

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: July 31, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 142, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: July 13, 2016			
Facility Information			
Facility name: Indianapolis Re-Entry Educational Facility			
Facility physical address: 401 North Randolphs Street, Indianapolis, IN			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 317-639-2671			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Laurie Johnson, Superintendent			
Number of staff assigned to the facility in the last 12 months: 103			
Designed facility capacity: 420			
Current population of facility: 301			
Facility security levels/inmate custody levels: Level I R			
Age range of the population: 37.9			
Name of PREA Compliance Manager: Don E. Chamness		Title: Administrative Assistant to Superintendent	
Email address: DChamness@idoc.in.gov		Telephone number: 317-639-2671 Ext 236	
Agency Information			
Name of agency: Indiana Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 302 W. Washington St., Indianapolis, IN 46204			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 317-233-6894			
Agency Chief Executive Officer			
Name: Bruce Lemmon		Title: Commissioner	
Email address: BLemmon@idoc.in.gov		Telephone number: 317-233-6894	
Agency-Wide PREA Coordinator			
Name: Bryan Pearson		Title: Executive Director of PREA	
Email address: BPearson@idoc.in.gov		Telephone number: 317-233-6894	

AUDIT FINDINGS

NARRATIVE

The Indianapolis Re-entry Educational Facility was opened as restricted minimum-security facility for adult male residents on January 13, 2006. This Indiana Department of Correction facility was converted into the nation's first correctional facility dedicated to re-entry after serving as the Indiana Boy's School for over 100 years. Indianapolis Re-Entry Educational Facility relocated to the city of Indianapolis on December 16, 2009 at the site of the former Indiana Women's Prison.

Indianapolis Re-Entry Educational Facility is located at 401 North Randolph Street, Indianapolis, Indiana 46201. The facility was accredited by the American Correctional Association in April 2014. The facility mission statement indicates that "The Indianapolis Re-Entry Educational Facility advances public safety and successful re-entry using evidence-based practices through education, training, and inspiring Residents to live as law abiding citizens". The facility vision statement indicates "The Indianapolis Re-entry Educational Facility uses best correctional practices to protect the public while providing residents the skills for successful reintegration into the community with the goal of reducing recidivism". The Indianapolis Re-entry Educational Facility compound has a security level of "Level 1R". The designed facility capacity is 422 residents. Indianapolis Re-entry Educational Facility had a population of 306 residents on June 13, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Indianapolis Re-entry Educational Facility compound has razor wire at the top, and the outer fence is without razor wire. There are 12 building located inside the secure perimeter fence and 2 outside.

Indianapolis Re-Entry Educational Facility (IREF) was opened as restricted minimum-security facility for adult male the residents on January 13, 2006. This Indiana Department of Correction (IDOC) facility was converted into the nation's first correctional facility dedicated to re-entry after serving as the Indiana Boy's School for over 100 years. IREF relocated to the city of Indianapolis on December 16, 2009 at the site of the former Indiana Women's Prison.

The mission of the Indianapolis Re-Entry Educational Facility is to maintain public safety in an environment where programming educates, trains, and inspires residents to be prepared for successful re-entry into the community; and to sustain a lifestyle consistent with our social and family values in order to continue to live as law-abiding citizens.

The Indianapolis Re-Entry Educational facility uses best correctional practices and Evidence Based Practices (EBT) to protect the public while providing Residents the skills for successful reintegration into the community with the goal of reducing recidivism.

IREF continues to maintain public safety while providing residents the skills required for successful reintegration into the community. In an effort to meet these goals, IREF attempts to deinstitutionalize its residents by providing them free movement inside a secured perimeter fence in a culture similar to civilian society.

- Maximum population: 420
- Indianapolis Re-Entry Educational Facility boasts a total of 126 staff positions. At the time of the audit, IREF had 80 Custody Staff; 37 Non-Custody Staff; and 23 Position Vacancies.
- Since 2006, IREF has prepared thousands of residents for successful return to the community.
- In order to foster an environment conducive to civilian society and to deinstitutionalize the population, Residents are referred to as "Residents" as opposed to "Residents" or "Inmates".
- Re-entry Specialists maintain low caseloads in order to provide individualized case-management services to residents.
- Residents are held to high standards of conduct; those who do not meet IREF standards for behavior, attitude, or participation are terminated from the program and returned to higher security level facilities.
- Residents who have completed the IREF program are released to all 92 counties in Indiana to better assist with transition and employment.
- Residents are allowed to and encouraged to wear civilian clothing (per facility-specific rules and regulations). Programming

The program fosters an environment conducive to civilian society and to deinstitutionalize the population. Re-entry Specialists maintain low caseloads in order to provide individualized case management services to residents. Residents are held to high standards of conduct and those who do not meet Indianapolis Re-entry Educational Facility standards for behavior, attitude, or participation are terminated from the program and returned to higher security level facilities. Residents are allowed to and encouraged to wear civilian clothing.

In August 2012, Oakland City University (OCU) partnered with the Indiana Department of Correction to provide adult educational services comprised of GED, literacy, and vocational programs to adult residents statewide. Residents who enroll in and pass OCU classes while incarcerated have the opportunity to be fully enrolled OCU students. Upon their release from prison and subsequent enrollment at an OCU Campus, they will receive prior learning assessment credit toward certificate or degree programs and will have the option to finish their education.

At Indianapolis Re-entry Educational Facility, OCU offers Culinary Arts, Business Technology and Building Maintenance Vocational Programs, as well as an academic program leading to a General Equivalence Degree (G.E.D.).

The Facility Apprenticeship Program, which is recognized by the United States Department of Labor, assists residents in learning various employment-related skills. The following Facility Apprenticeship Programs are offered at Indianapolis Re-Entry Educational Facility:

- Automotive Technician (2000 hours)
- Database Technician (2000 hours)
- Office Manager/Business Administration (Clerk 3000 hours)
- Landscape Management (2000 hours)
- Housekeeper (Sanitation 2000 hours)
- Paralegal (6000 hours)
- Teacher's Aid (4000 hours)
- Building Maintenance Repairer (Maintenance 4000 hours program)

Community Service Programs:

- Becoming a Better You
- CDL Preparation Course
- Changing Lives Through Literature
- Communication 101
- Conversational Spanish I
- Conversational Spanish II
- PNC Bank – Get Smart About Credit
- Healthy @ Re-Entry
- IUPUI's Inside Out Prison Exchange
- IUPUI Occupational Therapy Fieldwork
- IUPUI Reading Club
- Mentor Sessions
- Naptown Knitters
- Prison SMART
- Resume Workshop

- Seven Habits of Highly Effective People
- Yoga

Family Education Programs:

- Child Visitation Center
- Reading With Dad and Me
- Quenching the Father's Thirst
- Inside Out Dads

Religious Programs:

- Community Involvement Support Members (Volunteers)
- Catholic Services
- Thursday Service
- Christian 12 Step
- Islamic Services
- Jewish Services
- Moorish Science Temple Services
- Native American Services
- Wiccan Services
- Beyond the Chains
- Empowering Men
- Pastor Bumphus Bible Study
- Prison Fellowship
- Gospel Proclamation Service

Specialized Programs:

- Reformative Resident resident Re-Entry Program
- Indiana Veterans Education & Transition Unit
- Dress for Re-Entry
- Thinking for a Change

The PREA Team, consisted of the Lead Auditor and two Associate Certified PREA Auditors. On June 13, 2016 at 7:40 am the audit team met with the Facility Superintendent, Facility PREA Compliance Manager, Program Director, Assistant Superintendent, Captain and Agency Executive Director of PREA, for an entrance briefing. The lead auditor explained the team's approach to the audit and described each team member's area of responsibility. The lead auditor explained that he would be conducting staff interviews and the associate auditor would be conducting resident interviews. The other associate auditor was assigned to conduct the facility tour, review additional documentation that had been provided to support compliance with each standard and to go over each standard and file with the Facility PREA Compliance Manager.

