

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

**Date of report:** April 5, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> February 6-8, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Pendleton Correctional Facility			
<b>Facility physical address:</b> 4490 W. Reformatory Road, Pendleton, Indiana			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> (765) 778-2107			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Dushan Zatecky, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 447			
<b>Designed facility capacity:</b> 1940			
<b>Current population of facility:</b> 1752			
<b>Facility security levels/inmate custody levels:</b> Level 1 and 4			
<b>Age range of the population:</b> 18-76			
<b>Name of PREA Compliance Manager:</b> Camay Francum		<b>Title:</b> Program Coordinator 5	
<b>Email address:</b> cfrancum@idoc.in.gov		<b>Telephone number:</b> (765) 778-2107 ext 1287	
<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 302 West Washington St. Rm E-334, Indianapolis, Indiana, 46204			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> (317) 232-5711			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert Carter		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

Pendleton Correctional Facility (PCF) is located at 4490 W. Reformatory Road, Pendleton, Indiana. PCF is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of February 6-8, 2017. Following coordination, preparatory work and collaboration with management staff at PCF, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

#### PRE-AUDIT PHASE

On December 20, 2016, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from the PCF PCM confirmed placement of the audit notice. Notices were to be posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from IDOC- PCF in January, 2017.

Pre-audit section of the compliance tool: In January, 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. This auditor did not receive any letters from offenders at the facility prior to arrival at the institution. However one letter was received from an offender during the audit and one was received one week after the audit.

#### ON-SITE PHASE

On February 6, 2017, the audit team arrived at PCF. The audit team consisted of Nancy Hardy, certified PREA auditor and me, certified PREA auditor.

On February 6, 2017, the audit team met with the Superintendent Dushan Zatecky, PREA Compliance Manager (PCM) Camay Francum and the management staff of PCF for greetings, introductions and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Upon arrival at PCF, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders classified into any of the following categories:

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

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. PCF custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The auditor informed the PCM that audit teams would compile lists of custody staff and offenders selected randomly for interviews. The list did not specifically identify offenders according to all of the seven categories. However, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories, a complete list was later supplied.

On-site Review: The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility with a list of all buildings and areas that offenders have access to. A Captain, Chief of Maintenance, PCM, Policy Coordinator and custody staff escorted the audit team. The team toured the entire facility, including all of the housing units, medical, mental health, main kitchen, warehouse, intake processing area, the laundry, main control, the pharmacy, maintenance shops, industries areas, education, recreation yard, gym, and chapel. As the tour moved through the facility, the auditors would make a notation on the map indicating that that area had been visited. Additionally staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, audit team members asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. In offender dayrooms, audit team members tested offender phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In offender work areas, audit team members assessed the level of staff supervision and asked questions to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

PREA Management Interviews: The audit team members split up the interviews of the Superintendent (Warden or designee) and the PCM. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, the audit team members utilized the conference room or private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Medical and Mental Health (Corizon contractor)
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Classification Staff
- Case Workers
- Investigations and Intelligence Staff (facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Segregated Housing Staff
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisors
- Aramark Contractor
- Religious Volunteers
- First Responders
- Training Director

During interviews with investigative staff, the team learned that offender grievances against staff are forwarded to the grievance coordinator; Investigations and Intelligence (I&I) may investigate where appropriate or may just track the progress of staff's response to the offender. The members of the audit team interviewed two investigators and questioned designated staff about the process for logging and tracking cases assigned and offender grievances received by the division. Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standard. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

**Random Staff Interviews:** The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 17 random staff interviews were conducted.

**Random Offender Interviews:** The auditor determined that at least one offender from each housing unit would be interviewed. One audit team member was assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from their assigned housing units and selected other offenders while in the housing units. The audit team member completed the interviews in the attorney visiting room or private interview rooms in the housing unit. The audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 19 offenders were interviewed as part of the random offender interviews.

**PREA-Interest Offender Interviews:** One audit team member was assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender and Intersex Offenders (None Currently at Facility)
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization (None Currently at Facility)
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team member selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team member was escorted to the offender's housing unit. The interviews were conducted in the attorney visiting room or a private office in the housing unit. The auditor introduced himself, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. The audit team member interviewed two limited English proficient (Spanish) offenders, one offender classified as blind, two offenders who were identified as being gay, two offenders who reported prior sexual abuse, two offenders who requested to see the auditors (one was a letter received from the offender during the audit) and five offender who reported sexual abuse. A total of 14 offenders were interviewed based upon these interview categories. Facility staff did not identify offenders in any of the other categories.

**Document Reviews:** The document review process was divided up between the two auditors. Both auditors reviewed all documents related to allegations of sexual abuse (including investigation files). One auditor reviewed all training records, personnel records, contractor and volunteer records, while the other auditor reviewed the records maintained through the offender intake process, offender records and relevant medical documentation. These auditors collected copies of documents to support the audit findings. The training records reviewed included a computer printout of all staff and contactors who have taken the required training over the past fiscal year and a list of all staff that have not. 21 training files were reviewed at random to verify compliance the IDOC PREA training procedure. 19 personnel files (four contract staff and fifteen IDOC employees) were reviewed randomly for compliance with the hiring/promotional requirements.

The PREA Compliance Manager provided Sexual Incident Report (SIR) for all 17 allegations received since the completion of the last audit (September 2016). The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and investigative reports

from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for each case reviewed and provided additional relevant information in the space provided for additional notes. A total of 17 cases were reviewed. Five cases were sexual harassment and 12 were sexual abuse. Six cases involved staff-on-offender allegations (two were sexual harassment) and eleven involved offender-on-offender allegations (three was sexual harassment).

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. Either team member would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Superintendent and his staff on February 8, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

#### POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager.

This auditor documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and sent the requests between February 9, 2017 and February 17, 2017. Requested information was returned to the auditors within one or two days.

**Audit Section of the Compliance Tool:** The auditor reviewed onsite document review notes, staff and offender interview notes and site review notes and began the process of completing the audit section of the compliance tool. Auditors used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

**Interim Audit Report:** Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how the evidence listed was used to

draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard. The interim report was submitted to PCF on February 17, 2017, with a Corrective Action Plan (CAP). The CAP listed the discrepancies discovered during the audit. The CAP was discussed telephonically on February 21, 2017, with management staff at PCF. During the conference call, it was explained what would be required to pass each of the three sections that PCF was determined to be deficient in. The due date for compliance was set at August 16, 2017.

Final Audit Report: On March 28, 2017, this auditor received a series of emails with copies of photographs and documents requested to satisfy compliance with the deficient standards. After reviewing the documents and analyzing the information, it was determined that PCF had provided sufficient information to prove that the requested corrections had been completed. The information is provided in this final report.

In the Standard-by-Standard portion of this report, the following acronyms will be utilized for easier reference:

Indiana Department of Corrections - IDOC  
Pendleton Correctional Facility-PCF  
PREA Compliance Manager – PCM  
Policy and Procedure – PAP  
Offender Access to Courts – PAP 00-01-102  
Office of Investigations and Intelligence – PAP 00-01-103  
Offender Grievances – PAP 00-02-301  
Adult Offender Classification – PAP 01-04-101  
Staff development and Training – PAP 01-05-101  
Protective Custody – PAP 02-01-107  
Administrative Restrictive Housing – PAP 02-01-111  
Sexual Abuse Prevention – PAP 02-01-115  
Searches and Shakedowns – PAP 02-03-101

## DESCRIPTION OF FACILITY CHARACTERISTICS

Pendleton Correctional Facility is located at 4490 W. Reformatory Road, Pendleton, Indiana. Construction on Pendleton Correctional Facility (originally named Indiana Reformatory) started in 1922 after the original Indiana Reformatory in Jefferson City burned down. The administration building, the celled housing, K dorm and the 30 foot tall wall were completed in 1923. Major additions were completed in 1985 and 1988. In 1996 the name of the facility was changed from the Indiana Reformatory to Pendleton Correctional Facility.

