. The document informs the inmate of the parameters of the PREA duty to report in writing. The inmate is then required to sign the document, print his name, and enter his IDOC number. The same document is witnessed by a staff person and dated.

The Auditor also interviewed, the Warden, the PREA Compliance Manager and PREA Investigator during separate interviews, each confirmed during their respective interviews an understanding of their role and responsibility that upon receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate IDOC office. Interviews with staff (random and specialized) support compliance with Standard 115.61. Pendleton Correctional Facility met the requirements of Standard 115.61.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115, Sexual Abuse Prevention
- 04-03-103, Information and Standards of Conduct for Department Staff
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interview with a PREA Investigator

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention and Policy 00-02-301 Inmate Grievance Process addresses Standard 115.62.

Policy 02-01-115 mandates when an agency staff, contractors or volunteers learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate actions is taken to protect the inmate, a supervisor is notified, and the incident documented.

Interviews with staff (random and specialized) sampled during the onsite portion of this audit, provided in detail their understanding of their role and responsibility in the event an inmate is subject to a substantial risk of imminent sexual abuse.

All staff sampled (100%) (random and specialized) indicated that they would take immediate action to safeguard the victim from abusive behavior. The same staff (random and specialized) affirmed they would follow IDOC guidelines set forth in Policy 02-11-115. PCF met the requirements for Standard 115.62.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire

- Policy 02-01-115, Sexual Abuse Prevention
- Policy 00-02-301 Inmate Grievance Process
- Interviews with staff (random and specialized)
- Interview with PREA Compliance Managers
- Interview with the Warden

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 addresses Standard 115.63. The inmate population assigned to PCF is over the age of 18. A vulnerable adult under a State or local vulnerable persons statute, the agency would report the allegation to the designated State or local services agency under applicable mandatory reporting laws such as Child Protective Services as required in the administrative procedures of Policy 03-02-103.

Policy 02-01-115 mandates that: Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred.

The Auditor interviewed the Warden during the audit. The Warden detailed his responsibility under Standard 115.63. Further, the Warden explained that if he received an allegation that an inmate was sexually abused at another facility, the notification process requires that she notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and the incident would be documented.

According to documentation provided by the PREA Compliance Manager, in the past 12 month period, the Warden received one (1) notification of an allegation of sexual abuse from Warden Schweitzer, Correctional Reception Center, that an inmate was sexually abused while at Pendleton Correctional Facility in 2003, dated 8/09/2019. Pendleton Correctional Facility met the requirements of Standard 115.63.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Internet search: Policy 03-02-103, The Reporting, Investigation and Disposition of Child Abuse and Neglect
- Interview with the PREA Compliance Manager
- Interview with the Warden
- Memorandum: Warden regarding one (1) allegation in the past 12 months that an inmate was sexually abuse while confined at another facility dated February 2019
- Interview with the PREA Coordinator

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention, Policy 00-01-103, Investigations and Intelligence, A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents 2nd ED., 4/2013 IDOC Sexual Assault Evidence Protocol and the Sexual Assault Prevention-Coordinated Response collectively address Standard 115.64.

The first security staff member to respond to the report is required to: Separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating if the abuse occurred within a time that still allows for the collection of physical evidence.

The Auditor interviewed random and specialized staff with each detailing their role and responsibilities as outlined above. Staff sampled (100%) to include non-security first responders confirmed a duty to protect the victim, preserve the crime scene, notify a supervisor, and document the incident. According to the PAQ and as verified by the PREA Compliance Manager, in the past 12 months, the number of allegations that an inmate was sexually abuse was twenty-seven (27) and of these allegations the first responder (security) separated the alleged victim from the abuser, twenty-seven (27) times. Likewise, the number of times the first responder (security) staff was notified in time to allow for the collection of physical evidence was one (1) incident. PCF met the requirements of Standard 115.64.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
 - Policy 02-01-115, Sexual Abuse Prevention
 - Policy 00-01-103, Investigations, and Intelligence
 - Facility Directive 02-01-115, Sexual Prevention, dated June 18, 2016
- SEXUAL ABUSE PREVENTION
- Investigations and Intelligence, A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents 2nd ED., 4/2013
 - Sexual Assault Response Team Curriculum
 - First Responders Evidence protocol
 - SART Overview
 - SART Victim Advocacy
 - SART Dynamics and Trauma of Sexual Violence
 - First Responder Evidence Protocol Investigations
 - Sexual Assault Prevention Directive
 - Interviews with staff (random and specialized)

