

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report:** 5/31/2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> 5/09/2016 – 5/11/2016			
<b>Facility Information</b>			
<b>Facility name:</b> Branchville Correctional Facility / Hernyville Correctional Facility			
<b>Facility physical address:</b> 21390 Old State Road 37; Branchville, IN 47514 / 1504 Schlamm Lake Road; Henryville, IN 47126			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> (812) 843-5921 / (812) 294-4372			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Sipt. Kathy Alvey			
<b>Number of staff assigned to the facility in the last 12 months:</b> 252 / 37			
<b>Designed facility capacity:</b> 1485 / 168			
<b>Current population of facility:</b> 1173 / 146			
<b>Facility security levels/inmate custody levels:</b> Medium / Minimum			
<b>Age range of the population:</b> 19 -67 / 20 - 64			
<b>Name of PREA Compliance Manager:</b> Mr. Adam Daum		<b>Title:</b> Training Supervisor	
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<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> same			
<b>Physical address:</b> 302 W. Washington Street, Indianapolis, IN 46204			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> (317) 232-5711			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bruce Lemmon		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

Notices of the upcoming PREA Audit, with contact information, was forwarded to the Agency Executive Director of PREA for posting in the Branchville Correctional Facility and the Henryville Correctional Facility six (6) weeks prior to the on-site audit. Photos were sent to the auditor demonstrating that notices were posted as requested and required. The auditor did not receive any communications from any staff, offender, volunteer, intern or contractor.

The Pre-Audit Questionnaire, Indiana Department of Corrections Policies and Procedures and documents the facility provided to support compliance with specific standards were uploaded into a secured "cloud" accessible by invitation only. Because of delays in getting signed contracts, access to the Pre-Audit Questionnaire, Policies and Procedures as well as supporting documents was subsequently delayed and the information became available for review on April 28, 2015.

The auditor reviewed the documentation that was provided. A conference call was conducted on May 4, 2016 at 11:00AM EST enabling the auditor to interact with the Executive PREA Coordinator, Branchville/Henryville Facility Director, Facility PREA Coordinator and staff. The audit process was discussed as well as specific plans for the Branchville and Henryville on-site audits. The Auditor requested permission to being the interviews on the first day of the audit prior to the overnight shift departing the facility. Samples of additional documentation were requested and the Superintendent stated the information would be provided not later than the close of business on Friday, following the call. Multiple documents were provided via email prior to the on-site audit and not later than Friday at the close of business as stated. The Superintendent was very committed to this process and to providing the auditor any information requested and to provide it in an extremely timely manner.

The audit team consisting of Rob Lanier, Certified PREA Auditor (Lead Auditor) and Sonya Love, Certified PREA Auditor (Assisting) arrived at the facility at approximately 6:00AM, May 9, 2016 to conduct the on-site audit. Present at that time were the Facility Superintendent, Assistant Superintendents, PREA Compliance Coordinator, the Captain and Major. All of the administrative staff were enthusiastic about their audit and looking forward to showing their facility, operations and PREA Program to the auditors.

Staff and Offenders were randomly selected for interviews. In addition to the administrative staff and specialized staff, randomly selected correctional officers were selected from each shift and representing all of the housing units at the facility. Offenders likewise were randomly chosen from the current population report. Offenders were selected from each living unit. Additionally, a list of transgender, intersex, gay, bisexual offenders was requested. Also, requested was a list of any offenders who have alleged sexual abuse in these facilities, who have reported prior victimization and offenders who are disabled or limited English proficient.

Interviews were initiated and following the interviews of the overnight shift employees, the lead auditor went on a tour of the facility while the assisting auditor continued interviews of staff and later, offenders.

Accompanying the auditor on the tour were the Facility PREA Coordinator, the Captain and Executive PREA Director. Approaching the facility is the main gate where visitor's licenses are checked, license plate numbers logged in and notifications made to the administrative building. At the administration building visitors sign in and are searched, as are their belongings. Additional, more stringent searches are conducted prior to allowing anyone into the secured area of the facility.

The tour began at the multipurpose facility chapel. Church services are held in this area as well as a variety of other activities. There were four (4) cameras located in the Chapel and viewing into offices was enhanced by windows.

The tour included six (6) housing units (Dorms A, B, C, D, E and F), the infirmary and segregation unit. A Dorm has a capacity of 288 and includes offenders in the general population and admissions and orientation. Dorm B houses general population offenders with a capacity of 264. Dorm C houses offenders in the therapeutic community and it has a capacity of 288. D Dorm has a capacity of 264 and is for general population offenders. E Dorm, the Faith and Character Based Dorm, has a capacity of 240 and F houses general population offenders and has a capacity of 108. The Restricted Housing Unit has a capacity of 30 offenders. On the days of the audit the facility had a total capacity of 1485 with a population of 1167 offenders.

Dorms were open bay. Living units were clean, neat and orderly and offenders in the units were relaxed, behaved and cordial. Cameras were observed and pointed out throughout the dorm areas. Phones are available in each dorm and accessible during

designated times. “How to Report” signs are posted prominently in the living units. Additionally, offenders have access to a kiosk (JPAY) in each day room. Instructions for reporting sexual abuse or sexual harassment on J PAY are posted as well. The Indiana Ombudsman is in the offender’s contact list and can be accessed by one click followed by the ability to send an email. The poster advises offenders that they may use this venue to report if they do not feel comfortable submitting a report to the staff. They are also advised that the report will then be forwarded to the Department of Corrections Executive Director for PREA and the facility. An offender who was emailing his parents offered to demonstrate how to send a report to the Ombudsman. He showed the auditor the Ombudsman on his contact list. Clicking on the ombudsman all the offender had to do to report was to type his concerns on the email to the Ombudsman. Instructions for reporting anonymously are provided on this same poster. The address for a written report is listed. Also, posted in each dorm is a posting entitled, “Additional Services for Victims of Sexual Abuse”. This posting explains that the organization listed (Indiana Coalition Against Domestic Violence) is to provide an offender who has been a victim of sexual abuse either during or prior to incarceration, a Victim Advocate. In addition to explaining what the advocate is and does, a toll free number as well as a mailing address is listed on the posting. A TV Monitor in the dayrooms continuously scrolls pertinent information for offenders, including PREA Related information. “End the Silence” posters were observed prominently displayed.

The restrooms in A and B Dorms provided privacy by having half walls separating the commodes. Showers in these dorms were placed along a back wall at a right angle to the hall with no half walls or curtains or panel dividers providing privacy while in the showers. Anyone walking down the hall would observe any offender in the shower. Staff and offenders consistently stated that all officers, both male and female, making their “Guard” rounds typically announce their presence however once they make the turn toward the showers they could not help but see the offenders in the showers.

The restrooms in the remaining dorms also had half walls separating the commodes however the showers were not placed against the back wall but on either side of the wall and each shower was separated with a half wall ensuring that the offender had privacy while showering. The Superintendent agreed to either put up a half wall, curtains or some other sort of privacy divider to ensure the offenders in dorms A and B are able to shower with privacy.

The Dining Area was equipped with cameras. The food preparation area has an offender’s restroom with a large window in it enabling anyone walking by to view the offender on the commode. The Superintendent agreed to restrict that viewing by covering the widow up about half way where the offenders head could be viewed. There are number of solid doors in the food services area. The facility should consider placing a sign on solid doors out of view of the camera restricting access to staff on official business etc. Staff reported that the keys to these doors are restricted to ensure that only authorized staff have access to the doors. Too, staff reported they randomly check areas like these during unannounced rounds.

Multiple vocational areas were toured. These included the “call center”, pallet shop, sawmill, landscaping, auto shop, recycle center and culinary. The pallet shop and sawmill area present multiple challenges with blind spots however there are some cameras in the area and staff move about to monitor the offenders. Offenders wear color coded jump suits to identify the area to which they are assigned. The administration advocates for additional cameras. For example, the facility has a projected need for 10 additional cameras just for the pallet shop. The Superintendent also provided a Purchase Order for an additional 36 cameras throughout the facility.

A tour of the Henryville Correctional Facility was conducted on the second day of the audit. This minimum security facility is located within a state park and surrounded by forests.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Branchville Correctional Facility is located in Perry County, Indiana, approximately 20 miles north of Tell City, Indiana. The facility is located 4 miles south of Interstate 64 and directly off Indiana State Road 37.

The facility is located in the heart of the Hoosier National Forest. It was opened in August 1982 under the name of "Branchville Training Center." The original buildings were constructed between 1965 and 1971 for use as a Job Corps Center. The Job Corps utilized the facility until its closure in 1972. In 1978 Purdue University leased the site from the U. S. Department of Agriculture for an extension area of their Forestry Program and Surveying Class offered during the summer. The area was also used during this time as a Youth Conservation Corps and was the site of the Department of Transportation sub-district.

In 1982, through a cooperative effort between the Federal Government and the State of Indiana the facility received its first twelve offenders. Using \$500,000 the staff and offenders proceeded to renovate the existing structures in order to house approximately 336 offenders. The present facility is classified as level 2 medium securities, has the capacity for 1485 adult male offenders and employs approximately 256 staff with an annual operating budget of approximately \$18 million. Offenders are received from throughout the State of Indiana and are serving an average sentence of 6 years.

The State of Indiana currently owns 114 acres of land that the facility encompasses. Two 12 foot fences enclose approximately 35 acres. Both fences are topped with razor wire. The outer fence is encased in razor wire, while the inner is attached to a high security stun fence.

When the Department of Corrections acquired this facility it started with 11 buildings that had been vacated by the Job Corps. Three other buildings were occupied by the Department of Transportation until 1987.

Offenders are housed in six (6) open-bay dormitories, one of which was built by the Job Corps in 1971. This dormitory has been remodeled twice and houses 108 offenders. In 1986 two new dormitories were built. With minor design alterations three (3) additional dormitories were constructed in 1989, 1990 and 1991. These five dorms are currently housing between 240 and 288 offenders respectively.

Henryville Correctional Facility was opened in 1962 as a juvenile facility and was formerly known as the Clark County Youth Camp. In 1982 it was converted to an adult minimum facility work camp and took on the current name. In 2015, Henryville was merged with Branchville Correctional Facility. The facility houses a maximum of 168 adult males that meet minimum security requirements. The majority of the offenders are placed on work assignments working in the local community for Indiana Department of Natural Resources, Indiana Department of Transportation and other local municipalities.

Henryville Correctional Facility has a maximum dormitory capacity of 168 and the population on the day of the audit was 146. There are four open bay dormitories at Henryville. Dorm 1A/B has a maximum capacity of 74 with a current population of 52. Dorm 2 has a maximum capacity of 58 and a current capacity of 49. Dorm 3 has a maximum capacity of 26 and 24 offenders are currently housed there. Dorm 4 has a maximum capacity of 40 with a current population of 21 offenders.