The prison is designated a "security level four" maximum security facility, which houses offenders with disciplinary concerns and lengthy sentences. There are 11 housing units inside the secure parameter and one dorm outside the secure parameter. PCF has a housing unit designated for Disciplinary Segregation and Administrative Segregation, one housing unit for Protective Custody, one housing unit for the Purposeful Living Unit Serve (PLUS) honors program participants, and five housing units for the mental health step down program.

Pendleton Correctional Facility is comprised of an indoor gym/recreation, administration building, a medical/mental health services building, education building, chapel, food services, maintenance shops and a prison industries area. The industries area has a furniture factory, laundry facility, auto body repair, maintenance shops and a cleaning supply distribution center.

Pendleton Correctional Facility offers a Vocational Horticulture training program to the offenders. Education classes range from basic academics to GED education. Offenders are offered substance abuse treatment programs, anger management, parenting courses and other self-help groups. Additionally PCF has a dog and cat rescue program and a K-9 obedience training program.

The main entrance to the facility allows for the screening of all visitors. All staff, visitors and their property are screened by metal detector and x-ray. In addition, all staff and visitors are pat-searched upon entering the facility. There is a central control booth sally port which all must pass through to enter the visiting room and the facility.

The facility has a commercial kitchen, which facilitates the daily feeding of the offender population. The kitchen is staffed by correctional staff and contracted cooks on each shift. The kitchen has a dry storage room, cold storage areas, bakery and freezers. There is a scullery area, a serving line area, and an area for storage of rolling carts which carry food to the steam-line. There is also a secure back dock and trash storage/removal area.

Pendleton Correctional Facility offers activities to all offenders. These activities include voluntary education, recreational library, religious services, self-help counseling groups, dayroom activities with television viewing, and an outdoor recreation yard and in-door gym. The facility has education, law library, a barbershop, and a chapel.

## SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Superintendent, PREA Compliance Manager and the entire staff at Pendleton Correctional Facility.

Overall, it is evident that Pendleton Correctional Facility staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- Most of the offenders interviewed displayed confidence in the staff's ability to protect them. It appears that the offenders would feel comfortable going to staff to report any safety issues.
- PREA posters were in place in all housing units, visiting and offender work/recreational areas.
- Supervisory and management staff have a clear understanding of the policy.
- PCF has made significant structural modifications to eliminate cross gender viewing. Additionally gender specific posts were created to prevent female staff from being in posts that have a high chance of cross gender viewing. Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training had been completed. All of PCF staff, contractors and volunteers are trained on PREA every year.
- Staff has already begun to address issues that the audit team identified during the site review.
- Classification staff has taken ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.
- The PREA PCM supplied the audit team with all of the documents requested for review without delay.

Some of the areas of general concern include:

### 115.13 Supervising and Monitoring:

(a) (5) The agency shall ensure that each facility that it operates shall...protect inmates from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: All components of the facilities physical plant (including "blind spots" or areas where staff or inmates could be isolated).

### 115.17 Hiring and Promotion Decisions:

(f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interview or self-evaluations conducted as part of the reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

### 115.86 Sexual Abuse Incident Reviews:

(b) Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation.



Number of standards exceeded: 0

Number of standards met: 41 (95.4%)

Number of standards not met: 0 (0%)

Number of standards not applicable: 2 (4.6%)

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

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

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

Indiana Department of Corrections (IDOC) Policy and Administrative Procedures (PAP) 02-01-115, Sexual Abuse Prevention, page 2, section II, states "The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors, or other offenders." The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

IDOC's PREA Coordinator is Bryan Pearson, Executive Director. Mr. Pearson was present during the audit of PCF. He was available to provide information on the IDOC's policies and practices as it relates to PREA.

Pendleton Correctional Facility (PCF) PREA Compliance Manager (PCM) is Camay Francum, Program Coordinator 5. Ms. Francum was assigned the PREA compliance Manager at PCF prior to the previous PREA audit conducted in 2016. Ms. Francum does not report directly to the Superintendent, however does have the authority to bring PREA issues directly to the Superintendent as disclosed by both the Superintendent and the PCM. Ms. Francum stated she has adequate time to coordinate the institution's efforts to comply with the PREA standards.

### **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.**

PAP 02-01-115, page 7, section IV, requires that all agencies and organizations that house offenders of IDOC are made aware of the Department's policy on zero tolerance of sexual abuse and sexual harassment. During inspections of any facility that houses IDOC offenders, the inspector is required to ensure the agency or organization has a mechanism in place to address sexual abuse and sexual harassment. This section of the policy also requires that when a new contract is being prepared with agencies/organizations that house offenders of IDOC, a provision shall be included to insure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse or sexual harassment.

A copy of an amendment to a contract with GEO Group dated November 13, 2014, was provided to the auditor. Section B, Item 8 of the amendment requires the contractor (GEO Group) to comply with the PREA Act. Additionally, it allows for PREA compliance monitoring by the State of Indiana.

An interview with the IDOC Contact Administrator disclosed that they have four contracts in the state to house IDOC offenders. He consults with the IDOC PREA Coordinator to insure that the contracts contain the required PREA language when being updated. He indicated that the compliance is monitored by the PREA coordinator or a contract analyst. IDOC has renewed three of the four contracts in the past year. Pendleton Correctional Facility does not contract with any other agencies or private firms to house their offenders.

### **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.**

This auditor was provided a copy of the 2016 staffing plan. The staffing plan is forwarded to the PREA Coordinator for review and input. A review of the staffing plan and staff interviews revealed that custody posts and supervisory posts are determined by the IDOS Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association (ACA) standards and the principles of the Indiana Justice Model. The staffing plan is re-evaluated every January or more frequently as necessity dictates. The superintendent stated that he may change the location and placement of staff based on new programs being added, change in mission for the institution, a number of assault in certain areas of the facility or recommendations from the PREA committee. Additionally he may request additional position authority if there appears to be insufficient staff to operate the institution safely. PAP 01-01-115 requires each institution to consult with the PREA Coordinator every January to address the staffing plan. A view of the 2017 staffing plan demonstrates that it was shared with the PREA Coordinator.

According to the 2017 staffing plan, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. To insure that the staffing plan addresses any "blind spots", the PCF Executive Staff and Custody Managers complete quarterly vulnerability assessments. The Facility has a Policy Coordinator that monitors new policies and laws that might require modifications to the staffing. During interviews with the PCM and Superintendent, both stated that PCF staffing plan is developed by IDOC, as a result of an onsite analysis. This analysis was completed by National Institute of Corrections trained staff and included ACA standards, and best practices. Even though PCF has several vacant staff positions the facility has been able to maintain sufficient security coverage by use of overtime, and closing non-essential programs and redirecting staff. Any deviations from the staffing plan are documented on the shift report (copies provided to the auditors). If the facility falls below a predetermined minimum staffing level, the institution would write an incident report. When asked, this auditor was told that there are no incidents of this nature in the past year.

During the facility tour, the auditors observed sufficient staffing to insure safety of the offender population. In every living area, work area, recreational area or program area that offenders had access to. The auditors observed an adequate number of staff present to monitor movement and insure safety.

Currently Pendleton Correctional Facility has 146 cameras to augment their security and aid in investigations. The monitors were viewed by the auditors to insure safety while providing modesty to the offenders.

Supervisory staff make random unannounced rounds through the housing units several times a week on all different shifts. These rounds are documented in a log book in the housing unit and logged on the "Captain's Log". Copies of the log book entries were provided to this auditor. Each housing unit log was review by the audit team as well as the "Captain's Log". Documentation in the log book demonstrated that supervisors and managers complete tours of the housing units routinely, during random times. During the interviews with supervisory staff they noted that they conduct unannounced rounds. They stated that they attempt to prevent staff from alerting other staff by don't disclosing where they are going next and changing their movement patters. Random staff interviews revealed that supervisors complete tours of their housing units at different times and that they document these in the log.