During the pre-audit meeting the PREA Compliance Manager was asked whether any staff or residents. Residents had requested, either orally or in writing, to speak to the audit team. The Superintendent advised the team that no residents had requested to speak to the auditors. The audit team did not receive any letters from Indianapolis Re-entry Educational Facility residents or staff.

The Superintendent was asked whether there was anything the audit team needed to be aware of that had occurred or was occurring that could jeopardize the audit. The Superintendent affirmed that she was not aware of any occurrence or incident that could jeopardize the audit process.

The lead auditor expressed the appreciation of Diversified Correctional Services for the opportunity to work with the Indianapolis Re-entry Educational Facility in their PREA Audit. Diversified Correctional Services goal was to be as helpful and non-intrusive as possible during the conduct of the audit. The audit schedule and the logistics of conducting the tour and conducting interviews were discussed.

Prior to arriving at the facility the auditors requested the following documentation that was provided at the entrance briefing: A list of staff, including specialized staff; a list of volunteers and contractors; lists of residents by living units and a list of residents who identified as being gay, bi-sexual and transgender, a list of residents reporting sexual assault at the facility and those reporting prior victimization; copies of pages from the logbooks documenting unannounced rounds; any local operating procedures related to unannounced rounds; a memo signed and dated by the superintendent stating the facility does not have any youthful resident residents; documentation of Civil Immigration Contact Information and copies of all PREA investigations conducted during the past 12 months.

An associate auditor, accompanied by the Assistant Superintendent, Program Director, and Agency Executive Director of PREA toured the entire facility. The touring officials and staff responded to the auditor's questions concerning facility operations. Officers from the living units greeted the tour members.

During the tour, the tour team evaluated the PREA processes and systems at the Facility. The following narrative of the relevant PREA services and functional areas summarizes the findings regarding the processes and systems.

The following buildings are housed within the perimeter fence are that was toured:

1. Education Building / Landscape Class Room
2. Recreational Building
3. Dining Hall/Training/Warehouse Building
4. Chapel /Community Services
5. Powerhouse Building/Tool Crib Area
6. Maintenance Building
7. Control – Shakedown Area/ Visitation Room

8. Medical Building/ Intake Area
9. Unit 1 & 2 – Dorms
10. Unit 3 & 4 – Dorms
11. Unit 5 & 6 – Dorms
12. Unit 8 - Dorm

The tour revealed that all buildings had the required PREA information posted as well as additional information related to reporting allegations of sexual abuse and sexual harassment for residents as well as information on how to access the Indiana Coalition Against Domestic Violence.

The health care services at this facility are provided contractually by Corizon Healthcare Services. They provide services for nursing, mental health, medical and dental needs at the facility. Nurses are on duty at the facility 24/7. A family nurse practitioner is on site 40 hours a week, Monday through Friday. The medical department is in a stand-alone building that has adequate space to meet the confidentiality and healthcare needs of the male resident population.

Several residents were well versed on the J-Pay system. Each resident was able to demonstrate how to use the J-Pay system to report sexual abuse. There were some concerns on the tours that was corrected with the 30-day period. They are:

1. Remove a mirror out of the resident bathroom that shows the resident using the toilet from the hall way.
2. Reposition several mirrors within the living units to eliminate blind spots.
3. Post a sign on several doors that states “Resident Not Allowed”.
4. Change all shower curtains to “PREA Friendly Shower Curtains”.

At the conclusion of the on-site audit, the audit team conducted an exit briefing. The following staff were present: Superintendent, Facility PREA Compliance Manager, Facility Training Coordinator and PREA Audit Team Members.

The audit team discussed the preliminary findings and discussed concerns the administration and staff might have. The lead auditor also expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the work they have done and encouraged them to continue the work they are doing to ensure sexual safety for their residents.

Following the on-site audit additional information and clarification was requested and provided in a timely manner.

SUMMARY OF AUDIT FINDINGS

Notices of the PREA audit were forwarded to the facility six weeks prior to the audit. Photos documenting that Notices were posted on the same day were forwarded to the auditor.

The Pre-Audit Questionnaire, Indiana Department of Corrections (IDOC) Policies and other supporting documentation was uploaded and accessible to the auditor for review.

Following a review of the documentation that was provided the auditor made a list of documentation that would be needed on the day of the on-site audit and forwarded that information on to the PREA Compliance Manager.

A total of 56 residents were interviewed. Each resident was randomly representative of every living unit. Residents who reported prior victimization and resident residents who identified as being bi-sexual and transgender were interviewed.

Interviews with the residents indicated they have received the required PREA Training and information. Every resident was aware of the Zero Tolerance Policy and were able to articulate multiple ways to report sexual abuse and sexual harassment. Their responses affirmed that they are being screened on admission for vulnerability to victimization and to sexual aggressiveness. They were able to recall the month and year of their screening. Resident who identified as being, bi-sexual or transgender related they were not treated differently from their peers nor placed in any special housing units based on their identification. Residents consistently had problems identifying outside agencies they could contact for assistance and services if they ever needed them. They were able to articulate where they could locate information regarding how to access outside agencies. The entire sample of residents or 100% indicated that the information regarding access to outside support agencies is posted on every unit. As an immediate corrective action, the facility met with residents and provided refresher PREA training such as by going over the material already posted regarding access to outside support services.

Twenty (20) staff were randomly selected from all housing units and shifts and other categories of specialized staff were interviewed for the PREA audit. An interview with the, PREA Compliance Manager and administrative support staff indicated that this facility takes sexual safety seriously. Each randomly selected staff described their PREA training in detail. Newly hired staff verbalized their initial PREA training. Both newly hired staff and tenured staff confirmed completing annual training thereafter. Every staff was knowledgeable about PREA and each of them confirmed that they would take every report, allegation or suspicion seriously and report it. Every staff interviewed confirmed they would report sexual abuse and harassment of any kind in spite of the outcome. Staff were able to describe a reporting process consistent with Indiana Department of Corrections (IDOC) Policies. Further, the staff stated they would make a verbal report immediately followed by a written report prior to the end of the shift. Staffs also were knowledgeable about multiple ways to report sexual abuse and sexual harassment and were able to explain how they could report privately.

Number of standards exceeded: 0

Number of standards met: 43

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:

Indiana Department of Correction (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 residents during orientation, through continued education, in documents listed in standard 115.333. The IDOC policy also requires that when contracts are prepared with agencies and organizations to house residents for IDOC, a provision shall be included to ensure that the agency/organization maintains Zero Tolerance for sexual abuse and sexual harassment. A review of contracts and an interview with the agency contract director confirmed the presence of DOJ PREA standards in the agency contracts for housing residents for the IDOC.

IDOC Policy 02-01-115, Sexual Abuse Prevention, V. Staff Orientation and Training, requires that staff are trained on the Zero Tolerance Policy during new staff orientation and in their annual training.