The Staffing Report dated January 7, 2016 listed the total of 41 authorized staff with an average vacancy rate of 9.2 per cent.

Henryville is primarily a work facility and the majority of offenders are assigned to crews that go out into the community. The facility offers numerous programs to the offender population including substance abuse, Thinking for a Change, Department of Labor Apprenticeship training, family reunification and other cognitive program. There are several religious programs and services available to offenders to help their rehabilitation.

## SUMMARY OF AUDIT FINDINGS

The Facility Superintendent, Assistant Superintendents, Facility PREA Coordinator, Major and Captain were all very knowledgeable of PREA and every one of them were amazingly responsive when any additional information was requested. When a recommendation was made the Superintendent immediately made plans to correct the issues. Following the on-site audit when information was requested the Superintendent and Facility Coordinator responded expeditiously.

Cameras were observed throughout the facility and officers were observed actively supervising the offenders. There were blind spots throughout the facility and grounds but it is evident that the administration is aware of these and has advocated for additional cameras and with the new staffing assessment, optimistic that they will receive additional custody staff. Too, the administration has advocated for additional camera coverage and provided the auditor with a Purchase Order for 36 additional cameras to help mitigate blind spots.

Offenders were engaged, well behaved, relaxed and cordial. One offender volunteered to demonstrate the how he could report sexual abuse with the JPAY Kiosk.

Posters were prominently displayed and included the “End the Silence” posters, Reporting Sexual Abuse Using JPAY, posters about the Indiana Coalition Against Violence, scrolling video notices regarding policy and procedures as well as PREA.

Forty-six (47) Branchville Correctional Facility staff were interviewed. These included the following: the superintendent, agency commissioner’s designee, executive PREA Director, one (1) volunteer, facility PREA coordinator, (1) incident review committee member, three (3) intake staff, six (6) intermediate or higher level staff providing orientation, two (2) risk screening staff, two (2) investigators, (1) grievance staff, one (1) human resources staff, three (3) first responders, one (1) officer working segregation, two (2) contract staff, one (1) medical staff, one (1) mental health staff, one (1) chaplain and (17) randomly selected staff.

Staff indicated, in their interviews, that they would take all allegations, reports, knowledge and suspicion of sexual abuse or sexual harassment and retaliation seriously regardless of who the offender was or how many times he had reported issues. They stated they would accept reports from all sources and that these could be verbally, in writing or anonymously. They were able to articulate ways staff could privately report and multiple ways that offenders could report. They were knowledgeable of their responsibilities as first responders and stated they would separate the victim from the perpetrator and protect the potential crime scene and evidence.

Twenty-eight (28) randomly selected offenders representing all housing units were interviewed.

Offenders were very cooperative in the interviews. They were also knowledgeable of PREA and especially of the multiple ways they can report. A number of offenders said that “stuff like that doesn’t happen at this facility” and several said “these are good people here”. Offenders related they can report using the JPAY system and email their families or the Ombudsman or use the “hotline”. Most of the offenders who were interviewed remembered being asked the risk screening questions. None of the offenders reported having been sexually abused previously and none identified as being gay, bi-sexual, transgender or intersex.

The Henryville Facility is a Custody Level I Facility. The Facility’s PREA Compliance Coordinator accompanied the lead auditor to the Henryville Facility where the Administrative Assistant and Henryville PREA Coordinator led him on a tour. The facility consists of a maintenance building, a supply building, recycle building, kitchen/dining area, administrative building, warehouse and four (4) open bay living units. Grounds and buildings were clean and neat. The facility has a total of 16 cameras. Cameras were observed throughout the facility. All of the open bay living units had cameras. The JPAY System was observed and was accessible to the offenders. PREA Posters were prominently displayed. The food prep area and storage area in the kitchen had cameras. Showers and restrooms afford privacy by having half walls separating the restrooms. Video Cameras can be monitored from a security station.

At Henryville Correctional Facility thirteen (14) staff were interviewed including the following: one (1) administrative assistant, one (1) facility PREA coordinator, one (1) training officer, one (1) staff conducting risk screening, two (2) staff conducting intake, one (1) first responder, two (2) investigators and five (5) randomly selected staff.

Staff at Henryville were very knowledgeable of PREA and were also articulate in responding to every question asked. They were all aware of the Zero Tolerance Policy, all related they were trained initially upon being hired and annually thereafter. All

stated they would take all allegations seriously and would report it immediately to their supervisor while keeping the offender safe and separated from the perpetrator. Staff were aware of multiple ways offenders could report allegations of sexual abuse or sexual harassment.

Ten (10) offenders, randomly selected from each of the housing units, were interviewed. Every interviewed offender related that they felt safe and comfortable in this program. Every interviewed offender was able to articulate multiple ways to report internally and externally. They also indicated they can access the phones to place calls to the hotline, if needed. They also related they can make reports on the JPAY system, including making reports to authorized contacts and to the Ombudsman. Too, they related they work on details and could report the allegation in the community if needed. All of the interviewed offenders remembered being asked the risk screening questions. None of the offenders identified as being gay, bi-sexual, transgender or intersex. Offenders were pleasant and respectful and stated that Henryville was a good facility and those who had been housed in other DOC Facilities stated that this was a great facility to be housed in.

Additional information that had been requested was provided and multiple examples of documents including PREA Acknowledgment Statements for staff and offenders were reviewed. Anytime information was requested it was provided expeditiously. The Agency PREA Executive Director, Facility PREA Compliance Manager, Facility Superintendent, Major and Captain were always available to provide clarification, when needed, and it was evident that all of them take PREA seriously and are committed to sexual safety in the facility. The same was true at Henryville.

Forty-one (41) standards were reviewed and (40) were found to be compliant. 115.15 Limits to Cross Gender Viewing and Searches is rated "Does not Meet" at this time. Showers in the A and B Dorms are located on a back wall perpendicular to the hallway. These showers do not have any privacy curtains nor is there a half wall or anything obstructing view of the showers, which means anyone walking down the hall can look to the right or left depending on which way they were walking and view offenders naked in the showers. The Superintendent called in maintenance on the first day of the audit and a corrective action plan is being implemented. When curtains are installed or half walls built up or some kind of partition erected to provide privacy the Superintendent will take photos and send to the auditor.

Additionally, an offender restroom in the kitchen area had a large window enabling anyone walking down that hall can also look and see the offender using the restroom. The Superintendent again was quick to respond and sent the auditor photos on the correction which was to erect a partition by the commode.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

### **Summary:**

The State of Indiana Department of Corrections (IDOC) Policy, 02-01-115, Sexual Abuse Prevention, requires a Zero Tolerance for all forms of sexual abuse and sexual harassment. It also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed documentation. Zero Tolerance is communicated to offenders during orientation, through continued education and in documents listed in standard 115.333. The IDOC policy also requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision shall be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment. Reviewed contracts and an interview with the agency contract director confirmed the presence of that language in agency contracts for housing offenders for the Department.

The agency has demonstrated its commitment to PREA by designating an upper-level, agency-wide Executive PREA Director, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. This position is documented on the Indiana Department of Corrections Central Office Organizational Chart.

The Superintendent of the Branchville Facility also serves as Superintendent of the Henryville Correctional Facility. Two reviewed letters confirmed that she has designated PREA Coordinators for each facility. Both PREA Coordinators are identified on their respective Facility Organizational Charts with both Coordinators depicted as reporting directly to the Superintendent.

### **Interviews:**

The Agency's Executive PREA Director, a certified PREA Auditor, is an articulate individual who not only has an exceptional knowledge of the PREA Standards but also has a vision for implementing it in the state's adult and juvenile facilities. He is responsible for all of the adult facilities and juvenile facilities in the State of Indiana. His goal is continuous improvement. Interviews with the Branchville Correctional Facility and Henryville Facility PREA Coordinators indicated that although both have additional duties, they indicated they have time to ensure the facility is implementing the Zero Tolerance Program and the agency's approach to preventing, detecting, responding and reporting sexual abuse and sexual harassment. Both compliance coordinators report directly to the Superintendent and have the support of the administration in implementing and improving the PREA Standards.

### **Reviewed Documentation to determine compliance:**

- ✓ Policy #: 04-03-105 Response to Staff Emergencies
- ✓ Policy #: 02-01-115 Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Superintendent MEMO – Appointing PREA Compliance Manager for Henryville Correctional Facility

- ✓ Henryville Correctional Facility Organizational Chart March 2016
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 02-04-101 The Disciplinary Code for Adult Offenders
- ✓ Indiana Department of Correction Organizational Chart
- ✓ Superintendent MEMO – Appointing PREA Compliance Manager for Branchville Correctional Facility
- ✓ Branchville Correctional Facility Organizational Chart February 2016
- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails

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

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

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

**Summary:**

The Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, IV. Zero Tolerance for Sexual Abuse and Sexual Harassment, requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision must be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment. The Pre-Audit Questionnaire (PAQ) indicated that the agency has 2 contracts for the confinement of offenders that the agency entered into with private entities or other government agencies on or after August 20, 2012. The PAQ stated that all of the agency contracts for the confinement of offenders contained requirements that the contractor adopt and comply with all of the DOJ PREA Standards and also that they will allow the Indiana Department of Corrections to monitor compliance. Two contracts were provided for review. The contracts contained requirements that the contractor adopt and comply with all Adult Prison and Jails PREA Standards established by the United States Department of Justice.

**Interviews**

An interview with the Agency Contract Director confirmed that the PREA verbiage and requirements are included in all contracted programs housing Indiana offenders. He also said the contract requires an “on-site” agency contract monitor who monitors compliance with the contract.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Vender Contract ID#: 0000117904 – The GEO Group, Inc.



- ✓ Contract Amendment #9: EDS#D120-6-008
- ✓ Vender Contract ID#: 0000066318 – Community Education Centers
- ✓ Contract Amendment #2: EDS#D12-1-046A
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention

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

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

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

#### **Summary:**

Staffing at the Branchville Correctional Facility is predicated upon the designed facility capacity of 1485 beds. The facility direct care staffing is based on the Facility Rated Capacity. The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing supplemented with the use of video monitoring to protect Branchville Correctional Facility offenders against abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies it in the log books.

The Department of Corrections has recently provided training through the National Institute of Corrections to selected staff, statewide, to teach and enable them to conduct staffing analyses of the Indiana Department of Corrections facilities. The Superintendent, in an interview, related that the last Staffing Analysis was conducted in 2006 or 2007. This analysis indicated that the facility should be staffed with custody staff as follows: 196 Total Custody Staff including 137 Officers, 32 Sergeants, 7 Lieutenants, 5 Captains and 1 Major. She also related that to ensure minimum staffing levels she has the option to “shut down” non-essential” posts or to pay overtime. She related that she tries to keep at least two officers in each dorm all of the time. Custody posts are determined by the Indiana Department of Corrections Master Roster Post Analysis and prepared by the Administrative Captain in November 2015. The Captain has been trained by the National Institute of Corrections to conduct staffing analyses.