During the tour there were a few areas that created blind spots that could result in offender victimization. They were discussed with management staff at PCF and there already appears to be corrective action taking place.

The following corrective measure(s) are recommended to bring the Agency/Facility into compliance with this standard.

1. Eliminate the blind spot in Dorms K-3 and K-4 created by the alcoves.
2. The women's restroom in the American Legion Building has a deadbolt that allows for offenders to lock and secure the door, creating a blind spot.
3. In the furniture factory there are blind spots behind the dust collectors'
4. Hallway 205, in the education building has a door leading to the restroom that creates a blind spot.
5. Out grounds building has a shared restroom (staff and offender) which locks from the inside without a key.

On March 28, 2017, several photographs were forwarded to this auditor via email depicting the areas of concern. Corrective action was taken to mitigate the opportunities for offenders to victimize other offenders in locations that are difficult to monitor. In K-3 and K-4 mirrors were put in place so that staff can see into the alcoves from various locations in the dorm.

The women's restroom in the American Legion Building deadbolt was replaced with a lock that must be secured by a key. This resolved the concern of offenders being able to lock themselves in the restroom.

Pendleton Correctional Facility maintenance staff installed an expanded metal screen around the dust collectors in the furniture factory to eliminate potential blind spots in that area.

A mirror was installed in hallway 205 and the restroom door was removed in the education building. The location of the mirror and the absence of the door allows staff to see into the restroom. The physical design of the restroom allows the offenders to toilet without exposing their private areas, even with the door removed.

The restroom in the Outside Grounds Building manual lock was replaced with a lock that must be secured by a key. This resolved the concern of offenders being able to lock themselves in the restroom.

The information and photographs provided in the emails demonstrates that the appropriate corrective action was taken by the facility to correct this deficiency.

#### **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.**

Indiana Department of Corrections does not house youthful offenders at Plainfield Correctional Facility. There are other facilities in the state designated for housing youthful offenders sentenced as adults. This standard does not apply.

### 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.**

PAP 02-03-101, Searches and Shakedown, page 8, section XI, states "Except during an emergency as declared by the superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender." Any strip search conducted by a staff member of the opposite gender must be documented on an incident report and submitted to the custody supervisor. PCF has not had any cross gender strip searches in the past 12 months according to the memorandum signed by the Superintendent provided to this auditor. During the offender interviews and informal discussion with the offender population, one of the offenders claimed to have been strip searched by a female employee. The incident in question was researched by the management staff immediately following the allegation. The superintendent stated he personally reviewed the video of the event. He stated that the female employees in the area did not enter the location that the strip search was taking place. The female employees that were working that unit were occupied completing other duties. Both formal and informal interviews with staff indicated that cross gender strip searches are not allowed unless it is an emergency situation.

PAP 02-01-115, pages 21 and 22, section XIV, requires that offenders be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Additionally, the PAP requires opposite gender to announce their presence when they enter a housing unit. During the tour the auditors found only one location that did not allow for modesty during toileting. This deficiency was corrected before the completion of the audit. All showering areas provided modesty without creating "blind spots". The post assigned to strip search offenders going to visiting is male gender specific. Additionally the infirmary control booth looks directly into the shower area of the infirmary and monitors the video feeds of the holding cells utilized for medical returns and suicide prevention. Both posts in the infirmary are male gender specific.

Almost all offenders that were interviewed stated that female staff announce their presence when entering a housing unit. Every staff member interviewed knew the policy for cross gender announcements and stated it was taking place. During the tour the auditor observed female staff announce their presence while entering the housing unit each and every time.

PAP 02-01-115, page 22, section XIV, forbids staff to search or physically examine an offender for the sole purpose of determining their genital status. Staff are trained on this policy (Pat, Frisk and Modified Frisk Searches lesson plan, page 5) and proof of training was provided in the form of In-service Training sign in sheets. Offenders received at Pendleton Correctional Facility are already classified as male in the reception center process. If an offender does not agree with this assessment he or she may file a grievance. Institution staff had informed the auditors that they did not have any transgender offenders at their facility. During the offender interviews, this auditor had one offender claim to identify as female. She stated that she had not previously disclosed this information to staff. This auditor provided that information to the management staff at PCF so they may take actions necessary to comply with the transgender requirements of PREA. The staff re-interviewed the offender the next day and asked him what he how identified. The offender claimed to be a homosexual male and had no desire to identify as female. The offender's caseworker stated that he overheard the offender tell the housing unit officer that he was being requested to act as a transgender during the interview because the facility did not have any transgender offender for the auditors to interview. Based on the fact that the offender recanted his story, the auditor has determined that there are no transgender offenders at PCF.

Staff are trained on how to pat down search a transgender offender annually (Pat, Frisk and Modified Frisk Searches lesson plan, page 6) and proof of training was provided in the form of In-service Training sign in sheets. According to training documents reviewed and interviews conducted, staff have been properly trained on how to conduct a cross-gender pat-down search and searches of transgender and intersex offenders.

### **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.**

PAP 02-01-115, pages 9, section VII, requires that the PREA information easily understandable to the offender. Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education or classification records. Offenders with limited English language proficiency or disabilities shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policies and procedures for reporting abusive sexual behavior. Other offenders shall not be used for this purpose unless there would be an extended delay in obtaining an interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the offender's allegations.

Pendleton Correctional Facility has an agreement with PROPIO Language Services to provide interruptive services. PCF has a Facility Directive (PFC # 213) in place that explains how staff are to use the service to aid a limited or non-English speaking offender. Additionally Plainfield has 12 staff members that are qualified interpreters. These interpreters speak 11 different languages, including American sign. Copies of the Sexual Abuse Policy are available in brail for offenders who have vision impairment issues.

This auditor interviewed one offender who was classified as blind. During the interview he disclosed that he has corrective lenses that allow him to read fine print. Both Spanish speaking offenders that the auditor interviewed stated, in English, that they understood the policy and do not require an interpreter. The auditor used the institutional telephone to contact PROPIO and was able to verify its accessibility and services.

During the interview process, when queried about the use of offenders to interpret for other offenders, all of the staff knew that PREA issues are confidential and they must use staff or the contract service as interpreters.

### **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.**

PAP 04-03-103, Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17 (a). Additionally, this PAP requires that during the hiring, promotion, demotion or transfer interview, or application process, that perspective candidates be asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Current employees must have a subsequent background check every four years.

PAP 02-01-115, Sexual Abuse Prevention, section VI, requires a criminal history background check and fingerprinting on all contractors, volunteers and interns who will have contact with offenders. The contractors, volunteers and interns who will have contact with offenders must answer and sign a Mandatory Pre-Service PREA Questions document addressing any prior sexual abuse in a correctional setting.

PAP 04-03-102, Human Resources, section X, has a mechanism in place for other agencies that house offenders to verify previous history of a current or former employee relative to any substantiated incidents involving sexual abuse/harassment for hiring purposes. If another agency inquire about previous employment with Pendleton Correctional Facility, and that former employee has a sexual abuse/harassment case in their background, the inquiring agency is referred to IDOC human resources. The information is requested by human resources from the IDOC PREA Coordinator and forwarded to the inquiring agency.

Documents provided by Pendleton Correctional Facility, to this auditor, included samples of background checks through Indiana Department of Motor Vehicles, the Indiana State Police and NCIC (National Crime Information Center) on new employees, promotional employees, contract staff and volunteers.

A random sample of personnel files and additional documentation provided, confirms that background checks are done on all staff, volunteers, and contractors. All current employees have had a background check within the last four years. None of the files reviewed, or documentation, provided reflected that any staff, volunteers, or contractors had engaged in sexual abuse in a confinement setting in the past.

During the interview with the Human Recourse Manager, he explained the background screening process. This includes the criminal background check, reference checks with previous employers (including all previous employment that involved working with offenders) and checks with the PREA Coordinator in the event of promotion from another facility. During the background process he screens for any civil, administrative or criminal actions as a result of sexual abuse or sexual harassment of an offender. The personnel documents provided, support that this background process followed.