The agency has demonstrated its commitment to PREA by designating an upper-level, agency-wide PREA 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, in a memo, designated the PREA Compliance Manager, replacing the previous manager. The Indianapolis Re-entry Educational Facility organizational chart identifies the PREA Compliance Manager and indicates that the Facility PREA Compliance Manager reports directly to the Superintendent.

Interviews:

The Agency's Executive PREA Director, a certified PREA Auditor, was knowledgeable and articulate. He demonstrated an exceptional understanding of the PREA Standards. Further, the Executive PREA Director revealed a vision for the sustainability of compliance with PREA Standards in both adult and juvenile facilities. He is responsible for PREA compliance and monitoring of adult and juvenile facilities in the State of Indiana. An interview with PREA Compliance Coordinator confirmed that he has other assigned duties but organized his time to implement and monitor the agency's position of Zero Tolerance Program to prevent, detect, respond and report sexual abuse and sexual harassment. The PREA Compliance Coordinator reports directly to the Superintendent and has the support of the administration to implement and improve processes to maintain and valid compliance with PREA Standards.

Reviewed Documentation to determine compliance:

- ✓ Policy #: 04-03-105 Response to Staff Emergencies
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Indiana Department of Correction Organizational Chart
- ✓ 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 (IDOC) 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 residents 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 residents 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 residents 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:

The auditor interviewed the agency Contract Director for Indiana Department of Corrections (IDOC) to confirm that the PREA verbiage and requirements are included in all contract programs related to housing Indiana resident population. Further, the Agency Contract Director also indicated that Indiana Department of Corrections (IDOC) contracts require an “on-site” agency contract monitor that validates compliance with PREA Standards based on the contractual agreement. Several contracts were review to validate the practices outlined by the Contract Director such as contract ID#: 0000117904 – The GEO Group, Inc., contract Amendment #9: EDS#D120-6-008 and vendor contract ID#: 0000066318 – Community Education Centers.

Reviewed Documentation to determine compliance:

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

- ✓ Superintendent Memo: Appointment of Facility Compliance Manager
- ✓ Agency Organization Structure
- ✓ Facility Organization Structure
- ✓ 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 Indianapolis Re-entry Educational Facility is based on the designed and facility capacity of 422 beds. The direct care staffing is based on the facility rated capacity. On a regular basis the facility makes its best efforts to utilize a staffing pattern that provides for adequate staffing levels to protect residents against sexual abuse and harassment. Indianapolis Re-entry Educational Facility has a policy that requires the facility to document in the applicable logbook, and justify each time a staffing pattern is not in compliance with the policy.

The 2016 Staffing Plan Review was a multipage document containing a narrative report addressing each of the items required by the PREA Standards, a Vacancy/Staffing Report, IDOC Master Roster Post Analysis, an 18 Month Vacancy Rate Document and a Staffing Determinations Memo. The report indicated a thoughtful and methodical process for evaluating staffing needs to ensure residents and staff are safe. The report stated that administrative and program numbers have dropped significantly over the years due to privatization and IDOC restructuring efforts.

Custody posts are determined by the IDOC Master Roster Post Analysis, prepared in December 6, 2015. The staffing review report stated that the Superintendent, Custody Supervisor, a Lieutenant and Shift Supervisors all monitor post assignments to ensure safety and security issues are being met.

Once per year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed. A memo dated July 20, 2015 indicated that the Executive PREA Director reviewed the Annual Staffing Plan Review for 2015.

IDOC policy prohibits staff from alerting other staff when unannounced rounds are conducted. Policy also requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Unannounced rounds are documented in the facility logbooks and the General Housing Daily log. Upper management including the Superintendent and middle management supervisors (e.g. Sergeants and Lieutenants) consistently make unannounced PREA rounds.

Interviews:

The Indiana Re-entry Educational Facility demonstrated rounds are conducted daily, announced and unannounced rounds. All rounds were well documented in unit logbooks.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ General Housing Daily Log
- ✓ Log Books 2016 Staffing Plan Review
- ✓ Indianapolis Reentry Educational Facility Master Roster
- ✓ Superintendent Memo: Custody Supervisors (April 10, 2016)

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:

Indiana Department of Corrections (IDOC) Policy 01-04-102, Youth Incarcerated as Adults, VI. Classification identifies the facilities where youthful resident residents are to be assigned. Indianapolis Re-entry Educational Facility is not listed as one of the facilities that will house youthful residents.

Interviews: N/A

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy 01-08-101 – Youth Incarcerated as Adults (page 3)
- ✓ Superintendent Memo: No Youthful Resident residents

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 (IDOC) Policy 02-01-115, Sexual Abuse Prevention, XIV., Limits to Cross-Gender Viewing and Searches, prohibits the Indianapolis Re-entry Educational Facility from conducting cross-gender strip or cross-gender visual body cavity searches of residents except in emergency situations or when performed by medical personnel. According to PRE-Audit Questionnaire (PAQ), during the audit period there were no cross-gender strip or cross-gender visual body cavity searches conducted at the facility. IDOC Policy 02-02-101, Searches and Shakedown, VII. Opposite Gender Resident resident Pat Search B., requires staff to follow the techniques/procedures for opposite gender pat searches contained in the approved lesson/training plans developed and presented by the Division of Staff Development and Training. The facility provided samples of training documents to confirm training that staff receive in conducting cross gender pat searches and searching transgender and intersex residents in a professional manner. If such a search is conducted it must be documented by completing and submitting an incident report to the Custody Supervisor or the designee.

Policy requires the facility to implement procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia.

The facility prohibits staff from searching or physically examining a transgender or intersex residents for the sole purpose to determine the resident’s genital status. The PAQ indicated that no searches occurred during this audit period.

Reviewed IDOC Policy and Indianapolis Re-entry Educational Facility provided copies of post orders confirming that officers of the opposite gender are required to announce their presence on the housing unit.

Interviews:

A total of sixteen (16) custody staff representing each bracket affirmed that cross gender pat down searches are routinely conducted at Indianapolis Re-entry Educational Facility. 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. Random staff interviewed during the audit related the facility does not allow staff to search a transgender or intersex resident for the

purpose of determining their genital status. The auditor interviewed fifty-six (56) residents at the Indianapolis Re-entry Educational Facility. Fifty-four (54) residents confirmed they are never naked in full view of staff of the opposite gender. Two residents (2) related being in the shower when custody staff made rounds and inadvertently viewed them in the showers but they did indicate that the officer's announced their presence near the shower. Fifty-two (52) of fifty-four (54) residents related that staff of the opposite gender announces their presence when entering the living unit and shower areas. One hundred percent (100%) of security custody staff interviewed asserted that they announce their presence prior to entering the shower/bathroom area. Resident residents affirm that only during strip searches are residents naked in plain view and that strip searches are conducted by same gender staff.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-03-101 – Searches and Shakedown
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Cross Gender Strips
- ✓ IDOC Staff Development & Training
- ✓ In Service Training Agenda 2015/2016
- ✓ Security Skills Evaluation

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:

Indiana Department of Corrections (IDOC) Policy requires that the Indianapolis Re-entry Educational Facility establish procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Facility PREA Coordinator provided a copy of contract between Indiana Department of Corrections (IDOC) 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 Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, VII. Resident Education Program, requires that information be provided to residents 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 resident's safety, the performance of first responders or the investigation of the resident's allegations.