The Branchville Correctional Facility currently has 272 positions assigned including 196 Custody positions, 52 Administrative positions and 24 Program positions. Administrative and Program staffing numbers have dropped over the years due to privatization and restructuring. The custody number has changed very little since the 2006 Staffing Analysis. To meet budget, the facility leaves certain administrative and program positions unfilled. These are mostly clerical and do not involve supervising inmates. The Superintendent has a standing order to post and fill all vacant custody positions. The facility currently has 20 vacancies, including 10 correctional officer positions and 252 filled positions.

The Superintendent provided a memo dated December 2, 2014 indicating that meetings are being held weekly with all Department Heads for the purpose of discussing staffing requirements to ensure that offenders have access to staff, programs and services. Once per year the facility, in collaboration with the Executive PREA Director, reviews the staffing plan to see whether adjustments are needed. In calculating adequate staffing levels and determining the need for video monitoring to protect offenders from sexual abuse the facility considers each of the items identified in the standards. The reviewed 2016 Staffing Plan documented review of all of the items required by the PREA Standards. The reviewed Henryville Correctional

Facility Annual Staffing Plan (2016) documented consideration of all 11 items required by the PREA Standards. The plan documented the need for additional camera coverage for identified areas of the facility. Both facilities were last accredited by the American Correctional Association in 2014 confirming that they are meeting nationally accepted standards.

In an ongoing effort to mitigate blind spots and enhance viewing and supervision the Superintendent stated that the facility has ordered mirrors to be mounted at the “saw mill.” Too she stated inmates wear color coded uniforms to identify their work assignment area. Too, a reviewed purchase order dated 4/20/2016, #001655883, confirmed that an additional 36 cameras have been approved and are awaiting installation at Branchville.

Henryville also provided an Annual Staffing Plan Review that addressed each item required by the PERA Standards. The reviewed Master Roster Shift Allocation Overview and Approval for Henryville a total custody staffing level of 34, including one (1) Lieutenant, six (6) Sergeants and 25 Officers. The Vacancy Report Breakdown for Henryville indicated a total authorization of 40 custody staff with two (2) vacancies and an annual vacancy rate of 9.2%. The facility is equipped with 16 cameras at present and because the facility is a minimum custody facility, it is a low priority for additional cameras. The vast majority of the offenders at this facility go out on work details in state parks and in the surrounding communities.

IDOC Policy requires intermediate-level or higher-level supervisors to conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. It also prohibits staff from alerting other staff when unannounced rounds are conducted. All unannounced rounds are documented in the facility log books. Documentation of unannounced rounds was observed in both facility logbooks. It is recommended that the facility staff conducting unannounced rounds document the inspected or “checked” areas of the facility.

#### **Interviews:**

The Branchville/Henryville Superintendent described the staffing process and indicated that custody posts are determined by the Indiana Department of Corrections Master Roster Post Analysis and prepared by the Administrative Captain in November 2015. She related that custody staffing has remained at virtually the same numbers at Branchville since the Department’s 2006 or 2007 Staffing Analysis however she related that the Department has recently provided training through the National Institute of Corrections in conducting staffing analyses and that the agency is in the process of conducting staffing analyses of the Department’s Facilities. Based on the 2007 staffing analysis she indicated that Branchville currently has 196 Custody Staff. These include 137 Correctional Officers, 32 Sergeants, Seven (7) Lieutenants, five (5) Captains and one (1) Major. She stated that to provide adequate staffing she may choose to “shut down” a non-essential” post or utilize overtime. She also related that the staffing plans for both facilities are reviewed annually and that she and her team consider each of the elements required in the DOJ PREA Standards. She also indicated that, in addition to her normal rounds, she makes unannounced rounds as well and documents it in the logbooks. Lieutenants also are required to make unannounced rounds and document them in the log books. Interviews indicated that they are making unannounced rounds as well. In an ongoing effort to enhance monitoring of inmates, the Superintendent related that inmates wear color coded uniforms indicating a specific work assignment. Additionally, she stated that the facility has ordered mirrors to mitigate reduced viewing in the “saw mill” area and she provided a purchase order documenting that an additional 36 cameras are scheduled to be installed.

#### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Henryville Correctional Facility 2016 Staffing Plan Review
- ✓ Branchville Correctional Facility 2016 Staffing Plan
- ✓ Shift Roster 1345-2200
- ✓ Henryville Shift Roster Recapitulation Report
- ✓ Master Roster Shift Allocation Overview and Approval (Henryville Correctional Facility)
- ✓ Master Roster (Henryville Correctional Facility)

- ✓ Vacancy Report Breakdown (Henryville Correctional Facility)
- ✓ Human Resources Office – Inter Office Memorandum (Monthly Reports)
- ✓ Incoming Control Officer Report
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Henryville Correctional Facility Unannounced Occupied and Unoccupied Areas Inspection and Report
- ✓ Average Population (January – December)
- ✓ Superintendent Memo: Staffing Plan – State Government Budget Restrictions
- ✓ Superintendent Memo: Staffing Determinations (December 2, 2014)

**Standard 115.14 Youthful inmates**

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

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

**Summary:**

The facility prohibits placing youthful offenders in a housing unit in which a youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Neither Branchville nor Henryville Correctional Facilities accepts under the age of 17.

The Superintendent provided a memo for the record stating that neither the Branchville or Henryville facilities are housing any youthful offenders. She understands the requirements for housing youthful offenders in the event she receives any. No areas of either facility were observed housing any youthful offenders.

**Interviews:**

The Superintendent confirmed, in an interview that she does not have any youthful offenders housed at either Branchville or Henryville Correctional Facilities.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

### Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, XIV. Limits to Cross Gender Viewing and Searches, prohibits cross-gender strip or cross-gender visual body cavity searches of offenders except in emergency circumstances. According to PRE-Audit Questionnaire (PAQ), during the audit period, there were no cross-gender strip or cross-gender visual body cavity searches. Reviewed documentation indicated that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

The facility and Indiana Department of Corrections Policy prohibits staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. The PAQ indicated that no searches occurred during the audit period.

The Indiana Department of Corrections Policy and Procedures 02-03-101, Searches and Shakedown, VII, Opposite Gender Offender Pat Search, Paragraph A, states that pat searches of an adult male offender may be conducted by female staff in accordance with approved opposite gender search lesson/training plans. The policy reiterates that when an opposite gender pat search is conducted, staff are required to follow the technique/procedure for opposite gender pat searches contained in the approved lesson/training plans developed and presented by the Division of Staff Development and Training.

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, XIV, Limits to Cross Gender Viewing and Searches also prohibits opposite gender video surveillance monitoring of offenders who are confined on restrictive status housing or protective custody, or are in an area where offenders can be observed in a state of undress, other than incidental viewing or viewing for purposes of an investigation.

Policy requires the facility to implement procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia. Neither Branchville or Henryville Correctional Facilities house female offenders. Offenders are permitted to shower as needed. Staff, on the other hand are required to make guard checks at regular intervals. Staff are required to announce their presence into the shower/restroom areas during the tour the showers in two of the dorms, (A and B), were along the back wall of the restroom area enabling viewing by any female or male staff who might be in the area. Viewing was obscured by half walls in the other living unit bathrooms and shower areas. The facility agreed either to build a half wall to prevent viewing or to put up long shower curtains. During the audit, the Superintendent entered into discussions with maintenance to decide the corrective action. Henryville showers and restrooms afford privacy by half walls. The facility followed-up on this Corrective Action Plan and initially provided a diagram of the proposed PREA Curtains for the shower area. Several days later the Superintendent provided a purchase order confirming she is ordering the curtains from a vendor in Jacksonville, Florida.

During the tour of the food services area, a restroom was observed and an offender was observed sitting on the commode in full view. The issue was brought to the attention of the touring staff and the superintendent had the situation corrected within a few days by putting up partitions.

Custody staff at both Branchville and Henryville have been trained on conducting cross gender pat down searches and professionally searching transgender and intersex offenders. The auditor asked randomly selected staff to demonstrate cross gender pat search procedures and staff were able to do so.

### Interviews:

Ten randomly selected Custody Staff at each facility, representing all shifts affirmed that cross gender pat down searches are routinely conducted at Branchville and Henryville. Every one of the interviewed staff related they had received training in conducting those searches and most were able to articulate the month in which they had it. 100 per cent of the interviewed staff related the facility does not allow staff to search a transgender or intersex offender for the purpose of determining their genital status. Twenty-one (21) out of 27 interviewed inmates at Branchville stated they are never naked in full view of staff of the opposite gender. Some related they may be in the showers and the staff may come in to make a security guard round and inadvertently view them in the showers. Twenty-five (25) of twenty-seven (27) inmates related that staff of the opposite gender announce their presence when entering into the unit and shower areas. All of the interviewed staff stated they announce their presence prior to entering the shower/bathroom area. 100 Per cent of the interviewed offenders at Henryville related that they are never naked in full view of any staff except during strip searches which are conducted by same gender staff.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Superintendent Memo: Cross Gender Strip Searches
- ✓ Superintendent Memo: Female Offenders (3-29-2016)
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Transgender Offenders
- ✓ Policy #: 02-03-101 – Searches and Shakedown
- ✓ Superintendent Memo: No Cross Gender Strip or Cavity Search (Branchville Correctional Facility)
- ✓ New Employee Training Process – Agenda (9-4-15)
- ✓ On-The-Job Training (9-4-15)

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

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

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

**Summary:**

The Indiana Department of Correction requires Branchville and Henryville Correctional Facilities to establish procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, VII. Offender Education Program, requires that information be provided to offenders who are Limited English Proficient and who may have other disabilities (including hearing or visual impairment, psychiatric or learning disabilities) be provided assistance to ensure effective communication of the department's PREA policy and procedures for reporting assaultive sexual behavior. This policy prohibits the use of interpreters or readers unless there would be a delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the inmate's allegations.

The Facility PREA Coordinator provided a copy of contract between Indiana Department of Corrections and Language Training Center, Inc. to provide Interpreter/Translator Services. This contract provides the following: in person Spanish, in person non-Spanish, in person American Sign Language, over the phone interpretive services Spanish and non-Spanish as well as remote interpreting for all languages. A memo provided by the Superintendent identified staff who may be used as bi-lingual interpreters. The Sexual Assault Prevention and Reporting Information Brochure is written in Spanish and in English and PREA Posters are written in Spanish and in English. Posters providing information on reporting to the Indiana Coalition Against Domestic Violence and for accessing the JPAY system to report sexual abuse and to access the Department of Correction's Ombudsman.

