

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

Interim       Final

Date of Report    8/29/2019

## Auditor Information

Name: Sonya Love	Email: sonya.love57@outlook.com
Company Name: Diversified Consultant Services	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: 678-200-3446	Date of Facility Visit: June 24-26, 2019

## Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Indiana Department of Correction	State of Indiana		
Physical Address: 302 W Washington ST., Room E334	City, State, Zip: Indianapolis, IN 46204		
Mailing Address: N/A	City, State, Zip: Click or tap here to enter text.		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Website with PREA Information: <https://www.in.gov/idoc/>

## Agency Chief Executive Officer

Name: Robert E. Carter Jr.	
Email: Rcarter@idoc.in.gov	Telephone: 317-232-5705

## Agency-Wide PREA Coordinator

<b>Name:</b> Bryan Pearson	
<b>Email:</b> BPearson@idoc.IN.gov	<b>Telephone:</b> 812-526-8434 x220
<b>PREA Coordinator Reports to:</b>  Bill Wilson	<b>Number of Compliance Managers who report to the PREA Coordinator</b>  21

South Bend/Chain-O-Lakes 2019

<b>Facility Information</b>			
<b>Name of Facility:</b> South Bend Community Re-Entry Center/ Chain O Lakes Correctional Facility			
<b>Physical Address:</b> 4650 Old Cleveland Road / 3516 E 75 S		<b>City, State, Zip:</b> South Bend, IN 46628 / Albion, IN 46701	
<b>Mailing Address (if different from above):</b> N/A		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Prison		<input type="checkbox"/> Jail
<b>Facility Website with PREA Information:</b> <a href="https://www.in.gov/idoc/2832.htm">https://www.in.gov/idoc/2832.htm</a>			
<b>Has the facility been accredited within the past 3 years?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</b>			
<input checked="" type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.			
<input type="checkbox"/> N/A			
<b>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</b> Click or tap here to enter text.			

**Warden/Jail Administrator/Sheriff/Director**

**Name:** Charles Bowen

**Email:** cbowen@idoc.in.gov

**Telephone:** 574-234-5080

**Facility PREA Compliance Manager**

**Name:** James Henry/Danette Smith

**Email:** jahenry@idoc.in.gov

**Telephone:** 574-234-5080 / 260-636-3114

danesmith@idoc.in.gov

**Facility Health Service Administrator**  N/A

**Name:** Catherine Metzger

**Email:** Catherine.Metzger@idoc.in.gov

**Telephone:** 219-326-1188 ext.22

**Facility Characteristics**

**Designated Facility Capacity:**

312

**Current Population of Facility:**

304

**Average daily population for the past 12 months:**

281

**Has the facility been over capacity at any point in the past 12 months?**

Yes  No

**Which population(s) does the facility hold?**

Females  Males  Both Females and Males

**Age range of population:**

21-71

**Average length of stay or time under supervision:**

517.58 days

**Facility security levels/inmate custody levels:**

Level 1/Minimum Security

**Number of inmates admitted to facility during the past 12 months:**

370

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:**

370

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:**

370

Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	67

South Bend/Chain-O-Lakes  
2019

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	13
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	10
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	32
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	57

### Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>11</p>
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>15</p>
<p><b>Number of single cell housing units:</b></p>	<p>0</p>
<p><b>Number of multiple occupancy cell housing units:</b></p>	<p>0</p>
<p><b>Number of open bay/dorm housing units:</b></p>	<p>15</p>
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	<p>0</p>
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input checked="" type="checkbox"/> N/A</p>
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	71
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
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**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	71
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<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

## Audit Findings

### Audit Narrative

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

### Pre-Audit Phase

The standards used for this audit became effective August 20, 2012. An internet search confirmed the South Bend Community Re-Entry Center 2016 final PREA report was posted on the agency and facility website on July 31, 2016. It should be noted that during the previous audit of the South Bend facility ChainO-Lakes was attached with another facility. It should be noted that the 2016 audit did not include Chain-OLakes. Further, in reviewing the IDOC website the Auditor found the following PREA related information:

### **IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS**

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

### **Reporting parties please note the following:**

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:

- Date of the alleged incident.
- Victim's name and DOC number and facility
- All alleged perpetrators names and DOC numbers
- Location of alleged incident
- Any other information provided regarding the incident

\*For more information on the Prison Rape Elimination Act (PREA) visit: [www.prearesourcecenter.org](http://www.prearesourcecenter.org)

### **IDOC SURVEY of SEXUAL VIOLENCE REPORTS**

- Survey of Sexual Victimization Reports, 2011-2016

### **IDOC AGENCY ANNUAL REPORT**

- Annual reports, 2013-2018

### **Indiana Ombudsman Bureau**

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

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the auditor. The facility completed the Pre-Audit Questionnaire. The facility uploaded supporting documentation via cloud server in advance of the onsite portion of the facility audit. Correspondence with the PREA Coordinator and PREA Compliance Manager took place throughout the audit process. The Auditor was provided access to all PREA related documents and files.

### **An examination of the inmate handbook revealed that South Bend/Chain-O-Lakes inmate education includes information about:**

- Mental Health Services and how to access the service
- The academic and technical training at most facilities
- That larger Department facilities have Law Libraries that may be used for legal research. All offenders are permitted to have access to legal materials
- That substance abuse programming is available in all facilities
- That the Department has educational and treatment program for offenders who have been convicted of sex crimes, either during a current commitment or previously
- Telephone calls will be monitored and recorded, apart from calls to your attorney or legal representative
- Inmates may have access to legal representatives, including consular officials, and the courts to the extent required by statute, treaty, court order, rule or policy
- Sexual Assault Prevention and Reporting



- Offender Grievance Process

The Auditor completed a document review of the South Bend/Chain-O-Lakes, Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, PREA Compliance Managers and the Auditor. The following documentation was requested for the onsite visit:

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

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

The audit was conducted by Certified PREA Auditor, Sonya Love. The audit of the South Bend Community Re-Entry Center and Chain-O-Lakes took place on the dates of June 24 – June 26, 2019. An entrance conference was held on June 24, 2019. A complete facility tour was conducted by the Auditor at both locations. During each facility tour, staff members were observed interacting with inmates and providing direct supervision during activities. On the days of the audit the total population at South Bend was 164 inmates and Chain-O-Lakes was 138 adult inmates. Twenty (20) random and zero targeted inmate interviews were conducted at South Bend Community Re-Entry Center. Ten (10) random and zero targeted interviews were conducted at Chain-O-Lakes Correctional Facility. Some specialized staff was shared between the two facilities, however the Auditor interviewed 2 Aramark contractors and 1 Wexford contractor at Chain-O-Lakes. Double counting specialized staff was unavoidable when duties overlapped between South Bend and Chain-O-Lakes. More, because of job descriptions and staffing considerations some staff assignments included multiple responsibilities in one or more specialized categories.

The Warden was interviewed for both South Bend and Chain-O-Lakes facilities. More, staff and inmates' responses during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The facility operates on 12-hour shifts. Thirty (30) inmate institutional files were reviewed from both facilities. A random sampling of other facility documentation was reviewed as well. This sampling included, but was not limited to logbooks, shift reports, incident reports, policies and procedures, (20) training records/logs and review of the PREA and SART training curriculum. All staff were professional, engaging and helpful throughout the audit process. The Auditor completed a call to Indiana Coalition Against Domestic Violence and spoke with a representative who confirmed 24-hour hotline service, one-

onone counseling, hospital advocacy, educational training for inmates and staff. The call was made during the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on June 26, 2019.