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Abuse Prevention, Policy 00-01-103, Investigations, and Intelligence, Pendleton Correctional Facility, Facility Directive 13, 02-01-115, Sexual Prevention, dated June 18, 2019 outlines a detailed coordinated plan procedural of action necessary among staff first responders including medical and mental health practitioners, investigators, and facility executive staff in the event of an incident of sexual assault.

The PREA Coordinator affirmed during his interview that each facility is mandated to establish a Sexual Assault Response Team (SART) and develop a detailed written facility coordinated plan. PCF has a documented written institutional coordinated plan among first responders in response to an incident of sexual abuse. For example, the facility directive outline responsibilities for the Custody Shift Supervisor. The Custody Shift Supervisor is responsible for alerting the SART Team, medical and mental health practitioners, investigations, ensuring the safety of the victim and preserving the crime scene until relieved by executive staff.

According to the PREA Coordinator, all SART Team members participate in comprehensive coursework, to enhance reactionary response time and recovery of evidence in a sexual assault incident. SART members are also charged with meeting the needs of the victim with support; provide a comprehensive forensic exam for victims; provide a joint effective, sensitive approach to victims; document and preserve evidence for potential prosecution; conduct investigations of the crime from notification through prosecution. The PREA Compliance Manager manages the SART Team at the facility level. Management at the facility level ensures an overall effective, and coordinated, response for victims of sexual assault. The PCF Coordinated Response Plan was reviewed by the Auditor. The Coordinated Response Plan supports Standard 115.65.

Individual interviews with the Warden, PREA Compliance Manager and the PREA Coordinator confirmed a detailed understanding of the role and responsibilities of SART and first responders including medical and mental health practitioners, investigators, and facility executive staff in the event of an incident of sexual assault. PCF met the requirements of Standard 115.65.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 00-01-103, Investigations, and Intelligence
- Facility Directive 02-01-115, Sexual Prevention, dated June 18, 2016

• SEXUAL ABUSE PREVENTION

Investigations and Intelligence, A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents 2nd ED., 4/2013

Sexual Assault Response Team Curriculum

- a. First Responders Evidence protocol
- b. SART Overview
- c. SART Victim Advocacy
- d. SART Dynamics and Trauma of Sexual Violence
- e. First Responder Evidence Protocol Investigations
- f. Interviews with staff (random and specialized)
- g. IDOC sexual Assault Manual

• Interview with the PREA Compliance Manager

- Interview with Warden
- Interview with the PREA Coordinator

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. PCF met the requirements of Standard 115.66.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Warden

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention and Policy 00-01-103, Investigations, and Intelligence collectively address the requirements of Standard 115.67.

The agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

Policy 00-01-103, Investigations, and Intelligence requires the Office of Investigation and Intelligence to ensure the protection of inmates and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation.

The agency has designated which staff members or departments are charged with monitoring retaliation. The agency has designated the PREA Committee to monitor staff and inmates for signs of retaliation. Specifically, at PCF, the PREA Compliance Manager facilitates the PREA Committee meetings. The PREA Committee designates a committee member (Unit Team Staff) to monitor a staff or inmate for signs of retaliation.

The Auditor interviewed the PREA Compliance Manager. As the facilitator, the PREA Compliance Manager explained her role. In detail, the PREA Compliance Manager provided the Auditor with examples of protective measures she would employ such as removal of alleged staff or inmate abusers from contact with victims for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Auditor also examined IDOC, PREA Retaliation Monitoring forms which included monitoring efforts that occurred in the last 12-month period. Inmates being monitored were reviewed face-to-face as necessary at 15, 30, 45, 60, 75 and 90-day intervals or longer if deemed necessary. Where applicable, PCF documented retaliation monitoring of inmate victims of sexual abuse.