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, X., Sexual Assault Response Team (SART) also requires that arrangements are made to ensure that SART members who must interact with the sexual assault victim are able to communicate directly through interpretive technology or through non-offender interpreters, with offenders who have Limited English proficiency (LEP), are "deaf" or speech impaired. Policy also requires that "accommodations shall convey all written information verbally to offenders with limited reading skills or who are sight impaired.

The Facility PAQ indicated that the use of inmate interpreters, inmate readers, or other types of inmate assistants is limited except in limited circumstances where an extended delay would jeopardize an offender's safety and wellbeing is prohibited. There have been no instances in either Branchville or Henryville where inmate interpreters, readers, or other types of inmate assistants were used to interpret or translate during this audit period.

#### **Interviews:**

Nine of ten (10) randomly selected Branchville staff stated, in their interviews, that they would not allow the use of an offender interpreter or an offender reader to translate or interpret for any disabled or Limited English offender. Eight (8) of ten (10) staff were aware that the facility has a contract with an outside agency that provides interpretive services. Several staff also mentioned that they were aware that the facility had several staff who have been identified to serve as interpreters. All of the interviewed staff at Henryville related they would not allow the use of an offender interpreter/reader and most were aware that the agency had a contract for professional interpretive services. The Superintendent related that the interpretive services contract has been renewed and is current. The auditor was provided with a copy of the signature page of that contract.

#### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Purchase Agreement with the State of Indiana QPA #13314 – In-Person Interpretive Services
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Henryville Correctional Facility / Offender Interpreters
- ✓ Policy #: 00-02-202 – Offenders with Physical Disabilities
- ✓ Sexual Assault Prevention and Reporting Brochure
- ✓ Posters (English and Spanish)

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

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

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

**Summary:**

Indiana Department of Corrections Policy, 04-03-102, Human Resources, IX., Criminal Background Checks, requires criminal background records checks before enlisting the services of any staff who may have contact with offenders. Additionally, this policy requires that criminal background checks are completed every four years on current staff who have contact with offenders. Indiana Department of Corrections Policies and Procedures prohibit Branchville and Henryville Correctional Facilities from hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who will have contact with any offender who has engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity or has civilly or administratively adjudicated to have engaged in the sexual abuse activities. The facilities provided documentation to demonstrate the information documenting the process and signed PREA Employment Questionnaires as a part of the hiring packet.

State policy requires the facility, before it hires any new employees who may have contact with offenders, to complete a criminal background record check 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 before hiring. Policy also requires that criminal background records checks be completed on current employees every 5 years.

If an employee omits material information regarding sexual misconduct or provides materially false information the Department will consider that as possible grounds for termination.

The facility uses “Mandatory Pre-Interview Questions” in addition to the PREA Questions for applicants. The Mandatory Pre-Interview Questions ask the following; 1) Have you ever been convicted of a Domestic Violence Offense or charged with Domestic Violence and pled down to a lesser offense? 2) Do you have any criminal charges pending? 3) Are you currently subject to an order of protection? 4) Have you ever been prohibited from possessing, purchasing or using a firearm? 5) Did any of the offenses listed involve the use of force or attempted use of force? 6) Have you ever been disciplined formally or informally for sexual harassment? 7) Have you ever been disciplined formally or informally for discriminatory behavior? 8) Have you ever been disciplined formally or informally for violence in the workplace? 9) Have you ever been discharged from a job? 10) Do you have any immediate family or close associates currently employed by or who provide services to the Indiana Department of Corrections? 11) Do you have any family or close associates incarcerated by the Indiana Department of Corrections? 12) Have you visited any Indiana Department of Corrections inmate while he/she was incarcerated? 13) Have you ever had contact with the IDOC as a volunteer? 14) Can you perform the essential functions of this job? 15) An employment background/criminal history check will be conducted on the applicant recommended for this position. Be aware that withholding or presenting false information prior to hire will be grounds for disciplinary action up to and including dismissal after employment. It there anything you would like to discuss that we have not asked about?

Multiple examples of the PREA Questionnaires and background checks were provided.

**Interviews:**

The human resource staff at Branchville, who also handles Henryville personnel, related that in addition to initial background checks, they are also conducted when staff are promoted. He stated that the Indiana Department of Corrections is a part of the NICIC and designated trained staff are authorized to utilize the system for background checks. He related that he contacts

former employers especially when the employee worked for a jail or in a correctional setting. He also indicated that staff have an affirmative duty to report any arrest.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Indiana Department of Correction –Reason for Background Check
- ✓ Policy # 04-03-102 – Human Resources

**Standard 115.18 Upgrades to facilities and technologies**

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

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

**Summary:**

Indiana Department of Corrections requires that a facility, when making a substantial expansion or modification to an existing facility, include installed or updating video monitoring systems, electronic surveillance systems, or other monitoring technology to protect inmates and enhance sexual safety. The only addition at the Branchville Facility has been a Multipurpose Chapel. This project was completed in 2013. The Chapel was equipped with four (4) cameras and is fully staffed to ensure the protection of inmates and provide for sexual safety. Additionally, the facility is in the process of adding an additional 36 cameras. A reviewed purchase order was issued on April 20, 2016 and the cable will soon be installed. The Henryville Correctional Facility has added door alarms. There have been no substantial modifications to Henryville.

**Interviews:**

The Superintendent related that she and her staff would always consider sexual safety in planning any modifications or enhancements in technology at either Branchville or Henryville.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Superintendent Memo – Henryville Correctional Facility
- ✓ Superintendent Memo – Branchville Correctional Facility

**Standard 115.21 Evidence protocol and forensic medical examinations**



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

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

**Summary:**

Branchville and Henryville Correctional Facilities are responsible for conducting administrative sexual abuse investigations, including inmate-on-inmate sexual abuse or staff sexual misconduct. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members prior to completing investigations of sexual abuse/assaults. The facility’s Internal Affairs staff conduct the investigation of the incident. The facilities use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has two (2) investigators who are also certified peace officers. These investigators have completed the IDOC Investigator Training Curriculum lasting three weeks, the NIC Specialized Training for Investigations in Confinement Settings, SART Training and they attend the Police Academy to secure their “peace officer” status giving them “arrest” powers. One Branchville Internal Affairs Investigator has completed the NIC Specialized Training for Investigators but does not have arrest powers.

Indiana Department of Corrections Policy and the facilities offer offender victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Forensic medical examinations are offered without financial cost to the victim or victim’s family.

The reviewed Operational Directive #15-01 Henryville Correctional Facility’s Sexual Assault Response Team (SART) describes the responsibilities for First Responders, Internal Affairs Investigators, Sexual Assault Nurse Examiners and Victim Advocate. Branchville also utilizes the SART with their roles described as well.

SANES for both facilities have been identified and the facility provided documentation to demonstrate how they reached out to the SANEs to ensure that their services would be available to inmates at both Branchville and Henryville. The Henryville Facility has a memorandum of understanding with the Floyd County Hospital for the provision of sexual assault exams. The memorandum identifies the services they would provide including taking a medical history, performing the physical assessment of the victim, collect, document and initiate the preservation of physical evidence. The agreement also states that the sexual assault nurse examiner will provide information on health care matters, document the exam and if called upon provide expert testimony in court.

The PAQ indicated during the audit period there were no forensic medical exams conducted at either facility.

If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. SART Team members receive advocacy training. Additionally, the Department of Corrections has a contract with the Indiana Coalition Against Domestic Violence. The reviewed contract confirmed these duties for the contactor: 1) Employ or contract with a victim advocate meeting training and qualifications necessary to serve

incarcerated victims of sexual violence by providing crisis intervention and case management services. The individual will have knowledge of victim-centered trauma, informed service delivery and experience working with victims who have experienced trauma. 2) Provide emotional support services to IDOC offenders in accordance with PREA Standard 115.53, regardless of the timing of the disclosure, either through facility referral or by direct request from the offender. 3) Provide follow-up services, crisis intervention contacts, resources and referrals to victims of sexual abuse in IDOC facilities, as resources allow. Arrangements for phone calls with an offender will be made the facility PREA Compliance Manager with the approval of the Superintendent. 5) Maintain confidentiality statutes upon receiving a request for victim advocacy support services.

A forensic nurse examiner is available at the Floyd Memorial Hospital. The SANE Nurse at Floyd Memorial was not available for interview during the on-site audit.

### **Interviews:**

An interview with a facility nurse confirmed that her role would be to protect evidence and get the offender transferred to the Floyd Memorial Hospital for a follow-up treatment as needed and a forensic exam. She related that the SANE Nurse at the hospital would test the offender for sexually transmitted infections and provide the STI prophylaxis as indicated. Interviews with an Internal Affairs Investigator confirmed that all allegations including any knowledge or reports of sexual misconduct, sexual abuse or sexual assaults and sexual harassment are referred for investigation. Because the Internal Affairs Investigators are assigned to the facility they are easily accessible when needed. He indicated that he and the other investigators have received the specialized training as investigators provided by the Department as well as the NIC Specialized Training for conducting sexual abuse investigations in confinement settings. He described the investigation process and stated he would consult with the prosecutor regarding filing potential charges against the alleged perpetrator. He related that he would proceed with an investigation even if the alleged perpetrator resigned prior to the conclusion of the investigation. The standard that would be used in administrative investigations would be 51% or the preponderance of the evidence.

### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Henryville Operational Directive #15-01 Sexual Assaults Response Team (SART)
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Superintendent Memo: Sexual Assault Nurse Examiner
- ✓ Vendor #: 0000065008 Indiana Coalition Against Domestic Violence
- ✓ Email June 1, 2015 Forensics Program Coordinator – Floyd Co. Hospital
- ✓ Community Partnership Agreement for Support and Resources

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

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

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

### **Summary:**

Indiana Department of Corrections Policy requires all facilities to ensure that allegations of sexual abuse or sexual harassment are referred for investigation. The facilities ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Indiana Department of Corrections Policy 00-01-103, The Operation of the Office of Internal Affairs, IX., Investigating Sexual Abuse and Sexual Harassment, B.1., requires "a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment". Policy also identifies when an investigation begins, the roles of the investigators and evidence and case reporting procedures. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members prior to completing investigations of sexual abuse/assaults. The facility's Internal Affairs staff conducts the investigation of the incident. The facilities use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has two (2) investigators who are also certified peace officers. These investigators have completed the IDOC Investigator Training Curriculum lasting three weeks, the NIC Specialized Training for Investigations in Confinement Settings, SART Training and they attend the Police Academy to secure their "peace officer" status giving them "arrest" powers. One Branchville Internal Affairs Investigator has completed the NIC Specialized Training for Investigators but does not have arrest powers.