The Superintendent informed the auditor that contractors or volunteers who are suspected of sexual abuse or sexual harassment are “gate blocked” (not allowed in the institution). During the interview with the superintendent, he explained, that in the event that a contractor is no longer allowed on grounds or access to offenders due to violation of sexual abuse policy, their name is placed on a statewide list. This list is reviewed when completing security clearances for new contractors or employees. This helps prevent contractors with prior sexual misconduct from having access to offenders.

Upon reviewing the transfer and promotional documentation for existing IDOC employees, PCF is not asking them if they have had any prior civil, administrative or criminal charges as a result of sexual abuse or sexual harassment of an offender. This was discussed with management staff at PCF and there already appears to be corrective action taking place.

The following corrective measure(s) are recommended to bring the Agency/Facility into compliance with this standard.  
Ask all newly transferred, or promotional employees if;

They have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; Have been convicted of engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; Or have been administratively or civilly adjudicated to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.

Pendleton Correctional Facility provided documents to this auditor demonstrating that corrective action has resolved this concern. Since the onsite visit, the facility has been requiring transfer and promotional employees to answer the questions about prior sexual misconduct in a confinement facility. This form is completed before finishing the hiring process. Copies of the signed documents were provided to this auditor on March 28, 2017.

### **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.**

There has not been any new construction, nor is any planned, at Pendleton Correctional Facility. Pendleton has 195 cameras to aid in the protection of the offenders. There are plans to install an additional 40 cameras in the near future to further enhance the safety of the institution. This auditor was told that placement of the cameras were decided after discussion with a variety of staff including the PCM. The PCM informed this auditor that none of the cameras were going to be installed to overlook search areas, toileting areas, or showers.

**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.**

PAP 00-01-103, The Operations of the Office of Investigations and Intelligence, section XII, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. This includes discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. IDOC and PCF utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently PCF has an agreement with St. Vincent Anderson Regional Hospital to conduct all forensic exams. The memorandum provided by St. Vincent Anderson Regional Hospital outlines the protocol for the sexual assault forensic exam. These protocols follow the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women.

IDOC policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. PCF uses a coordinated team approach to respond to reports of sexual assault. They provide access to a victim advocate, and provide immediate medical care. All allegations are investigated. PCF utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victims confidentiality in mind. During the interview with the SAFE/SANE nurse at St. Vincent's she disclosed that there are six SAFE/SANE qualified nurses at St. Vincent and that one is always on call.

PCF has a Memorandum of Understanding with Alternatives, Incorporated to provide victim advocacy services to the victims of sexual assault. The copy of the contract provided is dated November 30, 2016. Alternative Incorporated is a nonprofit domestic abuse and rape crisis center, located in Anderson, Indiana. Additionally IDOC has a community Partnership Agreement with Indiana Coalition Against Domestic Violence (ICADV) in place to provide victim advocacy services to the victims of sexual assault. The copy of the contract provided is dated June 3, 2016. The offenders have direct access to ICADV via offender phone system.

A review of the investigation files demonstrated that PCF follows their evidence collection policy. Offenders were sent to the contract hospital for all SANE exams. In none of the cases did the offenders request a victim advocate.



### 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.**

PAP 02-01-115, section XVI, states "All allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment, or are no longer under the Department's authority." This section of the policy governs the conduct of sexual abuse investigations. When the Superintendent or designee receives a report of actual or threatened sexual abuse, the Superintendent or designee shall order that the investigation be conducted. A check of the IDOC website does include the information that all allegations of offender-on-offender sexual abuse and staff sexual misconduct will be investigated.

IDOC employees trained peace officer staff that have the authority to conduct sexual abuse/sexual harassment investigations. During the audit tour, we reviewed 17 cases of offenders reporting sexual abuse/sexual harassment. Twelve cases were sexual abuse and five cases were sexual harassment. Twelve investigations were completed, resulting in a finding of substantiated, unsubstantiated or unfounded, five investigations were ongoing at the time of the audit. During the interview with the Superintendent, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He insures that every allegation received is investigated completely. All staff interviewed knew their responsibility to report any allegation of sexual abuse/sexual harassment. This auditor could not find any evidence that indicated that an investigation was not opened when a report of sexual abuse/sexual harassment was received.

PCF has had one (1) third party allegations of sexual abuse since the last PREA audit. This case was investigated immediately (same day).

### 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.**

PAP 02-01-115, section V, requires that all staff receive training on the PREA policy during new employee orientation and annual in-service training. A review of the In-Services-Training presentation guide confirms that all ten topics required by section 115.31 of the PREA Act are included in the PREA class provided. Once the training is provided, the employees are required to sign an acknowledgement of receipt of training and brochure. Employees are required to attend the training on an annual basis.

During the interview with the training manager, he explained how he insures staff stay current on the training annually. The training is tailored toward a male offender population.

A review of the training records show that 436 of the 446 state employees have been trained in PREA in the past 12 months. Four of the non-compliant employees are scheduled to be trained within the next two weeks. The others are on schedule to be trained. A review 17 random training files demonstrates compliance with the training policy in that employees sign acknowledgment of the training. Random interviews with staff confirmed that all employees are knowledgeable in the IDOC Sexual Abuse Policy. All of them knew their responsibility to prevent, detect, report and respond in an effort to eliminate sexual abuse and sexual harassment in an institutional setting. They were also aware of IDOC's zero tolerance policy toward sexual abuse or sexual harassment of an offender.

### **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.**

PAP 02-01-115, section VI, requires that all volunteers, contractual staff and interns shall be provided the same information as staff in regards to sexual behavior. Training in response to sexual behavior is part of the new employee and annual in-service training that all volunteers, contractual staff and interns must attend. Additionally, they are provided with the same PREA brochure that employees receive. An acknowledgment of receipt of training and brochure are then signed by the volunteer, contractual staff or intern.

Currently there are 68 contractors that work at PCF. All of the contractors have completed the required PREA training during the past twelve months according to the overdue training list provided by their employers. All of the training records randomly selected for review confirm that PCF is in compliance with the required training for all contractors and volunteers. The acknowledgement of training was present in the eight random training files reviewed by this auditor. Additional copies of the acknowledgement forms were provided to this auditor in the pre-audit materials. During interviews with contracted and volunteer staff, they demonstrated knowledge of the sexual abuse sexual harassment policy and their responsibility to comply. All eight contractors and volunteers interviewed knew the zero tolerance policy and how to report an allegation of sexual abuse or sexual harassment.

### **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.**

Policy requires that all offenders receive the Sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign that they received the information. These brochures are available in English and Spanish. The policy is also in brail for offenders with vision disabilities. IDOC has a contract in place with PROPIO Language Services to provide interpretive services, including American Sign Language for offenders who do not understand English or Spanish. The policy is read to the offender, according to the PCM, if the offender cannot read. Copies of the brochures were provided to this auditor for review. This information is handed out to the offenders within the first three days of arrival. Documentation provided to this auditor, along with random reviews of 15 offender files, confirmed this through

offender signed acknowledgement of receiving the written materials.

Staff discuss the PREA policy in depth with offenders during the intake (usually on the third day). Additional offenders are required to watch a 22 minute video on the PREA policy and how to report sexual abuse and sexual harassment and right to a sexual abuse/harassment free environment.

All of the offenders interviewed, including limited English speaking offenders, knew the IDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Every offender that this auditor talked to acknowledged receiving the brochure, and received additional information through a video on the institution's television channel.

All housing units, visiting, medical areas, education and industries had posters visible to the offender population. Additionally the telephone number to report sexual abuse to an outside agency was on posters near the offender telephones.

#### **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.**

Pendleton Correctional Facility has its own investigative unit trained to investigate sexual abuse cases as well as other criminal cases. PAP 00-01-103, The Operations of the Office of Investigations and Intelligence, section IX, requires that all investigators receive specialized training for conducting sexual assault and sexual harassment investigations.