During his interview the Warden indicated that PCF employs multiple protection measures, such as housing changes or transfers for inmates victims or abusers, removal of alleged staff or inmates abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

More, except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse the facility would monitor: The conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, monitor disciplinary reports, act promptly to remedy any such retaliation occurring.

The facility PAQ, 115.67 (c) -5, indicated the number of times an incident of retaliation occurred in the past 12-month period as zero (0). When applicable, Pendleton documented retaliation monitoring on the Indiana Department of Correction, PREA Retaliation Monitoring form. PCF met the requirements of Standard 115.67.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Sample: PREA Retaliation Monitoring Form
- Interview with the PREA Compliance Manager/Retaliation Monitor
- Interview with the Warden

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-107 Use and Operation of Protective Custody and Policy 02-01-115, Sexual Abuse Prevention, address the requirements of Standard 115.68.

The PREA Compliance Manager confirmed for the Auditor that all PREA related use of segregated housing was to protect an inmate who alleged to have suffered sexual abuse was subject to the requirements of § 115.43. The Auditor confirmed through interview with the Warden and the PCM individually that the number of inmates that alleged sexual abuse in the past 12 months, post allegation protective custody remained zero (0) since the submission of the PAQ. Pendleton Correctional Facility met Standard 115.68

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-107 (The Use and Operation of Protective Custody)
- Interview with the Warden
- Memorandum from Warden Zatecy, dated February 11, 2020, indicating zero inmates were placed in restricted status housing involuntarily for filing or reporting a PREA incident
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence collectively address the requirements of Standard 115.71. IDOC criminal, third party, administrative and anonymous investigations are conducted by the Office of Investigations.

Per Policy 02-01-115 and 00-01-103, IDOC administrative and criminal investigations are documented, and the appropriate investigation is forwarded to the prosecutor's office or law enforcement when applicable. Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence indicates that IDOC uses investigators who have received specialized training in sexual abuse investigations.

An investigator interviewed during the onsite portion of the audit confirmed that in his role, he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. The Auditor found no evidence of the use of a polygraph examination or other truth-telling device in the reports sampled for this audit. When the quality of evidence appears to support criminal prosecution, IDOC sworn Correctional Police officers (CPO) conducts compelling interviews only in conjunction with local prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

A sample of administrative and criminal investigations from Pendleton Correctional Facility were examined by the Auditor. The Auditor determined that investigations conducted by agency investigators from the Office of Internal Investigations and Pendleton Correctional Facility required corrective actions because:

1. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. Critical information necessary to determine compliance with this standard was initially withheld from the Auditor such as direct and circumstantial evidence, applicable electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and reviews of prior reports and complaints of sexual abuse involving the suspected perpetrator. Moreover, conveyance of information to determine compliance with this standard was redacted and restricted from the Auditor initially hampering her ability to determine compliance with Standard 115.71. On 10/22/20, the Auditor was provided access to criminal investigatory information missing from the data provided by the PREA Compliance Manager.
2. IDOC will modify the electronic document, Report of Investigations to reflect the findings of the investigator. The Case Status of the investigation should reflect the narrative found in the conclusion or disposition of the investigation.
3. Some sexual abuse investigations were completed by Pendleton staff instead of the Office of Internal Investigations. All sexual abuse allegations (Abusive Contact, non-consensual sex acts, staff sexual misconduct) must be investigated by the Office of Internal Investigations, investigators that have completed the specialized investigative training as required in Standard

115.34. The PCM should not conduct Sexual Abuse investigations. This is also in keeping with the IDOC policy.

4. The investigative reports must have a conclusion that is only the findings of the investigator. The Pendleton Warden or Deputy Warden can review an investigation, but they cannot determine findings for the investigator. The investigator determines the finding based on the evidence. A review by the Warden or Deputy Warden should be limited to determining if the findings are supported by the evidence in a report. When findings are in dispute, the Warden and PREA Compliance Manager can employ the Office of Intelligence and Investigations (OII) for a final decision. Policy 00-01-103 indicates that OII shall be responsible for reports that are made to the appropriate executive and administrative staff.
5. In consultation with the PREA Coordinator the Auditor supports the utilization of the investigative checklist to enhance PREA related administrative and criminal investigative reports. At a minimum, this corrective action will improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and contain attached copies of all documentary evidence where feasible. All investigators must complete the PREA investigative checklist and ensure that each report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that must be reviewed by all investigators at IR. After review of the PP presentation investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of the acknowledgement of training documents.
6. The Auditor will review all investigations completed in the next 30 days. After corrective action, PCF met the requirements of Standard 115.71.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigations and Intelligence)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with investigators
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Review of the investigation
- Review signed acknowledgment regarding the PP presentation on investigations
- Corrective action