The PAQ indicated that there were 12 allegations of sexual abuse and sexual harassment reported during the audit period and none were referred for criminal investigation. The auditor reviewed all of the incident reports and investigations. Ten of the reviewed investigations were clearly not PREA related but did involve staff misconduct in allegedly making an offensive comment to an offender. There were no allegations that there was more than one comment or that the officer had previously made comments. Two of the allegations involved an inmate each time "looking at another offender". One offender alleged that an officer saw him in the shower but he stated he did not feel the viewing was sexual. Each allegation was taken seriously and investigated. Also documented were the actions staff took to separate the inmates and staff where there were allegations against a staff and also the separation of inmates. Although the investigations failed to confirm the allegations the inmates made in all but one investigation, the facility continued the separation of staff and offender and offender and offender.

### **Interviews:**

An interview with an Internal Affairs Investigator indicated that he has been trained to conduct investigations by the Indiana Department of Corrections at their training academy. Additionally, he completed the Indiana Law Enforcement Academy Training to be certified as a "peace officer" with arrest powers. He also completed the NIC Specialized Training for Investigating Sexual Abuse in Confinement Settings. He was very articulate in describing the investigation process. He stated that all investigations would begin immediately upon receiving a credible report. Interviews with the Superintendent and randomly selected staff from Branchville and Henryville indicated that staff would take all allegations, knowledge and reports seriously regardless of the source and have then investigated by the Department's Internal Affairs investigators.

### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Superintendent Memo: No Allegations at Henryville Correctional Facilities

- ✓ Indiana Department of Corrections Online Services (Website)

### Standard 115.31 Employee training

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

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

#### Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, V., Staff Orientation and Training, requires that employees receive training through new employee orientation and through annual in-service training. Department of Corrections Policies require Branchville and Henryville Correctional Facilities to train all employees who may have contact with resident on 11 different topics. The facility uploaded the Training Power Points and identified the slides, page and section on the PAQ. In addition to the Training Curriculum, the facility has staff posters in Spanish and English and staff Pamphlets.

Between trainings the facility provides employees with refresher information in their yearly in-service. This training includes current policies regarding sexual abuse and harassment. The frequency with which employees receive refresher training on PREA requirements is twice per year and as needed.

The PAQ indicated that 322 Branchville and 42 Henryville staff currently employed were trained or retrained on the PREA requirements. Both facilities provided a large sample of Staff Acknowledgment of Receipt of Training “Sexual Assault Prevention” Forms indicating staff were trained in the Department Policy 02-01-115, Sexual Abuse Prevention and understood the PREA Training that they received. Staff are also acknowledging that they have received Department of Corrections Brochure, “Sexual Assault Prevention” and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting if they had not already received them. They are also acknowledging the Department’s Zero Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders. Staff are warned that any person who commits any sex act while on duty and/or while in a Department facility or office with or in the presence of an offender shall be terminated and that the Department will pursue prosecution. The facilities provided additional acknowledgment statements for review during the on-site audit.

#### Interviews:

Interviews with all staff, including randomly selected staff from both facilities, confirmed that they receive PREA Education when employed during OJT Training and new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. Staff were especially able to describe the steps they would take in responding to an allegation, a suspicion, report or knowledge of sexual abuse. Staff reported that regardless of how they received the report and regardless of who made the report, they would take it seriously and immediately report it to their supervisor while taking steps to separate the alleged victim from the alleged perpetrator. They also were very knowledgeable of protecting the alleged crime

scene and actions they should take to prevent the victim and perpetrator from degrading or eliminating evidence. Too, staff were consistently able to identify who is responsible for conducting investigations in the facility.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ IDOC Staff Development & Training Power Points
- ✓ On-The-Job Training Program
- ✓ Branchville Correctional Facility in Services Training Form B
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”

**Standard 115.32 Volunteer and contractor training**

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

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

**Summary:**

Agency Policy requires the all volunteers, interns and contractual staff who have contact with offenders to be provided the same information as staff in regard to sexual behavior. In addition to being trained in the Zero Tolerance Policy, they are trained in detecting and responding to reports, knowledge or suspicion of any type of sexual behavior. Policy reiterates that volunteers, interns and contractual staff will receive the same training that employees receive. Additionally, they are provided a copy of the brochure provided to staff related to sexual abuse. The PAQ indicated that 291 Branchville volunteers, interns and contractual staff and 21 volunteers, interns and contractual staff for Henryville, were trained and notified of the facility’s zero-tolerance policy.

The facility provided documentation confirming that the volunteers and contractors understand the training they received by signing the Volunteer and Contractor Receipt of PREA form. Additional training acknowledgments were reviewed during the on-site audit. Reviewed Acknowledgment of Receipt of Training and Brochures,” Sexual Assault Prevention” contained the same information that staff acknowledgement forms contained. Training is entered into the PeopleSoft Data Based System.

**Interviews:**

An interview with a facility volunteer indicated that he was trained in the zero tolerance and that he received training through a slide presentation as well as in the brochure and other information the facility provided. When asked about his responsibility upon receiving any knowledge or report or even a suspicion of sexual activity or sexual harassment he stated he has been instructed to report it immediately to staff.

### Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- ✓ Branchville in Service Training Form B
- ✓ IDOC Staff Development & Training Power Points
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”

### Standard 115.33 Inmate education

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

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

### Summary:

Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention VII. Offender Education Program, requires that inmates are provided oral and written information regarding the following: the Zero Tolerance Policy of any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and treatment and counseling available to offenders who are victims of sexual assault. Policy requires that this information is provided in a manner easily understandable for offenders. Offenders are required to receive the brochure created by the Department advising the offender of the potential dangers of sexual conduct and the Department’s Zero Tolerance for such behavior. The brochure, entitled, Sexual Assault Prevention and Reporting provides information on the Zero Tolerance Policy, Treatment and Counseling, Tips for Prevention, what should be reported, staff/volunteer/contractor sexual misconduct, how to protect the evidence and how to report. Staff are required to supplement this information by giving the inmate facility specific information.

The inmates at Branchville and Henryville Correction Facility receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. Documentation provided to the auditor prior to the on-site visit indicated that the information is given in an age appropriate fashion. Multiple examples of signed acknowledgement forms entitled: “Verification of Receipt of Sexual Assault Prevention Information” were provided.

The facilities require that inmates who are transferred from one facility to another receive PREA education, including their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

The facility maintains documentation of resident participation in PREA education sessions by having the inmates to complete the sessions and the counselor documents the training by entering it into the PeopleSoft data system. The facility also ensures

that relevant information about PREA is continuously and readily available or visible through posters, inmate handbook, and PREA Pamphlets.

**Interviews:**

Twenty-four (24) of twenty-seven (27) interviewed offenders at Branchville and 100 percent of the interviewed offenders at Henryville stated they received information related to PREA, including the Zero Tolerance Policy and the facility’s rules against sexual abuse and misconduct. Twenty-six (26) of the twenty-seven (27) offenders at Branchville related that during the intake process they were advised of their rights to report without fear of retaliation and their rights to be free from sexual abuse. Twenty-seven (27) of twenty-seven (27) were able to enumerate multiple ways to report both internally and externally. 100 Percent of the interviewed offenders at Henryville articulated multiple ways to report, both internally and externally.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Superintendent Memo: Offenders Receive Orientation (3-29-2016)
- ✓ OCMS Progress Notes
- ✓ Policy #02-01-115 Sexual Abuse Prevention
- ✓ Inmate Posters (English and Spanish)
- ✓ Sexual Abuse Report on JPay Kiosk
- ✓ Sexual Assault Prevention and Reporting Offender/Student Brochure
- ✓ Additional Services for Victims of Sexual Abuse (Indiana Coalition Against Domestic Violence)
- ✓ Did You Know – Indiana Department of Correction

**Standard 115.34 Specialized training: Investigations**

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

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

**Summary:**

Indiana Department of Corrections Policy 00-01-103, The Operation of the Office of Investigations and Intelligence, IX, Investigating Sexual Abuse and Sexual Harassment, requires that Branchville and Henryville Correctional Facility’s Investigators (also referred to as Internal Affairs Investigators) are trained in conducting sexual abuse investigations in confinement settings. Documentation was provided to confirm that the investigators have completed specialized training through the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in A Confinement Setting. Topics required in the specialized training for investigators includes, Techniques for interviewing sexual abuse victims, proper use of

Miranda and Garrity warnings, evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative actions and criteria and evidence to refer a case for prosecution. In addition to the specialized training provided through the NIC, the Indiana Department of Corrections provides a three weeks training course for investigators. Those investigators who have arrest powers have also completed the Indiana Law Enforcement Academy. Investigators also are required to receive Special Assault Response Team training.

**Interviews:**

Interviews with two investigators indicated that they receive the same training that all staff receive related to PREA. Both of these investigators have completed the specialized training provided by the National Institute of Corrections: (NIC) PREA: Investigating Sexual Abuse in A Confinement Setting. They also related they completed the Department’s training for Internal Affairs Investigators and one of the investigators received training through the law enforcement academy and has been certified as a peace officer with “arrest powers.”

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ National Institute of Corrections (NIC): PREA Investigating Sexual Abuse in a Confinement Setting
- ✓ Sexual Assault Response Team (SART)
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- ✓ Branchville In- Service Training Form B
- ✓ IDOC Staff Development & Training Power Points

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

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

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

**Summary:**

The facility has a policy related to the training of medical and mental health practitioners who work regularly with the inmates. The medical staff at the facility does not conduct forensic medical exams. The facility provided documentation showing that medical practitioners have completed the required training.

**Interviews:**

A facility nurse and a mental health professional, both contract providers, in interviews, related that they received specialized training through Corazon Health and through the facility. She related that the training covered such topics as, how to detect



and assess signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
- ✓ Sexual Assault Response Team (SART)
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- ✓ Branchville In- Service Training Form B
- ✓ IDOC Staff Development & Training Power Points

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

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

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

**Summary:**

The facilities uses the Adult Sexual Violence Assessment Questionnaire, Potential Aggressor Factors, and Sexual Violence Assessment Tool to screen inmates upon admission for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The policy (02-01-115, Sexual Abuse Prevention, XI. Offender Intake Into The Department) requires that inmates are to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 24 hours of admission. The assessment will also include interviews and reviews of the offender’s record.

A review of the objective screening instrument includes all criteria to assess inmates for risk of sexual victimization as required by the standard. Policy also requires that the resident’s risk level be reassessed periodically throughout the inmate confinement. Risk reassessments are documented. The facilities implement appropriate controls on the dissemination within the facility of responses to questions asked to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.

Multiple assessments and re-assessments were reviewed.