This auditor was provided a copy of the classroom presentation guide used to train the investigative staff on sexual abuse investigations. The training includes: techniques for interviewing victims, suspects and potential witnesses; using Maranda and administrative warnings prior to conducting compelled interviews; sexual abuse evidence collection and concerns in a confined setting; and how to prepare a case for prosecution.

Through documentation reviews, investigator training certificates and interviews were provided which demonstrate completion of: Your Role of Responding to Sexual Abuse by NIC; Investigating Sexual Abuse in a Confined Setting by NIC; and Sexual Abuse Response Team by the State of Indiana.

#### **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.**

PAP 02-10-115 requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This does not exclude medical staff. Additionally, all contract medical staff receives additional medically focused PREA training as part of the requirement to work at the facility. The training lesson plan provide to this auditor covered how to detect signs of sexual abuse, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and whom to report allegations of sexual abuse/harassment and the roles and responsibilities of the Sexual Abuse Response Team (SART). The documents provided to the auditor from the medical contractor stated that all 43 medical staff have been trained in the past year.

Formal interviews conducted with two medical and two mental health staff, and informal interviews with several other medical and mental health staff, confirmed that they had been trained in PREA. During the interview process, these staff were well versed in the PREA policy, including zero tolerance. They were able to demonstrated knowledge in how to appropriately deal with a PREA incident, including: Detecting and assessing signs of sexual abuse/sexual harassment; how to preserve evidence of sexual abuse; how to respond to victims of sexual abuse/sexual harassment; and how to report sexual abuse/sexual harassment.

PCF medical staff do not conduct forensic exams. Pendleton Correctional Facility utilizes St. Vincent Anderson Regional Hospital for all forensic exams. This auditor interviewed the SAFE/SANE Nurse via telephone and she confirmed the hospitals responsibility to conduct such exams.

**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.**

PAP 02-01-115, section XI, mandates that staff shall assess an offender through interviews and reviews of the offender’s record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual assault victim within the first 24 hours of intake. This is also required upon transfer to another facility within IDOC within 24 hours. An additional assessment is completed within 30 days, considering any additional information that may have been received after initial intake.

Pendleton Correctional Facility utilizes the IDOC’s Sexual Violence Assessment Tool – Adult, to conduct an objective screening (revised July 26, 2016). This assessment tool is an objective screening interment that includes 9 of the 10 risk criteria as listed in 115.41 (d) of the PREA. PCF does not house offenders detained solely for civil immigration purposes. The offender is asked questions relative to their own perceived vulnerability. The screening tool includes questions about prior acts of sexual abuse, convictions for violent offences, and prior institutional violence or sexual abuse. Offender’s refusal to answer the questions or participate in the screening does not result in disciplinary action.

PAP 02-01-115, section XII requires a reassessment whenever referred, requested, sexual abuse incident, or additional information is received that bears on the offender’s risk of sexual victimization or abusiveness.

A review of records, interviews and offender files demonstrated compliance with IDOC Policy. PCF has an intake unit where offenders are housed until properly screened prior to general population housing, work and program assignment. Offenders are screened within 24 hours of arrival at PCF by the Casework Manager of the intake unit. Offenders are usually housed in the intake unit about two to four weeks.

Once moved to the regular housing unit (prior to 30 days after arrival), their new Casework Manager interviews the offender and reviews the offender’s records to see if any additional information was received indicating potential victimization or predatory behavior. During the audit tour, while talking to offenders, the offenders told this auditor about the screening process and the PREA training that they received. One offender expressed concerns for his safety, and his name was provided to the Superintendent for appropriate action.

From the record reviews, it was noted that new arrivals were initially screened within 72 hours of arrival and again within 30 days of arrival to determine if any new information has been received. A majority of offenders have been housed at PCF prior to the implementation of the PREA policy. During the interview process, these offenders were able to articulate the policy but could not remember when they received the information.

**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.**

PAP 02-01-115, Section XI, requires that the facility utilize the information on the risk screening form to assign housing, work, education and program with the goal of keeping separate those offenders at high risk of being victimized from those offenders at high risk of being sexually abusive. Additionally, the policy requires the facility to make individual determinations about how to ensure the safety of each offender. PAP 01-04-101, Adult Offender Classification, Section XIII, further protects potential victim offenders from potential abusive offenders while considering double celled housing for the offenders.

PCF has several different housing options to separate potential predators from potential victims. With the exception of the mental health step down unit, all celled-housing at PCF is single cell. All dormitories are used for “honor” offender placement or specialized program housing where the offenders must remain disciplinary free to be assigned to this type of housing.

IDOC policy does not allow institutions to place LGBTI offenders in designated facilities or housing units. Facility staff is required to reassess transgender and intersex offender’s cases every 6 months. The offender’s views on their own safety are given serious consideration when making program decisions. PCF did not have any transgender or intersex offenders housed at the facility at the time of the audit. During the random offender interviews, one offender claimed to be transgender. Upon further investigation, it was determined that he was less than truthful with the auditor and does in fact identify as a gay male. The physical design of PCF would allow transgender offenders to shower without being viewed by other offenders.

**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.**

PAP 02-01-115, section XII, state “Offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.” The policy requires the facility to allow the offender access to programs, privileges, education and work assignments to the extent possible. Should any programs be restricted, the facility shall document the opportunities limited, the duration, the limitations and the reason for such limitations.

IDOC policy requires that any placement of this nature extending past 30 days shall be documented providing justification for such placement.

As of February 7, 2017, PCF has not had any offenders placed in involuntary isolation/protective custody solely based on risk of sexual victimization, as stated in a memorandum authored by the Superintendent. During the interview with a Lieutenant who supervises the segregation unit, he does not recall ever receiving an offender meeting this criteria. In the event that an offender were received who was identified as being at risk for sexual victimization and no safe housing was available, the offender would be placed in the protective custody unit that allows privileges comparable to general population until such time that alternate housing could be identified.

### **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.**

PAP 115-02-01, section XV requires that each facility shall provide multiple internal ways for an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders and staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibility that may have contributed to such incidents. PCF has several methods for offenders to report sexual abuse or sexual harassment, retaliation for reporting sexual abuse or sexual harassment, or staff neglect or violation of responsibility that may have contributed to such incidents. Offenders can contact the Ombudsman through JPay, either electronically through the kiosk or via the US mail. When report to the Ombudsman via US mail, the report can be taken anonymously. During the interview process, inmates described how to report an incident of sexual assault or sexual harassment. The offender PREA brochure contains contact information for the IDOC sexual assault hotline. Offenders are informed in this publication on how to report sexual abuse and sexual harassment confidentially and anonymously. PCF has a contract in place with Indiana Coalition Against Domestic Violence (ICADV) to provide crisis intervention and case management services. Next to each offender telephone there is a posting of the contact information for the ICADV. All of these resources allow for offenders to report confidentially and allows for third party reporting.

PAP 02-01-115, section XV requires staff to accept reports made verbally, in writing, anonymously and from third parties and shall promptly document verbal reports. All reports of sexual abuse shall be documented in an Incident Report prior to the end of shift. Staff may report sexual abuse privately to their shift supervisor, an Internal Affairs Investigator, PCM, or the IDOC Executive Director of PREA via the IDOC Sexual Assault Hotline.

A review of the investigative files revealed that two of the initial reports of sexual abuse/harassment were received through JPay and the Ombudsman and one report was received from a third party. During the interview process offenders answered affirmatively when asked if they felt that staff would handle a report of sexual abuse appropriately.

Staff explained during their interviews that information was confidential and should not be shared with other staff that didn’t have a need to know.

### 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.**

PAP 00-02-301, Offender Grievance Process, Section IV D, removes any standard time limits to the grievance process relative to PREA. It keeps in place time limits to any portion of the grievance that does not allege sexual abuse. It does not require the offender to utilize the informal grievance process to attempt to resolve the grievance of an alleged incident of sexual abuse. For an offender to file a grievance related to sexual assault the offender is not required to give the grievance to a staff member who is the subject of the complaint nor will the grievance be referred to that staff member to respond to the complaint.