Corrective Action:

Written reports of criminal investigations were inconsistently documented to support findings. Some reports contained the requisite thorough descriptions of the physical, testimonial, and documentary evidence. Other reports contained little documentary evidence. The form and format varied from report-to-report for investigations generated from the Office of Internal Investigations. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion.

1. IDOC will modify the electronic document, Report of Investigations to reflect the findings of the investigator. The Case Status of the investigation should reflect the narrative found in the conclusion or disposition of the investigation.

2. Some sexual abuse investigations were completed by Pendleton staff instead of the Office of Internal Investigations. All sexual abuse allegations (Abusive Contact, non-consensual sex acts, staff sexual misconduct) must be investigated by the Office of Internal Investigations, investigators that have completed the specialized investigative training as required in Standard 115.34. The PCM should not conduct Sexual Abuse investigations. This is also in keeping with the IDOC policy.
3. The investigative reports must have a conclusion that is only the findings of the investigator. The Pendleton Warden or Deputy Wardens can review an investigation, but they cannot determine findings for the investigator. The investigator determines finding based on the evidence. The review by the Warden or Deputy Wardens should be to only determine if the findings are supported by the evidence in the report. When findings in dispute, the Warden and PREA Compliance Manager can employ the Internal Affairs Division for a final decision. Policy 00-01-103, indicates that OII shall be responsible for reports are made to the appropriate executive and administrative staff regarding job related
4. The attached investigative checklist will be part of the corrective action to improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All investigators must complete the investigative checklist and ensure the report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that PREA Investigator must be reviewed by all investigators at Pendleton. After review of the PP presentation investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of all acknowledgement of training documents.
5. The auditor will review all investigations completed in the next 30 days.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 00-01-103, Investigations, and Intelligence and 03-02-10, Policy and Administrative Procedure, addresses Standard 115.72.

“The Department of Correction shall establish an Office of Investigations and Intelligence (OII) that shall be responsible for conducting investigations of alleged misconduct by staff and offenders/youths and assisting in maintaining safety and security in the Department’s facilities.”

The agency has established the standard for substantiation of an investigative incident of sexual abuse or sexual harassment as preponderance of evidence. According to the agency PREA Investigator who was interviewed during the audit process, when evidence supports criminal prosecution, the agency consults with the prosecutor prior to moving forward in the investigative process and conducting compelled interviews. Likewise, the same investigator affirmed that the standard threshold for evidence when determining whether allegations are substantiated is preponderance of evidence. During an interview with an. PCF met the requirements of Standard 115.72.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 00-01-103, Investigation, and Intelligence
- Policy 03-02-10, Policy and Administrative Procedure
- Interview with the PREA Compliance Manager
- Interview with the PREA Investigator
- Interview with the PREA Coordinator

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 00-01-103, Investigations, and Intelligence and 03-02-10, Policy and Administrative Procedure, addresses Standard 115.73.

"The Department of Correction shall establish an Office of Investigations and Intelligence (OII) that shall be responsible for conducting investigations of alleged misconduct by staff and offenders/youths and assisting in maintaining safety and security in the Department's facilities."

Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, The Auditor determined by examination that the agency informed the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

All said notifications were documented by the facility. There were fifty-one (51) investigation into criminal and administrative allegation of sexual abuse and harassment. The inmates received the required notification as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded except those discharged from the facility. The allegation involved inmates -on-inmates sexual abuse behavior. PCF met the requirements of Standard 115.73.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire PREA Audit Report
- Review of investigation files
- Interview with the PREA Compliance Manager
- PREA Inmate Notifications

Cautionary Note:

When an inmate is transferred to another facility before the completion of an investigation the PREA Compliance Manager should notate the departure or transfer on the Sexual Abuse/Harassment Investigation Outcome, Offender Notification form any attempts to provide the inmate with the outcome of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention, Policy 00-01-103 Investigations and Intelligence, and Policy 04-03-103 Information and Standards of Conduct for Departmental Staff collectively address and outline the agency's disciplinary response related to violations of PREA policies by staff and address Standard 115.76. Specifically, disciplinary sanctions for staff may include sanctions up to termination.