**Interviews:**

Three (3) interviewed staff, two from Branchville and one from Henryville, who conduct screening using the ASVAT stated that the initial risk screening, that occurs within the first 24 hours of an inmate's arrival, considers the inmate's history of sexual abuse, prior victimization, their identification, history of incarceration, sexual orientation, vulnerability, height and weight. Too, screening staff indicated that inmates come from a diagnostic facility therefore they have medical, mental health, psychological reports, and social information on the inmate. One of the screening staff stated that she verifies information the inmate gives by checking the database. Inmates may be reassessed at any plan review. Anytime a "flag" or incident comes up the inmate may be reassessed immediately and normally annually if there are no issues.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Superintendent Memo: Sexual Violence Assessment Tool
- ✓ OCMS Progress Notes
- ✓ Adult SVAT Questionnaire
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- ✓ Superintendent Memo: Transgender Offenders (Henryville Correctional Facility)
- ✓ Policy #: 01-04-101 – Adult Offender Classification
- ✓ Control Room – Listing of PREA Beds for BCF
- ✓ Offender Information System: Offender Flags/PREA Aggressor Likely

**Standard 115.42 Use of screening information**

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

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

**Summary:**

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. It also requires that the facility make individualized determinations about how to ensure the safety of each offender. Based on the assessment, the offender is placed in the appropriate housing. If staff determines that an offender is a potential aggressor or potential victim, the offender's record is flagged in the database. Policy requires inmates at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged.

Indiana Department of Corrections Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status. The policy prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Housing and program assignments for transgender or intersex residents are based on a cases-by-case basis. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facilities do not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing unit, facility or wing solely on the basis of identification or status. An offender determined to be either a potential sexual aggressor or an offender at risk for sexual victimization is required to be identified, monitored and counseled.

Policy and Procedures requires if an inmate at risk of sexual victimization is held in isolation, the resident is afforded a review every 30 days to determine whether there is a continuing need for separation from the general population.

The PAQ indicated that no inmates at risk of sexual victimization were placed in isolation during the audit period.

#### **Interviews:**

Interviews confirmed that the information provided as a result of the initial screening and any reassessments would be used, along with other information, to determine the most appropriate housing for the offender and to keep the offender safe.

#### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Superintendent Memo: Sexual Violence Assessment Tool
- ✓ OCMS Progress Notes
- ✓ Adult SVAT Questionnaire
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- ✓ Superintendent Memo: Transgender Offenders (Henryville Correctional Facility)
- ✓ Policy #: 01-04-101 – Adult Offender Classification
- ✓ Control Room – Listing of PREA Beds for BCF
- ✓ Offender Information System: Offender Flags/PREA Aggressor Likely

### Standard 115.43 Protective custody

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

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

#### Summary:

Indiana Department of Corrections Policy requires that inmates at high risk for sexual victimization are not to be placed 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.

If the facility assigned an offender to involuntary segregated housing the placement would be only until an alternative means of separation from likely abusers can be arranged and the assignment will ordinarily not exceed a period of 30 days. If it exceeds 30 days, the facility affords the offender a review to determine whether there is a continuing need for separation from the general population.

The PAQ indicated that no inmates at risk of sexual victimization were held in involuntary segregated housing during the audit period either at Branchville or Henryville.

#### Interviews:

Staff, in their interviews, consistently related that offenders are not placed in involuntary segregation unless there are no other options currently available. The Superintendent and Facility PREA Coordinator confirmed the process.

#### Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy 02-01-115 Sexual Assault Prevention, Investigation, Victim Support and Reporting

### Standard 115.51 Inmate reporting

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

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

#### Summary:

Indiana Department of Corrections Policy requires Branchville and Henryville Correctional Facilities to encourage offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct or staff/offender harassment to report the incidents and to establish procedures allowing for multiple internal ways for inmates to report privately to officials regarding sexual abuse and sexual harassment; retaliation by other inmates and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The facilities and the Department of Corrections have provided the following ways for inmates to report sexual abuse and sexual harassment or retaliation:

1. Verbally
2. To friend, a staff member or someone you trust
3. Utilizing the Grievance Process
4. JPay – Kiosk System (Indiana Ombudsman Bureau)
5. Calling toll free to the ICADV hotline (dialing #66) Sexual Assault Hotline
6. Indiana Coalition Against Domestic Violence (Write to)
7. Anonymously
8. Third Parties

Offenders are provided information encouraging them to report any incidents of sexual abuse or sexual harassment as well as how they can report it. During intake/orientation they are provided a brochure entitled “Sexual Assault, Prevention and Planning”. This brochure clearly states what should be reported and how they can report it. This information is also provided to the offenders through posters and notices posted throughout the facility. These include the “Sexual Abuse Report on J Pay” notice posted on the walls next to the phones and/or Kiosk. The Department of Corrections Ombudsman has been added to each offender’s contact list. Offender’s simply click on that contact and email the Ombudsman. The notice also advises the offender that the report will then be forwarded to the facility who will contact the offender to begin an investigation. The notice also advises that an anonymous report may be made to the Ombudsman by writing the Ombudsman at the address provided on the notice. Offenders are encouraged to make their report to the PREA Compliance Manager, an Internal Affairs Investigator (OI), Unit Team Staff, Shift Supervisor or an officer at the facility. The notices advise the offender that making a report to them enables the facility to provide immediate assistance when an offender is in imminent risk of harm. Offenders are also able to report allegations of sexual abuse or sexual harassment utilizing the grievance system. Staff receiving verbal reports are required to document them immediately and not later than the end of the shift.

Branchville and Henryville Correctional inmates are able to report sexual abuse and sexual harassment privately outside the facility by using calling toll free to the ICADV hotline from the offender phone system by dialing #66; and by writing to Indiana Coalition Against Domestic Violence, ATTN: IDOC Victim Advocate, 1915 W. 18<sup>th</sup> Street, Indianapolis, IN 46202.

Offenders may also use the Timely Information Promotes Safety (TIPS) Line to report crimes inside the facilities and in the communities directly to an investigator. To access the TIP Line the offender simply has to dial #80 from a telephone within the living unit. The calls are directed to the Office of Investigations and Intelligence Staff who can determine the most appropriate manner in which to process those calls for investigation.

The state requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

### **Interviews:**

Intake staff at both Henryville and Branchville explained the intake process and how offenders are informed of how to report sexual abuse and sexual harassment if it occurred. They related that after the offender receives the information they sign an

acknowledgement indicating that they understood the information provided. 100 per cent of the 27 interviewed offenders at Branchville and 10 offenders interviewed at Henryville were able to articulate multiple ways to report sexual abuse and sexual harassment. All of the interviewed staff at both locations were also able to identify multiple ways offenders could report sexual abuse, including verbally, in writing and anonymously. Most identified the Kiosk as a readily available means to report sexual abuse or sexual harassment and by using the “hot line”.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Indiana Coalition Against Domestic Violence Contract
- ✓ Inmate Handbook
- ✓ Sexual Assault Prevention and Reporting Offender/Student Information
- ✓ Sexual Abuse Report on JPay (English and Spanish)

**Standard 115.52 Exhaustion of administrative remedies**

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

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

**Summary:**

Indiana Department of Corrections Policy has an administrative procedure for dealing with offender grievances regarding sexual abuse. Offenders are allowed to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The agency policy does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Inmates can submit a grievance without submitting it to a staff member who is the subject of the complaint through the JPay-Kiosk system.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and are permitted to file request on behalf of inmates.

Executive Directive #16-20, April 8, 2016 States what when receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff is required to immediately forward the grievance, or any portion of the grievance alleging the risk to the Superintendent who will take immediate corrective action. The Superintendent

is required to forward the emergency grievance to the Executive Assistant, who provides an initial response within 48 hours of the offender filing the grievance. The Superintendent also forwards the grievance to the Department's Offender Grievance Manager, who issues the final Department decision within five (5) calendar days to the offender who filed the grievance. The initial response and final Department decision will document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Retaliation or the threat of retaliation from any staff or contract employee toward any offender for using the grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any employee found to be in violation of the policy.

The Pre-Audit Questionnaire for both facilities indicated that no grievances alleging sexual abuse were filed during the audit period. The PAQ indicated that no emergency grievances alleging substantial risk of imminent sexual abuse were filed during this audit period

The facility provided a sample of offender grievances, none of which were alleging sexual abuse or sexual harassment.

The grievance process is included in the Offender Handbook.

**Interviews:**

Interviewed staff from Branchville and from Henryville mentioned the grievance process as a way inmates could report. The Grievance Officer related the following processes: 1) Informal – the offender is encouraged to attempt to resolve the issue informally with the case manager (not required for reporting sexual abuse or sexual harassment) 2) Offender Grievance – The formal process is initiated when the informal process has failed (however PREA Grievances do not go through an informal process). The offender can place his grievance in the grievance box in the recreation area or the offender may return the grievance to any unit team member. 3) The grievance officer has 20 work days to investigate and report back to the offender. 4) If the offender is not satisfied with the results it is sent back to the grievance officer for appeal 5) the grievance officer sends the grievance to the central office, who has 15 days to respond. The central office response to the appeal is forwarded via email. The facility grievance officer related that PREA Grievances are considered emergency grievances and are sent immediately to the Superintendent.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Executive Directive # 13-82 from the Agency Commissioner
- ✓ Executive Directive # 16-20 from the Agency Commissioner
- ✓ Policy # 00-02-301 – Offender Grievance Process
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Executive Directive #16-20, April 8,2016

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

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

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

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

**Summary:**

Branchville and Henryville Correctional Facilities provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Posting important contact information including the telephone number and addresses for residents to know to report sexual abuse:
  - o ICADV Hotline Number
  - o Indiana Coalition Against Domestic Violence.

The facility provides inmates with reasonable and confidential access to their attorneys and/or legal representation. For inmates detained solely for civil immigration purposes, immigrant services or numbers are posted.

Indiana Department of Corrections Policy requires facilities to 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.

The agency has a contract with the Indiana Coalition Against Domestic Violence to provide emotional support services through qualified advocates.

**Interviews:**

Twenty-five (25) of Twenty-seven (27) interviewed inmates at Branchville were unable to articulate what support organizations were available outside the facility that deal with sexual abuse if needed. A number of offenders stated they never needed them. Others said, “that don’t happen here”. While the offenders were unable to describe who these organizations might have been and what services they might provide, they all acknowledged that there are notices in the dorms identifying the Indiana Coalition Against Violence as an agency available to provide advocacy and support services and that contact information is provided on the notice as well, including the hotline number to call and mailing address. Two (2) of 10 interviewed offenders from Henryville were able to describe outside organizations that provide support and advocacy services if the offender ever needed them.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Vender ID #: 0000065008 Indiana Coalition Against Domestic Violence Agreement
- ✓ SANE Agreement between Henryville Correctional Facility and Floyd Memorial Hospital
- ✓ Community Partnership Agreement

**Standard 115.54 Third-party reporting**



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

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

**Summary:**

Indiana Department of Corrections has a great website publication for Third-Party Reporting. Anyone who suspects or has knowledge sexual abuse that has occurred at Branchville or Henryville Correctional Facilities can report through the agency website, which gives clear reporting instructions. For a third-party to report sexual abuse or sexual harassment on behalf of an inmate they may call 877-385-5877 or email [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov).