The IDOC policy complies with section 115.52 (d) of the PREA relative to issuing the offender the final decision on the merits of the grievance. PAP 00-02-301, Offender Grievance Process, Section IV D, requires the department to issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The 90 day time period shall not include the time that the offender utilizes in preparing the appeal. The Department may claim an extension of up to 70 days, however will notify the offender, in writing, of the extension. If the offender does not receive a response within the timeframes of the appeal process, the offender may consider the absence of a response as a denial.

PAP 00-02-301, Section IV D, allows for a third party to fill a grievance on behalf of an offender. The facility may require the alleged victim to agree to have the grievance filed on their behalf. If the offender declines to have the grievance filed on his behalf the Department shall document that decision.

All emergency grievances are required to be responded to within 48 hours, with a final decision in 5 days. When a grievance is filed that alleges an offender is subject to substantial risk of imminent sexual abuse, the grievance is immediately forwarded to the Superintendent. The Superintendent will take immediate corrective action and forward the grievance to the Executive Assistant, who will provide an initial response within two days. The Superintendent will also forward the grievance to the Department's Grievance Manager, who shall issue a final decision within five days of when the offender filed the grievance.

A memorandum dated February 8, 2017; authored by the Superintendent, states that there have been no grievances related to PREA filed within the past 12 months at PCF. During the review of offender files and investigative files this auditor did not find any grievances related to PREA. None of the offenders interviewed, formally and informally claimed to have filed a grievance related to PREA.

### 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.**

PAP 02-01-115, Section XVIII, addresses the IDOC policy on victim support. It requires the facility to provide access to outside victim advocate groups. IDOC has a contract in place with Indiana Coalition Against Domestic Violence to provide crisis intervention and case management services. The Sexual Assault Prevention and Reporting Offender Information Brochure contains information on how to report sexual abuse confidentially to facility staff as well as Departmental Headquarters, and the Ombudsman through JPay. All offenders receive this brochure upon arrival at the institution; it is available in both English and Spanish. PCF has a Memorandum of Understanding with Alternatives Incorporated to provide victim advocacy resources and rape crisis intervention.

When interviewed, most offenders stated that they felt that they could report confidentially.

PCF does not house offenders detained solely for civil immigration purposes.

As spoken to in 115.51, review of investigative files demonstrate that this process is in place and it appears to be working.

### **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.**

IDOC webpage includes a telephone number and e-mail link on their webpage so that third parties can report sexual assault. Information is also provided in the Visitor's Information Brochure on how to report inappropriate sexual contact.

During the tour of PCF this auditor observed posters and information posted in the visiting room. A review of the investigative files showed one case reported via third party reporting. The case was investigated within the guideline timeframes. During offender interviews, most offenders were aware that third party reporting was an acceptable method for receiving a report of sexual abuse or sexual harassment. One PREA allegation investigation was a result of a third party report.

### **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.**

PAP 02-01-115, Section XV, requires all staff, contractors and volunteers that has reason to believe that sexual abuse or sexual harassment has occurred, whether or not it occurred in a Department Facility, has a duty to immediately report this information to the shift supervisor on duty, PCM, facility executive staff, or the Executive Director of PREA. Additionally, staff shall immediately report any retaliation against offenders or staff for reporting an incident of sexual abuse or staff neglect that may have contributed to the sexual abuse or retaliation.



The policy states that apart from reporting it to the supervisor, staff shall not to reveal any information related to the sexual abuse or sexual harassment to anyone other than the PCM or staff involved in investigating the incident.

During random interviews with staff, it was apparent that staff knew their responsibility to inform their supervisors about reported sexual abuse or sexual harassment and they know the parameters of confidentiality.

PAP 02-01-115, Section XVII, requires medical staff to discuss with the offender, and report their suspicions to Internal Affairs Staff, any signs of potential sexual abuse that any have been discovered during a routine medical or dental screening. The limits of confidentiality are discussed with the offender and they sign knowledge of those limits (signed form provided to this auditor). The inmates may refuse medical or mental health care; however, they shall sign a refusal form (signed form provided to this auditor).

Policy requires any sexual abuse incident involving a venerable adult be reported to Adult Protective Services at Indiana Family and Social Services Administration. Pendleton does not house any offenders under 18 years old.

As disclosed in in 115.22, all allegations of sexual abuse and sexual harassment are referred for investigation through the chain of command. A review of Pendleton Correctional Facility's investigative file revealed two third party reports. Both cases were handled appropriately.

#### **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.**

PAP 02-01-115, Section XV, states "Upon receipt of a report of actual or threatened sexual abuse, staff shall ensure that the supervisor is notified immediately. Additionally, when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender."

In every investigative case reviewed during the audit, staff immediately separated the alleged victim from the alleged perpetrator and the supervisor was notified. During formal and informal interviews of different classifications of staff, they described what steps they would take to insure the immediate safety of offenders who reported abuse. In each case the staff member stated that they would separate the alleged victim from the alleged suspect.

#### **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.**

PAP 02-01-115, Section XV, requires that when a Superintendent or designee receives an allegation that an offender was sexually abused at another facility, the Superintendent receiving the information will notify, in writing, the head of the facility where the alleged abuse took place within 72 hours and document that he/she provided such information. The Superintendent that receives the information will ensure that the alleged incident is investigated according to PAP.

Information provided to this audit demonstrated substantial compliance with this policy. PCF had a total of six offenders that made allegations that they were victims of sexual assaults at other facilities since the completion of the last PREA audit. In only one case the other facility was not notified within 72 hours. The PCM is responsible to report these allegations to other facilities/agencies. After missing the time frames on this one case the PCM has reported the next five in a timely fashion (usually within 24 hours).

PCF has had two PREA allegations reported by offenders while housed at other institutions. Both cases were investigated according to policy.

### **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.**

PAP 02-10-115, section X, requires that that each Facility to establish a Sexual Assault Response Team (SART). The goal of the SART is to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of the assault and any evidence collected, in accordance with Internal Affairs Investigators, is preserved and that the evidence chain of command is handled properly. Additionally, they must inform the victim not to take any actions that may destroy evidence. The policy also requires the first responder to arrange for the removal of suspected perpetrator and prevent the destruction of evidence. If the first responder is not a custody staff member, they are to request that the victim does not take any action that could destroy physical evidence and notify custody staff as soon as possible.

PCF has a SART in place. IDOC's policy is well written and staff are well versed in this policy. During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault. Each one knew their responsibility to separate the victim and suspect as well as immediately notify their supervisor. Additionally they were able to articulate what requests they would have of the victim to help preserve physical evidence such as not bathing, brushing his teeth, going to the restroom or drinking liquids. The first responders that were interviewed during this audit were all able to explain their responsibility during a PREA incident including: separating the suspect from the victim; taking steps to preserve any potential crime scene; requesting the victim not perform any activity that may destroy physical evidence; and placing suspects in dry cells, under constant supervision, while awaiting transfer to the SAFE/SANE nurse to avoid destruction of evidence.

This auditor was provided a copy of a list of trained first responders at PCF. They have a total of 42 staff trained as first responders.

### 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.**

Pendleton Correctional Facility's Facility Directive 13A dated January 12, 2016, spells out the responsibilities of all staff involved in a coordinated response to a sexual assault. The staff include first responders, Internal Affairs Instigators, Victim Advocates, medical staff, mental health staff and the PCM (facility leadership).

During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault.

Reviewing the incident reports demonstrated a coordinated response involving the different disciplines of staff on the Sexual Assault Response 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.**

IDOC does not have collective bargaining. This section is not applicable.

### 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.**

PAP 02-01-115, Section IX, set forth protections for inmates and staff that report sexual conduct or sexual harassment, or for cooperating with an investigation into such allegations. The policy requires that the PREA committee monitor and document the conduct and treatment of offenders or staff who have reported sexual abuse to see if there are any changes that may suggest possible retaliation. The committee is required to act promptly to remedy any such retaliation. The monitoring is the responsibility of the PCM. This monitoring is required for 90 days or three committees. The policy does not allow for an offender to be monitored for less than 90 days, regardless of when the committees are held, unless the offender is no longer housed within IDOC. Other individuals who fear retaliation for cooperating with an investigation will also be monitored.