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.

Indiana Department of Corrections (IDOC) 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-resident resident interpreters, with residents who have Limited English proficiency (LEP), are "deaf" or speech impaired. Policy also requires that "accommodations shall convey all written information verbally to resident residents with limited reading skills or who are sight impaired.

The Facility PAQ indicated that the use of resident interpreters, resident readers, or other types of resident assistants is limited except in limited circumstances where an extended delay would jeopardize an resident's safety and well- being is prohibited.

Interviews:

This auditor interviewed sixteen (16) randomly selected staff members from Indiana Re-entry Facility staff. Each custody staff member (100%) indicated they would not allow the use of an resident interpreter or an resident reader to translate or interpret for any disabled or Limited English speaking resident. Staff were aware of the existence of an interpretive service to assist residents with limited English but they were unaware of where to find the contact number for the service. Each line custody staff member (100%) indicated that they would immediately notify their supervisor of the need for the interpretive service if a sexual victimization occurred on their shift. This auditor interviewed three (3) shift supervisors and confirmed they were all aware of where to find the contact information for the interpretive services. The facility posted contact information regarding interpretative services in location accessible to all custody staff. The Superintendent related that the interpretive services contract has been renewed and the contractual agreement 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
- ✓ Policy #: 00-02-202 – Resident with Physical Disabilities
- ✓ Adult Male and Female Disability Codes and Definitions
- ✓ Sexual Assault Prevention and Reporting Brochure
- ✓ Posters (English and Spanish)
- ✓ Language Point Poster for Resident Language
- ✓ Superintendent Memo: Interpreters, Resident Readers (April 29, 2016)

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:

The Indiana Department of Corrections (IDOC) prohibits the Indianapolis Re-entry Educational Facility from hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who have contact with residents, who engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in the sexual abuse activities. The facility provided documentation that applicants are required to complete as well as the PREA Employment Questionnaire as a part of the hiring packet.

The Human Resources Manager explained the process of how the facility considers prior incidents of sexual harassment when determining whether to hire or promote an individual. This information is recorded on the facility “Mandatory Pre-Interview Questions” form.

In accordance with IDOC policy, before Indianapolis Re-entry Educational Facility hires any new staff who may have contact with residents a criminal background record checks are completed. This practice is consistent with Federal, State, and local law. Indianapolis Re-entry Educational Facility makes its best efforts to contract all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation sexual abuse before hiring. IDOC and Indianapolis Re-entry Educational Facility Policies require that criminal background records checks are conducted on current staff every five years. However, Indianapolis Re-entry Educational Facility procedures require IDAC or criminal history checks are conducted yearly on all staff and contractors. IDACS that have been processed on all staff and contractors are kept on a spreadsheet, which is maintained by the Human Resources Department. Driver’s license information is obtained through the IDACS, which are screened for employee misconduct.

If a staff omits material information regarding sexual misconduct or provides materially false information the agency will consider that as grounds for termination.

When a former staff applies for work at another institution, upon request from that institution, the Agency Executive Director of PREA explained the process as follows:

- The requesting institution sends a request to the facility. The facility sends the request to the Agency’s HR or PREA Verification Department. A Prison Rape Elimination Act Release of Information is completed. A review of Indiana Department of Correction records provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employer. Documentation was provided by the Agency PREA Executive Director.

Interviews:

The Indiana Re-entry Educational Facility’s Human Resource Manager was interviewed. He discussed the process for initiating an initial background check on all potential employees. The HR Manager indicated background checks are also completed when a staff person is promoted. A review of fifty (50) background checks confirmed that Indiana Re-entry Educational Facility conducts criminal background check in accordance with PREA standards 115.17. The HR manager also stated that the Indiana Department of Corrections (IDOC) is a part of the NCIC and designated trained staff are authorized to access the system for background checks. The HR Manager indicated that all staff has 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
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Indiana Department of Correction –Reason for Background Check (50)
- ✓ Policy # 04-03-102 – Human Resources
- ✓ Review NIC and IDACS (50)
- ✓ Fact Request from ACCURATE Background, Inc.
- ✓ Prison Rape Elimination Act Release of Information
- ✓ Prison Rape Elimination Act Questionnaire for Prior Institutional Employers
- ✓ Background Release Form Disclosure and Consent
- ✓ Superintendent Memo: 100% Background Checks (April 29, 2016)

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:

The Indiana Department of Corrections (IDOC) requires when making a substantial expansion or modification to existing facility, installed or updated video monitoring systems, electronic surveillance system, or other monitoring technology are to

be PREA compliant. Indianapolis Re-entry Educational Facility did not provide documentation of any expansion or modification within the last 12 months.

Interviews:

N/A

Reviewed Documentation to determine compliance:

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

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Summary:

The Indianapolis Re-entry Educational Facility is responsible for conducting administrative sexual abuse investigations including resident resident-on-resident sexual abuse or staff sexual misconduct. Indiana Department of Corrections (IDOC) 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. Investigators are responsible for scheduling interviews conducted with the victim(s), suspect (s), witness interviews and performing 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 (IA) 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 access to 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.

The PAQ indicated that during the past 12 months, there were no allegations of sexual abuse and sexual harassment.

Indiana Department of Corrections (IDOC) Policy and the facility offers resident 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 Saint Vincent's Hospital has been identified as the hospital providing forensic nurse examiners who would conduct forensic exams for the Indianapolis Re-entry Educational Facility resident.

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 Indiana Department of Corrections (IDOC) has a contract with the Indiana Coalition Against Domestic Violence. The reviewed contract confirmed these duties for the contractor: 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 resident residents in accordance with PREA Standard 115.53, regardless of the timing of the disclosure, either through facility referral or by direct request from the resident. 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 resident will be made by the facility PREA Compliance Manager with the approval of the Superintendent. 5) Maintain confidentiality statutes upon receiving a request for victim advocacy support services. The facility also provided emails confirming their efforts to secure a victim advocate in the community.

A forensic nurse examiner is available at the local Hospital.

Interviews:

An interview with a facility nurse confirmed that her role would be to protect evidence and get the resident transferred to the Saint Vincent's Hospital for follow-up treatment as needed and a forensic exam. She related that the SANE Nurse at the hospital would test the resident 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. An interview with an investigator indicated that he and the other investigators have received the specialized training as investigators provided by the Indiana Department of Corrections (IDOC) and NIC. There specialized training included training on how to conducting sexual abuse investigations in confinement settings. The investigator related the process for investigating reported sexual abuse or harassment at the Indiana Re-entry Educational facility. The investigator indicated that 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
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention

- ✓ Vendor #: 0000065008 Indiana Coalition Against Domestic Violence
- ✓ Community Partnership Agreement for Support and Resources
- ✓ Superintendent Memo: SAFE/SANE
- ✓ Additional Services for Victims of Sexual Abuse

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 (IDOC) 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 (IDOC) 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 (IDOC) 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 (IA) 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 access to Internal Affairs (IA) investigators, some 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.

Interviews:

An interview with an Indiana Re-entry Education Facility, Internal Affairs Investigator indicated that he has been trained to conduct investigations by the Indiana Department of Corrections (IDOC) at their training academy. He related that he has completed the NIC Specialized Training for Investigating Sexual Abuse in Confinement Settings. He was well informed and

described the investigation process. He stated that all investigations would begin immediately. Interviews with the Superintendent and randomly selected staff from Indiana Re-entry Education Facility suggest that staff (100%) would take every report of sexual abuse or harassment seriously regardless of the source and have them investigated by the Internal Affairs Investigations and Intelligence Division.