**Interviews:**

Interviewed staff consistently indicated in their interviews that third parties, including parents, relatives, friends and attorneys can make reports of sexual abuse or sexual harassment on behalf of an offender and that they (the staff) would take those reports seriously and report them just like any other allegations or report. Interviewed offenders were aware of third party reporting if needed.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Indiana Department of Corrections Website
- ✓ Sexual Assault Prevention and reporting /Visitor information Brochure
- ✓ Posters with Information

**Standard 115.61 Staff and agency reporting duties**

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

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

**Summary:**

Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, XV. Reporting of Sexual Abuse requires all staff to report immediately any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment and retaliation against residents or staff that occurred in the facility. Immediate reporting to the shift supervisor on duty, PREA Compliance Manager, facility executive staff or the Executive Director of PREA is required. May privately report information to the Shift Supervisor, Internal Affairs investigator, PREA Compliance Manager or the Executive Director of PREA via the IDOC Sexual Assault Hotline. Third Party reports by family, friends and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning toll free the IDOC Sexual Assault Hotline at (877) 385-5877. The facilities report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's Internal Investigators. Policy also requires that staff report all verbal statements and document them by the end of the shift.

#### **Interviews:**

100 per cent of the randomly selected staff at both Branchville and Henryville stated they would take every allegation and report of sexual abuse or sexual harassment seriously regardless of how they received the information. Every staff described the reporting process beginning with an immediate report to their immediate supervisor followed by a written report prior to the end of the shift. Staff were aware of multiple ways for offenders to report. They were also aware of their reporting process as well as ways they could report privately.

#### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Contract with the GEO Group Inc.
- ✓ Contract Amendment #3 EDS #D12-1083

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

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

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

#### **Summary:**

Indiana Department of Corrections Policy and Procedures requires that as soon as staff learn that an offender is subject to substantial risk of imminent sexual abuse, they take immediate action to protect the offender by housing unit reassignment or using a critical incident report for sexual assault.

The Pre-Audit Questionnaire indicated that during the past 12 months there were no occasions in either facility in which an offender reported being subject to a substantial risk of imminent sexual abuse or in which the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse.

#### **Interviews:**

100 percent of twenty (37) interviewed staff from Branchville and Henryville related they would take an allegation or a report that an offender was subject to a substantial risk of imminent sexual abuse seriously. They also consistently identified steps they would immediately take to protect the offender including immediately separating the offender and reporting the incident to their supervisor. Some reported they would keep the offender close to the officer and in view of a camera and keep the potential perpetrator under observation. They all said they would call their supervisor for instructions but options to protect the offender would be to put him in a bed close to the Officer in Charge, moving the potential abuser to another dorm or placing him in segregation. Some reported that they would keep the offender safe but would not put him in segregation. The Superintendent indicated the potential abuser could be transferred to another facility.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Branchville no Substantial risk of Sexual Assault

**Standard 115.63 Reporting to other confinement facilities**

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

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

**Summary:**

Both facilities have procedures that require that upon receiving an allegation that an offender was sexually abused while confined at another facility, the Superintendent of the facility notifies, within 72 hours, in writing, the Superintendent of the sending facility that an offender has made an allegation of sexual abuse at the sending facility. The receiving Superintendent is also required to notify the appropriate investigative body.

The PAQ indicated that there were no allegations that either of the facilities received an offender alleging sexual abuse while confined at another facility.

**Interviews:**

An interview with the Superintendent indicated that there have been no reports of sexual abuse that occurred at another facility during the past twelve (12) months. She did state that if she did receive an allegation of abuse at another facility she would treat that case like any other report of sexual abuse. She would notify the Superintendent of the facility where the alleged sexual abuse took place. She stated she would also ensure the allegation was reported and investigated.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

- ✓ Superintendent Memo: Another Facility (Branchville Correctional Facility)

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

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

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

### **Summary:**

Indiana Department of Corrections Policy and Procedures require facilities to have a first responder procedure. The procedure includes actions that should be taken upon learning of an allegation that an offender was sexually abused. The first security staff member to respond is required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect crime scene;
3. Collection of physical evidence;
4. Ensure that the alleged abuser does not take any actions that could destroy physical evidence.

If the abuse occurred within a time period that still allows for the collection of physical evidence, first responders should 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.

Policy also requires that each facility establish a Sexual Assault Response Team (SART) to provide a coordinated, efficient and supportive response to victims of sexual assaults (see 115.65 – Coordinated Responses).

First responder duties for non-security staff are the same as security.

### **Interviews:**

All interviewed staff at both Branchville and Henryville were able to identify and discuss the steps they would take if they were the first responder to an allegation of sexual abuse. Staff stated they would separate the victim from the perpetrator, contact their supervisor, protect the potential crime scene, instruct the victim and perpetrator not to shower, brush their teeth, use the restroom or take any other action that could degrade or eliminate potential evidence.

### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Henryville Correctional Facility

- ✓ Henryville – Operational Directive #15-01 Sexual Assault Response Team (SART)
- ✓ Branchville – operational Sexual Assault Response Team (SART)
- ✓ Superintendent Memo: Branchville Correctional Facility

**Standard 115.65 Coordinated response**

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

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

**Summary:**

Each facility, as required by Indiana Department of Corrections Policies, has established a Sexual Assault Response Team to provide a coordinated, efficient and supportive response to victims of sexual assault. This comprehensive response plan delineates the duties of first responders, internal affairs investigators, sexual assault nurse examiners, victim advocates and local prosecutors. The goals of the Facility SART are the following: 1) Meet the needs of the victim with crisis with crisis intervention and support services 2) Arrange a comprehensive forensic examination for sexual abuse victims, without financial cost, where appropriate 3) Provide a joint, effective, sensitive approach to victims of sexual assault 4) Document and preserve forensic evidence for potential prosecution and 5) Conduct investigations of the crime from notification through prosecution. The responsibilities for each team member is detailed. SART Team members are provided specialized training for the treatment and investigation of sexual assault victims. SART Team members are available on each shift.

**Interviews:**

Interviews with members of the SART Team indicated they are trained in their respective roles and that they understood and could articulate their responsibilities in response to the sexual assault of an offender.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Branchville PREA/Facility Sexual Assault Plan
- ✓ Henryville Correctional Facility’s Sexual Assault Response Team (SART)

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**Summary:**

The Superintendent provided a written statement dated May 5, 2016, that stated the following: “On January 11, 2005, the Governor (at that time) negated the settlement agreements between the State of Indiana and Unity Team/AFSCME. Since that time DOC employees are have been non-union. Branchville and Henryville are not involved in collective bargaining and any staff member can be removed from the facility and placed on administrative leave in accordance with Indiana Department of Corrections Personnel Policies.

**Interviews:**

The Superintendent related that neither Branchville nor Henryville are involved in collective bargaining. Employees of these facilities are state employees and can be removed from the facility in accordance with Indiana Department of Corrections personnel policies.

**Reviewed Documentation to determine compliance:**

- ✓ No documentation Provided

**Standard 115.67 Agency protection against retaliation**

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

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

**Summary:**

Indiana Department of Corrections Policy and Procedures requires that the Branchville and Henryville Correctional Facilities 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.

The facilities employ multiple protective measures against retaliation and include the following:

1. Housing changes or transfers for victims or abusers
2. Removal of alleged staff or inmate abusers from contact with victims

3. Emotional support services for inmate and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

To document retaliation monitoring, the facility uses the Indiana Department of Corrections PREA Retaliation Monitoring form. The Pre-Audit Questionnaire indicated that there were no incidents of retaliation that have occurred in either facility during the audit period.

There is a process that requires monitoring for retaliation at least 90 days following a report of sexual abuse. The facility monitors the conduct and treatment of inmates and/or staff who reported the sexual abuse and 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.

The Facility PREA Compliance Coordinator serves as retaliation monitor in each facility.

### **Interviews**

The PREA Compliance Coordinators in both facilities serve as the retaliation monitors in their respective facilities. Interviews confirmed that they would make contact with the inmate following a report and begin to monitor potential retaliation using the Department's Monitoring Form. They also informed the auditor that the offender would minimally have been moved to another living unit and possibly transferred to another facility. Noteworthy in reviewing the investigations and interviewing an Internal Affairs Investigator, even after the investigation has been concluded and found unsubstantiated or unfounded, the offenders remain separated.

### **Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ PREA Committee Meeting January 20<sup>th</sup>, 2016
- ✓ PREA Retaliation Monitoring Sheet
- ✓ Sexual Abuse/Harassment Investigation Outcome Offender Notification
- ✓ Branchville Correctional Facility PREA/SART Meeting Sheet

### **Standard 115.68 Post-allegation protective custody**

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

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

### **Summary:**

The agency has a policy that inmates who allege to have suffered sexual abuse may only be placed in isolation or segregation as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged.

The Pre-Audit Questionnaire indicated that during the past twelve (12) months there were no offenders who alleged to have suffered sexual abuse and placed in isolation during the audit period in either facility.

The Superintendent, in a memo dated March 31, 2016, stated in the last 12 months there have been no inmates at risk of sexual victimization who were placed in involuntary segregation for any amount of time.

**Interviews:**

The Superintendent, in an interview related that an alleged victim of sexual abuse would not be placed in segregation for protection except as a last resort and only if she had no less restrictive options available and only until an alternative means of keeping the offender safe could be arranged. She stated the perpetrator would be transferred to another facility. She related that she had not had any inmates placed in involuntary segregation for their protection from sexual abuse.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

**Standard 115.71 Criminal and administrative agency investigations**

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

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

**Summary:**

The Indiana Department of Corrections conducts its own investigations into allegations of sexual abuse and sexual harassment. IDOC Policy 00-01-103, The Operation of the Office of Investigations and Intelligence provides extensive detail regarding the investigation process. Section IX., Investigating Sexual Abuse and Sexual Harassment describes, in great detail, the training required for investigators and the investigative process. Investigators are trained by the Department in a three weeks’ class. They also complete the NIC On-Line Specialized Training for conducting investigations in confinement settings. Investigators who have “arrest powers” complete the Indiana Law Enforcement Academy as well. The investigative process as described in policy and confirmed during interviews meets the requirements of the standards. The Department investigators and the facility investigators have received the required training. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigator documents the investigation in written reports that include a description of the physical and testimonial evidence, the reasoning behind the assessment and investigative facts and finding.