PCF takes measures to protect offenders from retaliation, either by housing assignment change, transfer to another facility or staff redirection. The PREA committee tracks offenders who are to be monitored as observed in the PREA committee minutes. The case worker meets with the offender several times over the next 90 days and documents the meeting. In none of the monitored cases did the offender make a statement that they felt like they were being retaliated against.

#### **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.**

PAP 02-01-107, The Use and Operation of Protective Custody, Section VI, (M), directs that offenders placed in protective custody shall receive programs and services such as counseling, academic education, health care services, religious guidance, commissary, library and recreational programs based on security needs of the facility.

A memorandum signed by the Superintendent of PCF states there have not been any offenders placed in segregation housing solely due to making an allegation of sexual assault. During the interview with the Administrative Segregation Lieutenant, he stated that he could not recall any offenders being placed in Administrative Segregation for making a PREA allegation. They staff state that they have always been able to find alternative housing, without placing the offender in segregation.

During the interviews with the Administrative Segregation Lieutenant and the Superintendent, both stated that if offender could not be safely housed in a general population housing unit, they could place them in the Protective Custody Unit. The Protective Custody Unit would give the offender access to additional program (such as canteen, yard and phone calls) that he could not receive in the Administrative Segregation Housing unit. The offender would only be held in this unit until a transfer to another facility could be completed (normally within one week).

#### **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.**

PAP 00-01-103, Section IX requires that a prompt, thorough, and objective investigation of all sexual abuse and/or sexual harassment, including third-party and anonymous reports. All investigator shall have specialized training for conducting sexual assault and sexual harassment investigations. IDOC also requires their investigators to be trained as Sexual Assault Response Team (SART) members. The policy outlines collection of evidence (including DNA), interviewing victims, suspects and witnesses and reviewing criminal/disciplinary history of suspects. The training includes use of Miranda and Garrity warnings during the interview process. Staff are trained to consult with the prosecutor or another legal advisor within the department with regards to compelled interviews. Policy requires that the credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by their status as an offender or staff. IDOC may not use a voice stress analysis exam as a condition of proceeding with an investigation.

The audit team reviewed 23 cases reported in since the completion of the last audit (September 2016). All of the cases were reviewed promptly, most within 24 hours. Six of the cases reported occurred at other facilities. Of the 17 cases that allegedly occurred at PCF, one case was substantiated, two cases were unsubstantiated, nine cases were unfounded and five of the case the investigation is ongoing. One case was a third party report and one case was reported by the ombudsman.

Most of the reports addressed the evidence collected and reviewed, including interviews, electronic monitoring and physical evidence. The evidence relied upon supports the conclusion of the report. One of the reports reviewed did not give the circumstances of the allegation (later the offender admitting making up the PREA allegation so that he could talk to the investigative staff about another issue). Another investigative report stated that he reviewed video footage, however was unable to find any of the accusations. The investigator does not specify what footage was reviewed. Even though the reports could be more thorough, they do contain the information needed to support a conclusion. This issue was discussed with the Superintendent and investigative staff. The auditor strongly recommended that the administration at PCF monitor and scrutinize the reports for thoroughness. In each case the auditor agreed with the institutions conclusion of substantiated, unsubstantiated or unfounded.

Five of the allegations were a result of offenders making an PREA allegation just to speak to staff about other issues. The offenders stated that they knew that if they filed a PREA complaint, they would get to talk to an investigator with in a day. The offenders did receive disciplinary reports for false reporting in these five cases. One case was referred to the DA for making false allegations against a staff member. The DA has not determined if they will file formal charges as of the date of the interview.

PCF has a team of investigators trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that PCF's investigation team had all been trained in PREA within the past year.

During interviews and discussion with investigative staff, each of them stated that the creditability of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual bases. Reviewing the cases did not demonstrate that staff testimony was given more credibility than offender testimony. None of the 23 cases reviewed reveled evidence of use of a lie detector test and investigative staff stated that they do not use such devices.

PAP 02-01-115, section XV, requires an assessment of administrative investigations to determine whether staff actions or failure to act contributed to the abuse. The case is required to be prepared properly so that most people can read and understand the incident from start to finish and understand the investigation as well as the conclusion. The investigations addressed if staff actions or failure to act contributed to the incident. The PREA Committee reviewed the investigations and addressed these concerns. The reports were written so that the reports flowed well and were easy to read and understand.

The policy establishes a substantiation level as preponderance of evidence and requires for prosecution in substantiated cases of a criminal nature.

Per PAP 02-01-115, section XVI, all reports are required to be kept the length of the offender's sentence or staff employment plus five years. During the interview with the investigators this auditor was informed that PFC archives their PREA reports according to this policy. Currently the reports are stored in the investigations office. When the run out of storages space, they will move the reports to the archive storage area for the institution.

PAP 02-01-115, section XVI requires that all allegations of sexual abuse and sexual harassment be investigated, even if the alleged perpetrator or victim has separated from employment or custody/supervision. If this occurs, outside law enforcement shall be contacted. Six of the cases reviewed involved allegations of staff on offender. None of the cases resulted in a substantiated finding. There were no separations of employment based on a PREA allegation. None of the cases were terminated or required referral to an outside law enforcement agency as a result of a discharged offender.

The substantiated case was referred to the District Attorney's Office for prosecution. The prosecutor has not determined if they will proceed with the case.

#### **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.**

PAP 02-01-115, Section III, W, establishes a substantiation level as preponderance of evidence for sexual abuse and sexual harassment cases. In each of the cases reviewed by this auditor, the unsubstantiated cases did not reach the level of preponderance of evidence. There were no contra indicators of a higher level of evidence required than preponderance in the investigative files. Investigative staff stated that they use a preponderance of evidence to find the case substantiated

#### **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.**

PAP 02-0-115, Section XVI, requires the CPM to notify the offender, in writing, whether the allegation has been substantiated, unsubstantiated or unfounded at the conclusion of the investigation. Additionally, if the allegation is against a staff member, the department will inform the offender when the staff member no longer works in the unit, when the staff member no longer works at the facility, if the staff member is indicted on charges related to sexual abuse within the facility or if the staff member is convicted of on a charge related to sexual abuse within the facility. If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

A memorandum signed by the Superintendent of Pendleton states that the facility has not had any substantiated or unsubstantiated sexual abuse cases involving staff on offender in the past 12 months.

Copies of the notice to the offenders were reviewed during the audit. In each of the cases, the offender was notified at the conclusion of the investigation. The notice included information regarding the movement of the suspect to a different area of the institution. There were not any cases that resulted in the conviction of an offender.

#### **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.**

PAP 04-03-103, Information and Standards of Conduct for Departmental Staff, Section VII, states that "Dismissal shall be the presumptive disciplinary sanction for a staff person who violates the Department's sexual abuse or sexual harassment policies." If an employee is terminated or, about to be terminated and resigns, the case is referred to the local law enforcement agency (unless clearly non-criminal).

The Discipline section of the Policy Statement requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offence, and the employee's work history.

Pendleton Correctional Facility has not had any substantiated cases against staff in the past year.

#### **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.**

PAP 02-01-115, Section XVI, requires the facility to take appropriate remedial measures, including prohibiting contact with offenders, in the case of any violations of the Department's sexual conduct or sexual harassment policy by staff, contractors or volunteers. These cases will be referred to local law enforcement, unless the behavior was clearly non-criminal, and to the licensing authority.

Per the memorandum signed by the Superintendent dated December 22, 2016, Pendleton Correctional Facility did not have any substantiated cases involving volunteers or contractors. During interviews conducted with management staff, they stated that in the event that they had a contractor or volunteer that was involved in sexual contact with an offender, the contractor/volunteer would be barred from grounds and reported to their employer. Additionally they would seek criminal charges through the DA.