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
- ✓ Indiana Department of Corrections Online Services (Website)
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs

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 (IDOC) Policy 02-01-115, Sexual Abuse Prevention, V., Staff Orientation and Training, requires that staff receive training through new staff orientation and through annual in-service training. IDOC Policy requires the Indianapolis Re-entry Educational Facility to train all staff who may have contact with resident 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 staff with refresher information in their yearly in-service. This training includes current policies regarding sexual abuse and harassment.

The PAQ indicated that 112 staff currently employed were trained or retrained on the PREA requirements.

The facility provided a 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 residents. 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 resident shall be terminated and that the Department will pursue prosecution. The facility provided additional acknowledgment statements for review during the on-site audit.

The Indianapolis Re-entry Educational Facility, Training Coordinator verified that all staff to include state, contract workers, volunteers, interagency personnel completed their initial PREA training and their annual training.

Interviews:

Every randomly selected staff who was interviewed confirmed that they receive PREA education when they begin employment during OJT Training and new employee training. Further, during annual in-service training they received PREA education. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and resident rights, signs and symptoms of sexual abuse, reporting and responding. Specifically, staff was able to describe the steps they would take in responding to an allegation, a suspicion, report or knowledge of sexual abuse. Indiana Re-Entry staff (100%) reported that regardless of how they received the report, regardless of who made the report, they would take it seriously and immediately report sexual abuse and harassment to their supervisor. Simultaneously while reporting sexual abuse or harassment the staff would take steps to separate the alleged victim from the alleged perpetrator. The staff interviewed were very knowledgeable of what steps should be taken to protect the alleged crime scene as well as actions they should take to prevent the victim and perpetrator from degrading or eliminating evidence. Staff interviewed consistently identified 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
- Staff Acknowledgement of Receipt of Training and Brochures (75)
- ✓ In Service Training Agenda 2015/2016
- ✓ Statement of Acknowledgement

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:

The Indiana Re-entry Educational Facility has policy and procedures confirmed that volunteers and contractors who have contact with residents have been trained on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response. 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.

The auditor randomly reviewed 75 Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" for facility volunteers who were on the approved list.

The facility contracts services from Interagency Crew, Education, Medical and Food Services. The auditor randomly reviewed the Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" on individuals in different programmatic or service delivery areas to validate PREA Training.

Interviews:

The facility has a policy and procedures that require volunteers and contractors who have contact with resident residents to be trained on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response. 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.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 01-03-103 The Development and Delivery of Community Involvement Program
- ✓ IDOC Staff Development & Training Power Points
- ✓ Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention"
- ✓ Statement of Acknowledgement

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 (IDOC) Policy, 02-01-115, Sexual Abuse Prevention VII. Resident Education Program, requires that residents are provided oral and written information regarding the following: the Zero Tolerance Policy for any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and treatment and counseling available to residents who are victims of sexual assault. Policy requires that this information is provided in a manner easily understandable for resident residents. Residents are required to receive the brochure created by the Department advising the resident 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 resident facility specific information.

The residents at Indiana Re-Entry Educational Facility receive information during intake 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.

Indiana Re-Entry Educational Facility and IDOC requires resident residents who are transferred from one facility to another receive PREA education regarding 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.

Indiana Re-Entry Educational Facility maintains documentation of residents who participate in PREA education sessions by having the residents complete the sessions. The caseworker documents the resident PREA related training by entering it into the PeopleSoft data system. The facility also ensures that relevant information about PREA is readily available at all times and visible in posters, contained in resident handbook, and in PREA Pamphlets.

The auditor randomly reviewed 75 Resident Orientation Checklists, 75 PREA Video Acknowledgments and 75 Resident Education Program Acknowledgments as documentation of receiving resident information.

Interviews:

Fifty-six (56) of fifty-six (56) interviewed residents at Indiana Re-entry Education Facility or 100 % of the interviewed residents stated they received information related to PREA, including the Zero Tolerance Policy and the facility's rules against sexual abuse and harassment. Forty-nine (49) of the fifty-six (56) residents at Indiana Re-entry Education Facility 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. Eighty-five (85%) percent of randomly selected residents confirmed that Indiana Re-entry Education Facility provided PREA training several times in the last two years on more than one occasion in the form of resident educational brochures, posters and safety interviews conducted by case managers. Consistently, 100 Percent of the residents interviewed at Indiana Re-entry Education Facility could articulate various methods to report, sexual abuse and harassment both internally and externally.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #02-01-115 Sexual Abuse Prevention
- ✓ Resident Posters (English and Spanish)

- ✓ Sexual Abuse Report on JPay Kiosk
- ✓ Sexual Assault Prevention, Investigation, Victim Support and Reporting Information Brochure Receipt
- ✓ Resident Education Program Acknowledgement
- ✓ Additional Services for Victims of Sexual Abuse (Indiana Coalition Against Domestic Violence)
- ✓ PREA Education information (75 files Reviewed)
- ✓ Posters in all Building
- ✓ OCMS Progress Notes (75 Reviewed Reviewed)
- ✓ Student Brochure Information
- ✓ Resident residents Acknowledge Statement of PREA Video (75 Reviewed)
- ✓ Emergency Notification (75 Reviewed)
- ✓ Resident Orientation Checklist with PREA Intake Information (75 Reviewed)

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 (IDOC) Policy 00-01-103, The Operation of the Office of Investigations and Intelligence, IX, Investigating Sexual Abuse and Sexual Harassment, requires that the Indianapolis Re-entry Educational 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 investigator has 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(IDOC) provided a one-week 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.

The investigator's training included general training provided to all staff pursuant to 115.31. Techniques for interviewing, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings and prosecution referral. Training documentation was provided.

Interviews:

The auditor interviewed the Indiana Re-entry staff investigator. He indicated that he received the same training that all staff receive related to PREA. The investigator is a member of the Sexual Assault Response Team (SART). The investigator has completed the specialized sexual abuse and harassment training conducted by IDOC. The investigator indicated that he received the same training that all other staff receive which is annual PREA training and NIC Investigating Sexual Abuse in Confinement Settings

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 00-01-103 The Operation of the Office of Investigations and Intelligence
- ✓ National Institute of Corrections (NIC): PREA Investigating Sexual Abuse in a Confinement Setting
- ✓ Certification: Sexual Assault Response Team (SART)
- ✓ Certification: Internal Affairs and Facility Investigator Certification Training Academy
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ IDOC Staff Development & Training Power Points
- ✓ NIC: Investigating Sexual Abuse in a Confinement Settings

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 residents. The medical staff at the facility do not conduct forensic medical exams. The facility provided documentation showing that medical practitioners have completed the required training.