The agency defines misconduct as:

Behavior by a staff person which violates a standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, performance expectation, or condition of employment of the State and/or the Department.

The agency defines staff person as:

STAFF OR STAFF PERSON: All persons employed by the Department, including contractors and volunteers.

Policy 04-03-103 Information and Standards of Conduct for Departmental Staff, specifically states;

A staff person who violates a State and/or Department standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, or condition of employment may be subject to disciplinary action, up to and including dismissal, in accordance with IC 4-15-2.2-24 which states, "An employee in the unclassified service is an employee at will and serves at the pleasure of the employee's appointing authority, and may be dismissed, demoted, disciplined, or transferred for any reason that does not contravene public policy." Dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies.

During the audit process and an interview with the HR representative the Auditor confirmed that staff terminated for violations of the State, agency sexual abuse or sexual harassment policies, would be reported to the relevant licensing bodies and law enforcement agencies (unless the activity or behavior was clearly not criminal). More, formal terminations and presumptive terminations by staff who would have been terminated if not for their resignation, would also be reported to law enforcement (unless the activity was clearly not criminal).

The examination of evidence related to this standard was reviewed by the Auditor.

The Warden confirmed for the Auditor that any disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would be proportionate with the nature and circumstances of the acts committed considering the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, The PAQ indicated that two IDOC (2) and Standard 115.77 indicates that three (3) contract staff were terminated for violating the facility's PREA policies. PCF met the requirements for Standard 115.76.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 Sexual Abuse Prevention
- Policy 00-01-103 Investigations and Intelligence
- Policy 04-03-103 Information and Standards of Conduct for Departmental Staff
- Internet search: Indiana Code (IC) 4-15-2.2-24, Unclassified service; at will employee
- Interview with the PREA Coordinator
- Interview with PREA Compliance Managers
- Interview with the Warden
- Interview with the Human Resource (HR) representative
- Sample: Sexual Abuse Incident Reviews
- Inspector General's website: Code of Ethics, <http://www.in.gov/ig/2236.htm>.
- Reviewed: The disciplinary outcome on a contractor (Aramark)

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115 Sexual Abuse Prevention, Policy 04-03-102, Human Resources, Policy 00-01-103 Investigations and Intelligence, and Policy 04-03-103 Information and Standards of Conduct for Departmental Staff collectively address and outline the agency's disciplinary response related to violations of PREA policies by staff.

Specifically, disciplinary sanctions for staff may include sanctions up to termination. Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates. Further, any contractor or volunteer who engages in sexual abuse is reported to: Law enforcement agencies or regulatory licensing bodies

Policy 04-03-102, Human Resources defines staff as: Any person(s) performing work on behalf of the Department, including contractors and volunteers' states:

That any contractor or volunteer engaging in sexual abuse of inmates will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer be prohibited from having contact with inmates.

Confirmed by examination, the number of volunteers or contractors reported to local law enforcement for misconduct related to PREA, in the past 12 months was three (3). The contractors were terminated and “gate closed” preventing future contact with inmates.

The agency defines misconduct as:

“Behavior by a staff person which violates a standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, performance expectation, or condition of employment of the State and/or the Department.”

Policy 04-03-103 Information and Standards of Conduct for Departmental Staff, specifically states;

A staff person who violates a State and/or Department standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, or condition of employment may be subject to disciplinary action, up to and including dismissal, in accordance with IC 4-15-2.2-24 which states, An employee in the unclassified service is an employee at will and serves at the pleasure of the employee’s appointing authority, and may be dismissed, demoted, disciplined, or transferred for any reason that does not contravene public policy. Dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department’s sexual abuse or sexual harassment policies.