### 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.**

PAP 02-04-101, The Disciplinary Code for Adult Offenders, establishes the maximum allowable sanctions for each class of offence, based on the seriousness of the offence. A nonconsensual sexual act is a class A offence (most serious). This disciplinary code is an objective process that applies to all adult offenders. Mitigating and aggravating factors are considered during the hearings (including prior disciplinary history, mental health issues, etc.)

PAP 02-01-115, Section XVII, requires mental health staff to complete a mental health evaluation of the abuser within 60 days of a substituted case of offender-on-offender sexual abuse and offer treatment when necessary. One offender disciplinary report was provided to this auditor. This report demonstrates compliance with policy and 115.78 of the PREA. The sanctions levied on the suspect were consistent with the nature of the offence. Mental health concerns were considered in this case. Both the victim and the suspect offender were evaluated by mental health afterwards.

### 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.**

PAP 02-01-115, Section XI, requires that, if the intake assessment indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual abuse, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.

PCF provided a mental health assessment of an offender who had allegedly committed a sexual abuse of another offender. The assessment was completed within 14 days.

PAP 02-01-115, Section XVII, requires informed consent from the offender before reporting any prior sexual victimization that occurred outside the institutional setting. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to staff, as necessary, to make decisions on treatment plans, security placement and other management decisions.

A review of mental health notes and staff and offender interviews demonstrated compliance with this section. PCF medical and mental health staff explain the limits to confidentiality to the offender and receive informed consent on all cases that are not mandatory reporting cases.



### 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.**

PAP 02-01-115, Section XVII, requires that a victim of an actual sexual abuse shall be referred to the facility's health care staff. The victim will receive timely, unimpeded access to quality health care. In the event that a qualified health care provider is not on duty, an on-call medical or mental health staff will be contacted and advised of the report. Victims of sexual abuse shall be provided counseling by health care staff in regards to transmission, testing and treatment methods (including prophylactic treatment), and risks associated with sexually transmitted infection treatment. The offender is offered HIV and viral hepatitis testing 6 to 8 weeks following the sexual abuse. Victims of sexual abuse are not charged for any medical or mental health services regardless of whether or not they cooperate with the investigation.

During staff and offender interviews, and review of documentation, PCF's medical staff immediately sees every offender when a case of sexual abuse is reported. The medical staff confirmed that offenders are not charged for these services. Medical staff appeared to be very knowledgeable in their response to sexual assault and the information that they provide the offenders.

The offenders are counseled health care staff in regards to transmission, testing and treatment methods (including prophylactic treatment), and risks associated with sexually transmitted infection treatment by the SAFE/SANE nurse. Follow up testing and treatment is conducted by the medical staff at PCF.

### 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.**

IDOC Sexual Assault Manual dated January 15, 2014, give direction to medical and mental health personnel on the mandatory requirements when treating offenders who are victims of sexual assault. Coupled with PAP 02-01-115, section XVII; all offenders are offered medical and mental health evaluations when staff have become aware of an alleged sexual assault. The manual requires follow-up services, treatment plans, and referral for continues care.

A review of a mental health assessment completed on a victim of a sexual assault in December 2016, included a thorough assessment of the offenders condition and a treatment plan. The treatment plan included a follow-up meeting with the mental health department. Some of the documents reviewed indicated that the offender was originally assessed at a different facility and a treatment plan was recommended at the previous facility. The offender's mental health record transferred with the offender and the treatment plan was continued at PCF. During the interview with the Chief of Mental Health, this auditor was informed that the mental health records transfer with the offender. If the offender were to be transferred to another facility, the mental health department at the new facility will have the information in the assessment and would continue the treatment plan accordingly.

Offenders who are victims of alleged sexual assaults are offered tests for sexually transmitted infections as proven by copies of lab results provided to this auditor. Offenders are not charged for these services. This information was confirmed by the medical staff that this auditor interviewed.

Offenders who have a known history of offender-on-offender abuse are referred to mental health, and usually scheduled to be seen within 14 days according to the mental health staff. The copies of the mental health assessments provided to this auditor confirmed this practice.

During interviews and tour of the hospital building, it appears that PCF offers a level of care consistent with the community. There are several exam rooms that provide for private consultations. The unit was clean with no visible clutter. The medical facility was fully staffed and the offenders appeared to be seen quickly for their appointments. This auditor did not observe any emergency medical incidents while touring the facility. According to the medical and custody staff, any medical treatment that cannot be provided at PCF is provided by St. Vincent Anderson regional Hospital.

### **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.**

PAP 02-10-115, Section IX, requires each facility to establish a PREA Committee. The PREA Committee reviews every substantiated and unsubstantiated sexual abuse incident within 30 days of the conclusion of the investigation. The committee is comprised of Upper level management, supervisors, investigators, and medical or mental health staff. The PCM chairs this committee. The committee addresses each of the five possible contributing factors listed in 115.86 (d) 1-5.

A review of the minutes from PCF's PREA Committee demonstrate that the committee is comprised of investigators, line staff, supervisory staff, medical staff, mental health staff, and management staff. PCF's PREA Committee addressed whether or not the incident: Could have been avoided with a change of policy; If the incident was motivated by race, ethnicity, gang, LGBTI, or was caused by group dynamics; If the incident was a result of physical barriers (blind spots); Was a result of insufficient staffing; and If monitoring techniques need to be enhanced. The committee makes recommendations for improvements to the Superintendent based on their findings.

PCF's PREA committee was meeting 30 day upon the completion of the retaliation monitoring. As a result, the reviews were not being completed within 30 of the completion of the investigation. This was discussed with the Superintendent and the PCM.

The following corrective measure(s) are recommended to bring the Agency/Facility into compliance with this standard.

Hold the PREA Review Committee within 30 days of the conclusion of the investigation.

During the onsite visit this standard was discussed with the PCM. Since the onsite visit, PCF has demonstrated full compliance with this standard. On March 28, 2017, PREA Committee meeting minutes for January, February and March 2017, were forwarded to this audit for review. Additionally this auditor reviewed seven PREA incident reviews that were conducted after the onsite visit. All seven reviews were within 30 days of the completion of the investigation and reviewed the relevant information to make proper recommendations for prevention of repeated PREA incidents.

### 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.**

PAP #02-01-115 and the Survey of Sexual Violence documents were reviewed by the audit team. Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey Of Sexual Victimization (SSV-IA) conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations. The PREA Compliance Manager maintains a record of all reports of sexual abuse at the facility. Each individual Sexual Incident Report (SIR) is submitted to the PREA Coordinator and discussed at the next Facility PREA Committee meeting.

The IDOC PREA Coordinator (PC) completes all of the SSV-IAs for the State of Indiana. When a PREA incident occurs, the relevant information is forwarded to the PC via the IDOC sexual incident reporting system. The PC is able to monitor all of the PREA incidents for consistency and compliance with policy. Every January each institution submits an annual report to the PC. The PC compiles these reports and forwards them to the Department of Justice.

The audit team was provided with the agency's Survey of Sexual Victimization State Prison Survey form. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there. This auditor reviewed the aggregated data for years 2014, 2015 and 2016.

### 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.**

PAP #02-01-115 mandates annually, the Superintendent and the PREA Compliance Manager, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and administrative procedure. This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation. The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. He further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

PCF submits its annual Sexual Assault Prevention Report to the Departmental PREA Coordinator with all relative data. Included in the report is noted problem areas and corrective action taken to fix those areas of concern. The IDOC compiles all of the annual reports and posts them on the departmental website for public access. This report is signed by the Commissioner of the Indiana Department of Corrections. This report is posted on the IDOC website.

### **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.**

PAP #02-01-115, section XIX, requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers. The Executive Director of PREA is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

The PREA Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy. Additionally she stated that they will maintain the data for 10 years.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. All offender copies of sexual incident reports are maintained in the confidential section of the offender's file. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

**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.

John Katavich

April 5, 2017

Auditor Signature

Date