Interviews:

The facility nurse and a mental health professional, both contract providers, in interviews, related that they received specialized training through Corizon Health and by the Indiana Re-entry Education Facility. Both the nurse and the mental health professional related that the training covered topics such 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
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ IDOC Staff Development & Training Power Points
- ✓ Adult Medical/Behavioral Staff In-Service Training Schedule 2015-2016
- ✓ PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
- ✓ Statement of Acknowledgement – Staff Development and Training
- ✓ Prison Rape Elimination Act 2012 & Corrections Training Manual (Corizon)
- ✓ St. Vincent Regional Hospital Memo: 6 Certified SANE (December 14, 2015)

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:

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

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

Executive Directive # 16-21, dated April 11, 2016, requires that within twenty-four (24) hours of an resident transfer to another facility, staff making housing decisions at the receiving facility shall review the resident's PREA flag status to determine whether an resident may be a potential aggressor or a potential victim in determining initial housing assignment in accordance with the appropriate Policy and Administrative Procedure 01-04-101, Adult Resident Classification." Within 72 hours of arrival at a facility, admissions and orientation staff shall ensure a new SVAT is completed based on information from the interview with the resident and review of the resident's record. The SVAT Questionnaire is to be used to conduct the resident interview. Within 30 days of the resident's transfer to a Department facility, staff shall review the resident's SVAT, considering any additional information received by the facility since the transfer assessment and update the SVAT, if necessary. Risk levels are required to be reassessed at any time when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The auditor randomly reviewed 75 Sexual Violence Assessment for Adults, Potential Victim Factors, Potential Aggressor Factors, Adult SVAT Questionnaire and Resident Prison Intake Case Plan. In addition to the randomly reviewed assessments, the auditor also reviewed 31 reassessments. All of these were conducted in compliance with IDOC Policies.

Interviews:

One (1) interviewed staff, from Indiana Re-entry Education Facility, who conducts screening using the ASVAT stated that the initial risk screening occurs within the first 24 hours of an resident arrival and considers the resident's history of sexual abuse, prior victimization, and their identification, history of incarceration, sexual orientation, vulnerability, height and weight. The screening staff indicated that resident come from a diagnostic facility therefore they have medical, mental health, psychological reports, and social information on the resident. The screening staff stated that he verifies information the resident provides by checking the resident database. Resident are reassessed at any plan review. Anytime a "flag" or incident comes up the resident may be reassessed immediately and normally annually if there are no issues. Seventy-five SVAT questionnaires were reviewed and thirty-one (31) reassessments were reviewed to determine compliance with 115.41.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Adult SVAT Questionnaire (75 Files Reviewed)
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool (75 Files Reviewed)
- ✓ Reassessments (31 Reviewed)
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Resident Information System: Resident residents Incarcerated Who Are Likely PREA Victims
- ✓ Policy #: 01-04-101 – Adult Resident Classification

- ✓ Resident Information System: Resident Flags/PREA Aggressor Likely
- ✓ Identifying LGBTI Resident residents
- ✓ Case Notes (75 Notes Reviewed)
- ✓ PREA Screening: Memo for Medical
- ✓ PREA Duty to Report (Medical and Mental Health Staff)
- ✓ Inquiry for the Resident Information System (4/20/2016)

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 resident residents safe and free from sexual abuse. Policy requires resident residents 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 residents safe, and only until an alternative means of keeping all residents safe can be arranged.

Indiana Department of Corrections (IDOC) Policy prohibits placing, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The policy prohibits considering, 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 residents are given the opportunity to shower separately from other residents. The facility does not place, gay, bisexual, transgender, or intersex residents in dedicated housing unit, facility or wing solely on the basis of identification or status. An resident determined to be either a potential sexual aggressor or an resident at risk for sexual victimization is required to be identified, monitored and counseled.

Policy and Procedures requires if an resident 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 Pre-Audit Questionnaire indicated that during the past 12 months there were no Indianapolis Re-Entry Educational Facility resident residents at risk of sexual victimization who were placed in isolation.

Interviews:

Interviews with two case managers 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 resident and to keep the resident safe.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Adult SVAT Questionnaire
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool
- ✓ Resident Information System
- ✓ Resident Information System: Resident residents Incarcerated Who Are Likely PREA Victims
- ✓ Review re-assessment screening reports
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Policy #: 01-04-101 – Adult Resident Classification
- ✓ Screening Tool for Victims of Human Trafficking
- ✓ Superintendent Memo: Transgendered or Intersex (April 29, 2016)

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 (IDOC) Policy requires that residents 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 resident 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 resident a review to determine whether there is a continuing need for separation from the general population.

The PAQ indicated that no resident residents at risk of sexual victimization were held in involuntary segregated housing during the audit period.

The Superintendent provided a Memo dated April 8, 2016 stating that Indianapolis Re-Entry Educational Facility does not have segregated housing.

Interviews:

In interviews with Indiana Re-entry staff 100% of the staff consistently related that residents are not placed in involuntary segregation unless there are no other options currently available. The Superintendent and Facility PREA Coordinator confirmed the process. Moreover, 100% of the resident residents sampled verified that they were not placed in involuntary segregation because of their sexual identity.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy 02-01-115 Sexual Abuse Prevention
- ✓ Superintendent Memo: Restricted Housing/Segregation (April 29, 2016)

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 (IDOC) Policy requires Indianapolis Re-Entry Educational Facility to encourage residents who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct or staff/resident harassment to report the incidents and to establish procedures allowing for multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment; retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The facility and the Department of Corrections have provided the following ways for residents to report sexual abuse and sexual harassment or retaliation:

1. Verbally

2. To friend, a staff member or someone the resident trusts
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
9. Executive Director of PREA Compliance: Email Civil Immigration Detainer (Date: May 17, 2016)
10. Superintendent Memo: Additional Access to Report Abuse Externally

Resident 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 residents 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 resident’s contact list. Resident resident’s simply click on that contact and email the Ombudsman. The notice also advises the resident that the report will then be forwarded to the facility who will contact the resident 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. Resident 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 resident that making a report to them enables the facility to provide immediate assistance when an resident is in imminent risk of harm. Resident 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.

Indianapolis Re-entry Educational Facility residents are able to report sexual abuse and sexual harassment privately outside the facility by using calling toll free to the ICADV hotline from the resident phone system by dialing #66; and by writing to Indiana Coalition Against Domestic Violence, ATTN: IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN 46202.

Resident may also use the Timely Information Promotes Safety (TIPS) Line to report crimes inside the facility and in the communities directly to an investigator. To access the TIP, Line the resident 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.

Staff is required to document verbal reports immediately and by the end of each shift.

The state requires residents 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.

Indianapolis Re-Entry Educational Facility residents may report sexual abuse and sexual harassment privately outside the facility by calling toll free to the ICADV hotline from the resident phone system by dialing #66; and by writing to Indiana Coalition Against Domestic Violence, ATTN: IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN 46202.

The state requires residents 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 the Indiana Re-entry Facility explained in detail the intake process and how residents are informed of methods to report sexual abuse and sexual harassment if it occurred at the facility. Staff related that after the resident receives the information they sign an acknowledgement indicating that they understood the information provided. Consistently, every resident sampled or 100% interviewed was able to articulate multiple methods to report sexual abuse and sexual harassment. All of the interviewed staff was also able to identify multiple methods residents could report sexual abuse, including verbally, in writing and anonymously. Most staff and resident residents identified the Kiosk as a readily available means to report sexual abuse or sexual harassment and by using the "hot line". The majority of residents sampled stated that they felt comfortable reporting sexual abuse to line staff.

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
- ✓ Email: PREA Coordinator External Hotline Call
- ✓ Indiana Coalition Against Domestic Violence Contract
- ✓ Sexual Assault Prevention and Reporting Resident resident/Student Information
- ✓ Sexual Abuse Report on JPay (English and Spanish)
- ✓ PREA information Posted
- ✓ Resident residents Handbook

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 (IDOC) Policy has an administrative procedure for dealing with resident grievances regarding sexual abuse. Residents 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 resident may submit a grievance regarding an allegation of sexual abuse. Residents 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 residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and are permitted to file request on behalf of residents.