Pendleton Correctional Facility met the requirements of Standard 115.77.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 04-03-102, Human Resources
- Policy 00-01-103, Investigations, and Intelligence
- Policy 04-03-103, Information and Standards of Conduct for Departmental Staff
- Interview with the PREA Compliance Manager
- Examined termination notices for contractors and “gate closure notices”
- Internet search: Indiana Code (IC) 4-15-2.2-24, Unclassified service; at will employee
- Inspector General’s website: Code of Ethics, <http://www.in.gov/ig/2236.htm>

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-04-101 Disciplinary Code for Adult Offenders address Standard 115.78.

Policy 02-04-101 Disciplinary Code for Adult Offenders states that sexual contact between persons that include touching of the intimate parts of one person to any part of another whether clothed or unclothed is prohibited and subject to disciplinary sanctions following an administrative finding or a criminal investigation that an inmates engaged in inmate-on-inmate sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the inmates disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

More, the Warden indicated during his interview that if a PREA related incident results in a disciplinary sanction, discipline would be commensurate with the nature, circumstances and scope of the abuse committed, the inmate's disciplinary history, sanctions imposed for comparable offenses by other inmates with similar histories. The facility will consider whether an inmate's mental disability or mental illness contributed to his behavior. The Auditor reviewed two (2) examples of inmate-on-inmate sexual contact and sanctions associated with the incidents. The Auditor determined that the circumstances and disciplinary sanctions were comparable with other sanctions imposed for other inmates with similar offenses. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred WOULD NOT constitute making a false report of an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, according to the Warden.

Interviews with medical and mental health practitioners during the audit confirmed that the facility offers therapy, counseling, or other interventions designed to address the emotional trauma resulting from an incident of sexual abuse or sexual harassment. Likewise, the same sample of medical and mental health practitioners confirmed that PCF also offers therapy, counseling, or other interventions to the sexual aggressor to correct underlying reasons or motivations for the abuse. Participation in therapy, counseling, or other interventions are not offered as a condition of access to programming and other benefits.

The facility tour included an inspection of the restricted housing unit. Inmates housed in segregation confirmed rounds were conducted on a consistent basis by medical and mental health practitioners. PCF met the requirements of Standard 115.78.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 03-02-101
- Inmate handbook
- Interview with the PREA Compliance Managers
- Interview with the Warden
- Sample: Conduct report
- Interview with an investigator
- Facility tour: PCF inmates in segregation
- Interview with staff (specialized)

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention and the IDOC Sexual Assault Manual dated January 15, 2014 addresses this standard. Policy 02-01-115, Sexual Assault Prevention indicated the inmate with a history of victimization and inmates with a history of sexually abusive behaviors' are evaluated by a medical or mental health practitioner as outlined in the Sexual Assault Manual, dated January 15, 2014, Pursuant to § 115.41, whether the incident occurred in an institutional setting or in the community. PCF does not house inmates under the age of 18 years old in the facility.

PCF intake staff interviewed indicated that referrals are made to mental health when an inmate is transferred or assigned to the facility with a history of victimization or abusiveness. The Auditor interviewed mental health practitioners at the facility to confirm that inmates are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The Auditor reviewed sixteen (16) Sexual Violence Assessment Tools (SVAT) to confirm that inmates with a history of prior victimization or abusiveness were triaged by mental health and offered follow-up services. The sample documents confirm that inmates with a history of victimization or abusiveness were offered follow-up care whether the trauma occurred in an institutional setting or in the community.

Specialized staff (medical and mental health practitioners) sampled confirmed during individual interviews that inmates who are victims of alleged sexual assaults are offered tests for sexually transmitted infections.

Inmates that disclosed prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical practitioners interviewed during the audit confirmed that informed consent was required from all inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Staff (random and specialized) confirmed compliance with this policy. In the past 12 months, 100% of inmates reviewed who disclosed a history of sexual victimization or abusiveness were screened and offered a follow-up meeting with a mental health practitioner in compliance with Standard 115.81. PCF now meets the requirements of Standard 115.81.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Assault Prevention
- Inmate handbook
- Inmate Information System
- Review of intake documentation

- Sexual Violence Assessment Tool (SVAT)
- Sample: PREA Duty to Report, Medical and Mental Health form
- Sample: SVAT's
- Interviews with specialized staff (medical and mental health practitioners)
- Interview with the PREA Compliance Manager

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention and the IDOC Sexual Assault Manual dated January 15, 2014 address Standard 115.82

The agency and PCF by extension require timely and unimpeded access to emergency medical treatment, crisis intervention and victim advocacy services. The Auditor sampled specialized staff during the audit to determine their understanding of their role and responsibility under this standard. Specialized medical practitioners confirmed that Pendleton offers inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Furthermore, the same practitioners confirmed that the nature and scope of service provided to the inmate population is based according to their professional judgment.