Substantiated allegations of conduct that appears to be criminal are referred for outside criminal prosecution. The Department would cooperate with any outside investigators and endeavor to remain informed about the progress of the investigation.



A review of the investigations completed during the past twelve (12) months confirmed that Branchville and Henryville Investigators take allegations seriously and that they take their investigations seriously and that they investigate allegations and reports of sexual abuse, sexual misconduct and sexual harassment with diligence. The vast majority of the investigations, initially deemed to PREA Cases, were actually cases of unsubstantiated employee or offender misconduct. Most of the reports alleging sexual harassment were incidents in which an officer was alleged to have made one “off color” or inappropriate comment to an offender. These allegations were, in fact, allegations of misconduct but each allegation was investigated completely and included interviewing the complainant, the alleged perpetrator, taking and reviewing witness statements and reviewing video, when available. Investigators use the preponderance of the evidence to make a determination in administrative investigations.

The Pre-Audit Questionnaire and a review of the completed investigations during the past twelve (12) months indicated that there were no sustained allegations of conduct that appear to be criminal that were referred for prosecution during the audit period.

**Interviews:**

A personal interview with an Internal Affairs Investigator and a telephone interview with another Internal Affairs Investigator confirmed the training Indiana Department of Corrections Internal Affairs Investigators complete. Additionally, each investigator described an in depth and careful process for conducting investigations. They also indicated that they investigate any allegation and let the facts drive the case. Both investigators were articulate, knowledgeable and professional.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Policy # 00-01-013 – The Operation of the Office of Internal Affairs

**Standard 115.72 Evidentiary standard for administrative investigations**

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

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

**Summary:**

The Indiana Department of Corrections Policies state that the investigator will impose no standard higher than a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interviews:**

Interviews with two (2) Internal Affairs Investigators confirmed that the standard of proof in administrative investigations is, as they state, 51% which constitutes a preponderance of the evidence.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

**Standard 115.73 Reporting to inmates**

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

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

**Summary:**

Indiana Department of Corrections policy requires Branchville and Henryville Correctional Facilities, following an investigation into an inmate allegation of sexual abuse suffered in the facility, that the facility inform the offender as to whether or not the allegation has been determined to be substantiated, unsubstantiated, or unfounded using the Department of Corrections Form, “Sexual Abuse/Harassment Investigation Outcome Offender Notification”.

If the facility did not conduct the investigation, the facility requests relevant information from the investigative agency in order to inform the inmate. All notifications or attempted notifications are documented.

**Interviews:**

Interviews with staff at both facilities indicated that the offender would be notified of the outcome of all investigations related to an allegation of sexual abuse or sexual harassment. The Department has a form entitled, “Sexual Abuse/Harassment Investigation Outcome Offender Notification” for documenting notification. The investigator stated that he is responsible for notifying the offender of the outcome of any PREA allegation investigation.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Henryville Correctional Facility
- ✓ Superintendent Memo: Branchville Correctional Facility
- ✓ Sexual Abuse/Harassment Investigation Outcome Offender Notification

**Standard 115.76 Disciplinary sanctions for staff**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

**Summary:**

Indiana Department of Correction’s Policy and Procedure requires states that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engaged in sexual abuse. All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Pre-Audit Questionnaire reported that there was one staff from the facility that has been terminated for violating agency sexual abuse or sexual harassment polices during the audit period.

**Interviews:**

Interviews with the Superintendent indicated that staff would be placed on administrative leave until the conclusion of an investigation and that, if substantiated, termination would most likely be the sanction.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Henryville Correctional Facility
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Report of Investigations
- ✓ Superintendent Memo: Termination Statement

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

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

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

## Summary:

The Indiana Department of Corrections requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.

## Interviews:

The Superintendent indicated that upon receiving knowledge that a volunteer or contractor violated any DOC sexual abuse, sexual misconduct or sexual harassment policy, the volunteer or contractor would be “gated”/removed from the facility and not allowed to return until an investigation was completed. She also said the facility would support prosecution of any contractor or volunteer who were found to have committed sexual abuse.

## Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

## Standard 115.78 Disciplinary sanctions for inmates

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

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

## Summary:

Indiana Department of Corrections Policy states that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The disciplinary process considers whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction.

The Pre-Audit Questionnaire indicated that there were no incidents in which an offender was placed in isolation/segregation as a disciplinary sanction for resident-on-resident sexual abuse.

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

## Interviews:

Interviews with the Superintendent and the Facilities PREA Compliance Coordinators confirmed that there have been no cases involving offender on offender sexual abuse requiring a disciplinary hearing. They did indicate that the inmate would likely be criminally charged. They also articulated a disciplinary process that was consistent with the agency’s policy.

### Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Major Offenses (s) Codes – Adult Disciplinary Process
- ✓ Superintendent Memo: Henryville Correction Facility
- ✓ Indiana Department of Correction Disciplinary Process for Adult Offender Brochure
- ✓ Policy # 02-04101 – The Disciplinary Code for Adult Offenders
- ✓ Report of Conduct State Form 39590
- ✓ Superintendent Memo: Branchville Correctional Facility

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

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

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

### Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, XI., Offender Intake Into the Department, requires that if an offender discloses any prior sexual victimization during a screening pursuant to 115.341 or during the initial vulnerability assessment, that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Offenders who reported prior having previously perpetrated sexual abuse would also be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Medical and mental health staff obtain informed consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting.

The Superintendent, in a Memo dated March 31, 2016, stated that there have been no offenders disclosing prior sexual victimization during intake screening.

Multiple reviewed Assessments revealed that none of the offenders, in the reviewed sample, disclosed prior sexual victimization.

### Interviews:

Interviews with offenders in both facilities indicated that none of them had disclosed prior victimization.

### Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Branchville Correctional Facility

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

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

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

**Summary:**

Indiana Department of Corrections policy requires that Branchville and Henryville Correctional Facilities medical and mental health staff ensure that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which is determined by medical and mental staff.

IDOC Policy 02-01-115, Sexual Abuse Prevention, X. Sexual Assault Response Team (SART), paragraph C.3, Medical Staff, requires medical first responders to provide care and treatment as outlined in the Sexual Assault Manual. Medical staff will provide immediate care and evaluate the victim for life threatening injuries. Policy also requires that medical staff can aid in the preservation of evidence by instructing the offender not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE at a local hospital at no cost to the offender. The SANE is to provide the forensic exam component of the SART.

Offenders are offered timely information regarding access to sexually transmitted infection prophylaxis. All treatment services are offered without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Interviews:**

Interviews with medical and mental health staff indicated that they would provide emergency medical and mental health services upon receiving knowledge that an offender had been sexually abused.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ IDOC Sexual Assault Manual

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

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

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

**Summary:**

Indiana Department of Corrections Policy requires medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Victims of sexual abuse while at the facility are offered tests for sexually transmitted infection as medically appropriate. The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such history and offers treatment when deemed appropriate.

**Interviews:**

Interviews with the medical and mental health staff indicated that they would be responsible for on-going services following a sexual assault.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Branchville Correctional Facility

**Standard 115.86 Sexual abuse incident reviews**

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

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

**Summary:**

The Indiana Department of Corrections Sexual Abuse Prevention Policy requires the Facility PREA Committee to conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, including whether or not the allegation has not been sustained, unless the allegation has been determined to be unfounded. The committee is composed of upper-level management officials with input from line supervisors, investigators and medical and mental health practitioners with the

PREA Compliance Manager serving as Chairperson. Review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. The review considers all of the items required by PREA Standard 115.386.

The Superintendent, in a memo dated March 31, 2016, stated that there have been no offenders who were victims of sexual abuse at the facility during the past twelve months. There were no offenders at the Henryville Facility during the past twelve months as well.

**Interviews:**

Interviews with the PREA Compliance Managers at both facilities confirmed that the Facility PREA Committee is charged with the responsibility for reviewing incidents of sexual abuse following an investigation. Any incident of sexual abuse or sexual harassment, unless unfounded, will be reviewed within 30 days following an investigation. They also described the issues the committee would address and these were consistent with the requirements of the standard. Interviews with upper level management staff confirmed that they are members of the PREA Committee.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Branchville Correctional Facility – PREA SART Meeting
- ✓ Superintendent Memo: Branch Correctional Facility
- ✓ Sex Abuse/Harassment Investigation Outcome Offender Notification

**Standard 115.87 Data collection**

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

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

**Summary:**

Indiana Department of Corrections requires that the Branchville and Henryville Correctional Facilities collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument is the Indiana Department of Corrections Sexual Incident Report System (SIRS). A set of definitions is included in the policy. In addition, the facility uses the DOJ Form SSV-Survey of Sexual Violence Incident Report as their standardized instrument and definitions.

The facility provided Sexual Abuse Annual PREA reports for 2013, 2014, and 2015. The facility aggregates incident based sexual abuse data at least annually.

Upon request, the facility provides all data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department Survey of Sexual Violence Form SSV-5.



**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Sexual Incident Report – Indiana Department of Corrections
- ✓ Branchville Correctional Facility PREA/SART Meeting
- ✓ Survey of Sexual Violence, 2012
- ✓ Survey of Sexual Violence, 2014

**Standard 115.88 Data review for corrective action**

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

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

**Summary:**

Branchville and Henryville both review data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. The annual reports are approved by the agency. The facility redacts material from an annual report for publication; the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

**Interviews:**

The Superintendent related that data is reviewed at every PREA Committee meeting. Data related to “aggressor flags”, “victim flags” and incidents are reviewed to determine the need for additional corrective actions. She also submits an annual report related to the sexual prevention program. In a document entitled, 2015 Sexual Assault Prevention Program Report she reported on a summary of SIR data for 2015, information related to corrective actions, SIR Data Comparisons, Steps taken to meet PREA Standards in 2015, Continued Needs for Compliance and Recommended Changes for the Sexual Abuse Prevention Policy.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ 2015 Sexual Assault Prevention Program Report (Branchville Correctional Facility)
- ✓ 2014 Sexual Assault Prevention Program Annual Report from the Department of Corrections

- ✓ 2013 Sexual Assault Prevention Program Annual Report from the Department of Corrections
- ✓ Indiana Department of Corrections Website

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

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

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

**Summary:**

Indiana Department of Corrections policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. The facility maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

**Reviewed Documentation to determine compliance:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Indiana Department of Corrections Website
- ✓ Superintendent Memo
- ✓ Records Retention and Disposition Schedule
- ✓ General Records Retention and Disposition Schedule for all State of Indiana Administrative Agencies
- ✓ Survey of Sexual Victimization, 2014

**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.

*R. Lanier*

Auditor Signature

May 31, 2016

Date