Executive Directive #16-20, April 8, 2016 States what when receiving an emergency grievance alleging an resident 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 resident filing the grievance. The Superintendent also forwards the grievance to the Department's Resident Grievance Manager, who issues the final Department decision within five (5) calendar days to the resident who filed the grievance. The initial response and final Department decision will document the Department's determination whether the resident 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 staff toward any resident for using the grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any staff found to be in violation of the policy.

The Pre-Audit Questionnaire indicated that there were no grievances alleging sexual abuse 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 resident grievances, none of which were alleging sexual abuse or sexual harassment.

The grievance process is included in the Resident Handbook.

Interviews:

Indiana Re-entry staff explained the grievance process as a way residents could report sexual abuse and harassment. The Grievance Officer related the following processes: 1) Informal – the resident is encouraged to attempt to resolve the issue informally with the case manager (not required for reporting sexual abuse or sexual harassment) 2) Resident Grievance – The formal process is initiated when the informal process has failed (however PREA Grievances do not go through an informal process). The resident can place his grievance in the grievance box in the recreation area or the resident may return the grievance to any unit team member. 3) The grievance officer has 20 work days to investigate and report back to the resident. 4) If the resident 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.

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 – Resident Grievance Process
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

- ✓ Email: PREA Coordinator External Hotline
- ✓ Indiana Ombudsman Bureau Pamphlet
- ✓ External Sexual Abuse Reporting Flyer
- ✓ J-Pay System
- ✓ Resident residents Boxes
- ✓ Superintendent Memo: Grievance (April 29, 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:

The Indianapolis Re-entry Educational Facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Posting important number for resident residents to know to report sexual abuse including:
 - o ICADV Hotline Number
 - o Indiana Coalition Against Domestic Violence mailing address

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

Indiana Department of Corrections (IDOC) 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 residents with confidential emotional support services related to sexual abuse. The facility provided several memos confirming their efforts to enter into a MOU with an outside organization for providing advocacy services.

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

Too members of the Sexual Assault Response Team have been trained as advocates and would be available, as would mental health staff, be available to provide advocacy services, if needed and accompany the resident to the hospital.

Although residents related they have not needed these services, although information related to outside advocacy services is provided to residents it is recommended that refresher information be given to them.

Interviews:

The auditor confirmed by interview that 100% of interviewed residents at Indiana Re-entry were unable to articulate what support organizations were available outside the facility that deals with sexual abuse if needed. A number of residents (20) stated during the interviews they never needed the information. Others said, "I know where to find the information" or "I would just tell staff," and "that stuff just don't happen here." While some resident residents 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 living units identifying the Indiana Coalition Against Violence as an agency available to provide advocacy. Posters and notices located on the living units indicate that the Indiana Coalition Against Violence also provides support services, contact information is provided on the notice, including the hotline number to call and mailing address.

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
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Vender ID #: 0000065008 Indiana Coalition Against Domestic Violence Agreement
- ✓ Community Partnership Agreement
- ✓ Consular Notification and Access (Civil Immigration Information) Two Consular Notification Books

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:

The Indiana Department of Corrections (IDOC) has a great website publication for Third-Party Reporting. Anyone who suspects or has knowledge of sexual abuse that has occurred at Indianapolis Re-Entry Educational Facility 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 resident they may call 877-385-5877 or email IDOCPREA@idoc.in.gov

Interviews:

Auditors interviewed staff and they 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 a resident and that they (the staff) would take those reports seriously and report them just like any other allegations or report. Interviewed resident residents were aware of third party reporting if needed.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ IDOC Policy, Sexual Abuse Prevention
- ✓ Indiana Department of Corrections Website
- ✓ Sexual Assault Prevention and reporting /Visitor information Brochure
- ✓ Posters with Information
- ✓ Staff Hotline/ Executive Director of PREA Compliance Phone Number
- ✓ Staff Email / Executive Director of PREA Compliance

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 (IDOC) 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. Staff 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 or telephoning toll free the IDOC Sexual Assault Hotline at (877) 385-5877. The facility reports 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:

Indiana Re-entry staff was randomly selected and every staff member sampled 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 residents 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
- ✓ PREA Duty to Report – Medical and Mental Health Staff

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 require that as soon as staff learn that an resident is subject to substantial risk of imminent sexual abuse, they take immediate action to protect the resident by housing unit reassignment or using a critical incident report for sexual assault.

Interviews:

Unanimously, 100 percent of staff sampled at Indiana Re-entry confirmed they would take an allegation or a report that an resident was subject to a substantial risk of imminent sexual abuse seriously. They also consistently identified steps they would immediately take to protect the resident including immediately separating the resident and reporting the incident to their supervisor. Some reported they would keep the resident 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 resident 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 resident 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
- ✓ PREA Duty to Report (Medical and Mental Health Staff)
- ✓ Superintendent Memo: Substantial Risk of Imminent Sexual Abuse (April 29, 2016)

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:

The facility has a procedure that requires upon receiving an allegation that an resident was sexually abused while confined at another facility, the Superintendent of the facility notifies the Superintendent of the sending facility that sexual abuse is alleged to have occurred at their facility. The receiving Superintendent notifies the appropriate investigative body.

The PAQ indicated that there were no allegations that the facility received indicating that an resident was abused while confined at another facility.

Interviews:

An interview with the Superintendent on the Indiana Re-entry Education Facility 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 Assault Prevention

- ✓ Email Dated June 3, 2016
- ✓ Email Dated June 4, 2016
- ✓ Superintendent Memo: Notification (April 29, 2016)

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 (IDOC) 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 resident 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. The PAQ indicated that there were no allegations that an resident was sexually abused reported by a non-security staff member as the first responder during the past 12 months.

The facility also utilizes their Sexual Assault Response Team (SART) consisting of staff who are trained to respond to incidents of sexual assault. Each staff is trained in their individual responsibilities. (Also see coordinated response).

Interviews:

Auditors interviewed randomly selected staff. Each staff member both security and non-security were able to explain in detail the steps they would take as first responders in responding to a sexual assault. They also described the role of the SART Team in responding as well.

Reviewed documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: No Substantial Risk of Imminent Sexual Abuse
- ✓ Facility Sexual Assault Response Team (SART)
- ✓ First Responders Power Point #17 Training
- ✓ SART Training Team

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 (coordinated 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 are 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:

Auditors interviewed a member of the SART Team. He indicated SART members are trained in their respective roles. This team member could articulate and understood the role of each member and their responsibilities in response to the sexual assault of an resident.

Reviewed Documentation to determine compliance:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse
- ✓ Facility Directive 14-56 Sexual Abuse Prevention – 02-01-115
- ✓ Sexual Abuse Incident Review Form
- ✓ Facility Sexual Assault Response Team (SART)
- ✓ First Responders Power Point #17 Training
- ✓ SART Training Team

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:

Staff at the Indianapolis Re-Entry Educational Facility are state staff or contract. They are not members of a union and can be removed from the facility, placed on administrative leave or sanctioned in accordance with IDOC personnel policies, procedures and rules. This facility is not involved in collective bargaining.