The Auditor also examined three (3) sexual victimization incidents which occurred in the past 12 months where the inmate was transported to the hospital for examination by a SANE nurse. One (1) inmate refused to be examined at the hospital.

The Auditor determined that upon learning of the sexual assault, Pendleton security first responders immediately activated a coordinated response to the incident. The victims were taken to St. Vincent Hospital for an examination by a SANE Examiner, the collection of clothing and DNA evidence. The inmates were not charged for the forensic examinations. In the past 12 months, PCF met the requirements of Standard 115.82.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention)
- Inmates handbook
- Interview with specialized staff (medical practitioner)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Sample: reviewed SANE services provided to an inmate in the past 12 months

Cautionary Note:

During the onsite portion of this PREA audit, medical and mental health practitioners confirmed that Pendleton would offer a victim of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor could not determine from evidence that inmates were offered accompaniment from a community victim advocate. Pendleton has a MOU with Alternative, Inc., however documents do not indicate if this service was offered to the inmate. A facility Sexual Assault Response Team member is involved with the transport and SANE examination. A victim of sexual abuse may feel more comfortable with a community victim advocate during the SANE examination given the incident occurred in a secure detention facility.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention and the IDOC Sexual Assault Manual dated January 15, 2014 address Standard 115.83.

Policy 02-01-115 and IDOC Sexual Assault Manual mandates IDOC facilities provide victims with medical and mental health services equivalent to the level of care found in the community.

Policy 02-01-115 and IDOC Sexual Assault Manual also mandates appropriate tests be provided to the inmate victim as determined by medical and mental health practitioners. Furthermore, if a sexual victimization occurs in an institutional setting, the inmate victim of sexual abuse would be offered tests for sexually transmitted infections as medically indicated.

Policy 02-01-115 requires that PCF to attempt to obtain a mental health evaluation within 60 days of learning of inmate-on-inmate with a history of abusiveness and offer treatment to address the underlying reason for the behavior. Individual interviews with a sample of medical and mental health practitioners confirmed their understanding of their role and responsibility under Standard 115.83.

The PREA Compliance Manager and Warden confirmed during individual interviews with the Auditor that medical services by policy are provided to the victim of a sexual assault at no financial cost.

Indiana Code (IC) 11-10-3-5, Co-payment requirements; exceptions. IC 11-10-3-5 outlines circumstances when an inmate is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. The agency offers all inmates who experience sexual abuse access to forensic medical examinations on-site, without financial cost, where evidentiary or medically appropriate.

PCF met the requirements of Standard 115.83.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention)
- Inmates handbook
- Interview with specialized staff (medical practitioner and mental health)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the Warden
- Sample: reviewed SANE services provided to an inmate in 2019

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention addresses Standard 115.86.

The facility PREA Committee is mandated by policy to complete a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. The review by the facility PREA Committee shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
6. Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA; and,
7. The facility shall implement the recommendations for improvement or document its reasons for not doing so.

The Auditor confirmed by examination that Pendleton conducts an incident review concluding every sexual abuse investigation, including unsubstantiated incident reports, unless the allegation has been determined to be unfounded. The Pendleton Sexual Incident Review and PREA Committee Meeting minutes confirmed that the facility utilizes a multi-disciplinary approach to review closed PREA incidents. The PREA Committee: Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. By examination the Auditor also determined that the PREA Committee: Considered whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.