Interviews:

Reviewed the Superintendent’s Memo: Collective Bargaining

Reviewed Documentation to determine compliance:

- ✓ Superintendent Memo: Union or Collective Bargaining Entity (April 29, 2016)
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

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 the Indianapolis Re-Entry Educational Facility to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents 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 resident abusers from contact with victims
3. Emotional support services for resident 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 residents and/or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff.

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

Interviews:

The PREA Compliance Coordinator at the Indiana Re-entry Education Facility serves as the retaliation monitor in facility. Interviews confirmed that he would make contact with the resident following a report and begin to monitor potential retaliation using the Department's Monitoring Form. He also informed the auditor that the resident would minimally have been moved to another living unit and possibly 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
- ✓ PREA Retaliation Monitoring Sheet
- ✓ Sexual Abuse/Harassment Investigation Outcome Resident Notification (Form)
- ✓ Superintendent Memo: Retaliation Monitoring

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 residents alleged 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 residents safe, and only until an alternative means of keeping all residents safe can be arranged.

The Pre-Audit Questionnaire indicated that during the past twelve (12) months there were no residents who alleged being in a substantial risk of being sexually abused.

Interviews

The Superintendent of the Indian Re-entry Education Facility, 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 less restrictive options were unavailable. Placement in segregation would be a placement only until an alternative means of keeping the resident safe could be arranged. She stated the perpetrator would be transferred to another facility. Further, she related that he had not had any residents 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
- ✓ Superintendent Memo: Housing/Segregation (April 29, 2016)

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 one-week 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 Indianapolis Re-Entry Educational Facility takes allegations seriously and that they take their investigations seriously and investigate allegations and reports of sexual abuse, sexual misconduct and sexual harassment with diligence.

Nine (9) investigations were reviewed. One allegation of sexual abuse was substantiated and that appeared criminal and the case was referred for prosecution. The remainder of the cases were determined to have been unsubstantiated.

Investigators use the preponderance of the evidence to make a determination in administrative investigations.

Interviews:

An interview with an Internal Affairs Investigator confirmed the training of the Indiana Department of Corrections (IDOC), Internal Affairs Investigator was completed. Additionally, the investigator described a systematic detailed process for conducting investigations of sexual abuse and harassment.

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

- ✓ Records Retention and Disposition Schedule
- ✓ Superintendent Memo: Evidence Retention (April 29, 2016)

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:

Indiana Department of Corrections Policies state that the facility’s standard of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of evidence or lower.

Interviews:

Interviews with one (1) Internal Affairs Investigator 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 that the Indianapolis Re-Entry Educational Facility, when following an investigation into an resident allegation of sexual abuse suffered in the facility, the facility informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Sexual Abuse/Harassment Investigation Outcome Resident Notification.

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

The auditor reviewed samples of notifications to residents.

Interviews:

The auditor interviewed staff at Indiana Re-entry Education Facility and determined that residents would be notified of the outcome of all investigations related to an allegation of sexual abuse or sexual harassment. The Department (IDOC) has a form entitled, "Sexual Abuse/Harassment Investigation Outcome Resident Notification" for documenting notification. The investigator stated that he is responsible for notifying the resident 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
- ✓ Sexual Abuse/Harassment Investigation Outcome Resident Notification
- ✓ Superintendent Memo: Resident residents Allegation (April 29, 2016)
- ✓ Superintendent Memo: Staff Misconduct (April 29, 2016)

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 (IDOC) 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 no staff from the facility that has been terminated for violating agency sexual abuse or sexual harassment policies 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
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Discipline Codes

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:

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

Interviews:

The auditor confirmed with the Superintendent 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.

Reviewed Documentation to determine compliance:

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

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo – No Incidents with Contractors and Volunteers
- ✓ List of Volunteers
- ✓ List of Medical Staff Contractors
- ✓ List of Education Contractors
- ✓ List of Food Contractors

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 (IDOC) Policy states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

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

The PAQ indicated that there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

The facility prohibits disciplinary action for a report of sexual 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:

The auditor interviewed the Superintendent and the facility PREA Compliance Coordinator to confirm that there were no resident allegations of sexual abuse that also resulted in a disciplinary hearing. The Superintendent and the facility PREA Compliance Coordinator also articulated a grievance and disciplinary process that was consistent with IDOC’s and Indiana Re-entry Education Facility’s policies.

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
- ✓ Indiana Department of Correction Disciplinary Process for Adult Resident Brochure
- ✓ Policy # 02-04-101 – The Disciplinary Code for Adult Resident residents
- ✓ Report of Conduct State Form 39590
- ✓ Superintendent Memo: Prohibiting Sexual Activity (April 29, 2016)

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., Resident Intake into the Department, requires that if an resident discloses any prior sexual victimization during a screening pursuant to 115.341 or during the initial vulnerability assessment, that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Residents 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 obtains informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting.

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

Interviews:

Interviews with residents at Indiana Re-entry Education Facility indicated that none of the residents disclosed a history of prior victimization.

Reviewed Documentation to determine compliance:

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

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Adult SVAT Questionnaire
- ✓ Intake Form
- ✓ Sexual Violence Assessment Tool Adult
- ✓ Potential Aggressor Factors
- ✓ Superintendent Memo: Informed Consent (April 29, 2016)

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 Indianapolis Re-Entry Educational Facility medical and mental health staff ensure that resident 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 resident 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 resident. The SANE is to provide the forensic exam component of the SART.

Residents 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 at the Indiana Re-entry Education facility confirmed both medical and mental health staff would provide emergency medical and mental health services upon receiving knowledge that an resident 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
- ✓ List of Medical Staff (Contractors)
- ✓ Superintendent Memo: Protect the Victim (April 29, 2016)

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 requires medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse to include the past. 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 resident-on-resident abusers within 60 days of learning of such history and offers treatment when deemed appropriate.

If an allegation is of actual sexual abuse, the victim is referred to the facility’s Health Care Staff for examination in accordance with Health Care Services Directive (HCSD) and JHCSD 2.30) and the Health Care Sexual Assault Manual.

Interviews:

Interviews with the medical and mental health staff confirmed 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 Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Sexual Assault Manual (Indiana Department of Correction Health Services Division)
- ✓ Prior Incidents of Victimization Reported

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 SART conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusion of the investigation. The Team reviews consider all the requirements listed in standard 115.386. The Team discusses the required requirements; however, all requirements were not documented.

The sexual abuse incident review team includes upper-level management official and allows for input from line supervisor, investigators, and medical and mental health staff.

Interviews:

Detailed interviews with the PREA Compliance Manager at the Indiana re-entry Education Facility 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 Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Sex Abuse/Harassment Investigation Outcome Resident Notification
- ✓ Sexual Abuse Incident Review (Form)
- ✓ SART
- ✓ Superintendent Memo: Incident Review of Sexual Abuse (April 29, 2106)
- ✓ Superintendent Memo: 30 Days of the Conclusion of the Investigations (April 29, 2016)

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 (IDOC) requires Indianapolis Re-Entry Educational Facility to 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.

Interviews:

The facility produced Sexual Abuse 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
- ✓ Indianapolis Re-Entry Educational 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:

SART reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, 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 incidents are reviewed to determine the need for additional corrective actions. She also submits an annual report related to the sexual prevention program.

Reviewed Documentation to determine compliance:

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

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.

Robert Lanier

August 2, 2016

Auditor Signature

Date