More, the PREA Committee examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and made recommendations to the Warden. Inclusive in the PREA Committee Incident Review was the team's: Assessment of the adequacy of staffing levels during the incident and the assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The Auditor confirmed by examination that the PREA Committee: Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submits the report to the Warden, Interviews with staff revealed that they understood the purpose of the incident review team and the process. Pendleton Correctional Facility met the requirements of Standard 115.86.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Review of investigative sexual abuse reports in the past 12-month period
- Interview with Sexual Abuse Incident Review Team member
- Interview with the PREA Compliance Manager
- Review of facility PREA Committee Meetings Minutes

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization, State Prison

System Summary Form supplied by the Department of Justice. A review of the annual report revealed it was completed according to this standard. PCF met the requirements of Standard 115.87.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with Warden
- IDOC Sexual Incident Report Data (2019)
- 02-11-115 Sexual Assault Prevention
- Survey of Sexual Victimization 2017, State Prison System Summary Form
- Survey of Sexual Victimization 2018, State Prison System Summary Form
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report, dated 4/12/2019
- 2019 Sexual Assault Prevention Program Annual Report, dated 3/04/2020
- Annual Sexual Prevention Report 2019 Year, Pendleton Correctional Facility, dated 2/04/2020

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 02-01-115, Sexual Assault Prevention, mandates that facilities conduct an annual review of data collected and aggregated by the facility.

The PREA Compliance Manager confirmed that she reviews the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. A review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice. The evaluation includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation. The facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website. The PREA Coordinator confirmed that he completes the agency's annual report which includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

Furthermore, the PREA Coordinator in his role also confirmed that the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The only information IDOC redacted from the agency report is personal identifying information (PII). All other information is included in the annual report.

The IDOC compiles annual reports received from each facility and posts them on the departmental website for public access. This report is signed by the Commissioner of the Indiana Department of Corrections. This report is posted on the IDOC website. A copy of the report from PCF was made available to Auditor. PCF met the requirements of Standard 115.88.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- SIR Data Report

- Survey of Sexual Violence 2017
- Survey of Sexual Violence 2018
- Survey of Sexual Violence 2019
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report
- 02-11-115 Sexual Assault Prevention
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Annual Sexual Prevention Report 2019 Year, Pendleton Correctional Facility, dated 2/04/2020

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires that data be collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed, and all personal identifiers are removed according to the PREA Coordinator. A review of documentation confirmed the practice. PCF met the requirements of Standard 115.86.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Survey of Sexual Violence 2017
- Survey of Sexual Violence 2018
- Survey of Sexual Violence 2019
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Annual Sexual Prevention Report 2019 Year, Pendleton Correctional Facility, dated 2/04/2020

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the tour of the facility the Auditor noted that the upcoming audit was posted throughout the facility. The facility also provided electronic verification of the posting. The facility has provided inmates with information about the PREA audit at least six weeks prior to the site visit and demonstrated based on their institutional and clinical files that PREA education has been a continued practice.

Furthermore, The Auditor examined the IDOC 2018 Sexual Assault Prevention Program Annual Report. The PREA Coordinator during his interview outlined steps taken in 2019 by the agency to enhance and improve compliance with the Prison Rape Elimination Act (PREA) such as:

The IDOC contracted the Moss Group for a project to improve the IDOC's sexual abuse investigations. The project included a review of current investigations, providing sexual abuse investigations training to agency Investigators and facility PREA Compliance.

PCF meets the staffing ratios required by Standard 115.13. Because of the vast amount of property this Auditor highly recommends the utilization of additional cameras or additional staff supervision to enhance the sexual safety of staff and inmates at Pendleton.

In 2019, the Indiana Department of Correction continued to make improvements in policy and practice to meet PREA standards. Training was provided to agency investigators tasked with sexual abuse investigations to ensure thorough investigations are being conducted and documented. The agency continues to improve video monitoring technology statewide and conduct job fairs. Pendleton Correctional Facility met the requirements of Standard 115.401.

Evidence relied upon to make Auditor determination:

- IDOC website
- Interview with staff (random and specialized) and inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All IDOC facilities were audited prior to the end of the first audit cycle which ended August 19, 2016, all final audit reports from 2016-2019 are properly, publicly posted on the agency website. Pendleton Correctional Facility met the requirements of Standard 115.403.

Evidence relied upon to make Auditor determination:

- Internet search: IDOC website
- IDOC PREA audits posted on the website
- Interview with the Warden
- Interview with the PREA Coordinator
- Internet website review of PREA Reports 2016-2019

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

11/20/2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.