## Facility Characteristics

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

### South Bend Community Re-Entry Center

The Indiana Department of Correction places select offenders, who are within 12 months of their discharge date, into a community-based work release and re-entry program, to transition them back into society. The South Bend Community Re-Entry Center, which is the oldest existing state work release program in Indiana, was established in 1971, under contract with the Indiana Department of Correction. The facility was originally located at 135 S. Olive St. In 1975, the Department of Correction assumed full control of the facility and in 1977, the center was moved to 2421 S. Michigan St. In 2012, the center moved to its present location at 4650 Old Cleveland Rd., South Bend, Indiana. The facility provides re-entry services to offenders being released throughout northern Indiana and has both a work release program component and re-entry education program component for the long-term offender. The Indiana Department of Correction offers a wide selection of programming, courses, and activities based on both facility and offender need, as well as available resources. Listed below are several current programming opportunities available at South Bend Community Re-Entry Center:

- Work Release Program
- Reentry Education Program
- Work Crew Program

- Employment Readiness Classes
- Life Skills Seminar
- Money Smart
- Dave Ramsey's Financial Peace University – Self Study
- Partners in Parenting
- Men's Fraternity
- Substance Abuse Treatment
- Alcoholics Anonymous
- Relapse and Prevention for Reentry
- Celebrate Recovery
- Self-Study Life Skill Programs
- Bible Study
- Motivation for Change

### Chain O' Lakes Correctional Facility

The Chain O' Lakes Correctional Facility is in Noble County. The facility is located Inside the Chain O' Lakes State Park. The facility was established in 1967 and at that time consisted of one building with a population of 54 offenders. Chain O' Lakes now consists of six buildings and houses and 154 adult male offenders, offering a wide variety of educational and treatment programs to aide each offender with his transition back into the community. Chain O' Lakes Correctional Facility also provides a variety of work crews throughout North East Indiana. Work crews help maintain Pokagon State Park as well as Chain O' Lakes State Park. Crews work closely with the Noble County Surveyors office, Indiana Department of Transportation and the local community on special projects that range from helping sand bagging when it floods to planting and maintaining flowers around the community.

The Indiana Department of Correction offers a wide selection of programming, courses, and activities based on both facility and offender need, as well as available resources. Listed below are several current programming opportunities available at Chain O' Lakes Correctional Facility:

- Inside Out Dads
- Substance Abuse
- Thinking for a Change
- Purdue Master Gardener
- Anger Management
- Dave Ramsey's Financial Peace University
- All Pro Dad's

**The auditor interviewed the following categories of specialized and random staff, during the onsite phase of the audit:**

Category of Staff Interviewed (South Bend/Chain-O-Lakes)	# Interviews Conducted
Random Staff	20
Specialized Staff	25
Total Staff Interviewed	45

**Auditor's note:** In some instances, interviews overlapped between specialized and random staff due to the facility size and distribution of roles and responsibilities

Other staff interactions during the facility tour (South Bend/Chain-O-Lakes)	# Interviews Conducted

Staff Interactions during the facility tour	3
Staff who refused to be interviewed	0
Total Staff Interviewed (informal)	3

This sampling included documents such as logbooks, shift reports, incident reports, policies and procedures, (20) training records/logs and curriculum.

The Auditor completed specialized staff interviews, interviews with the PREA Coordinator, PREA Compliance Managers, the Warden and other members of Indiana Department of Corrections upper management, contact with local advocacy organization, contact with the SANE forensic hospital and reviewed supporting evidence of compliance with PREA standards. The medical contractor, Wexford has a MOU with a local hospital to treat inmates from South Bend and Chain-O-Lakes for injuries to include sexual assault. The Auditor successfully completed a call to Indiana Coalition Against Domestic Violence and spoke with a representative who confirmed 24-hour hotline service, one-on-one counseling, hospital advocacy, educational training for inmates and staff, and access to a forensic nurse. The PREA Coordinator confirmed during his interview that IDOC has trained victim advocates which are available to victims of sexual assault. SART members are IDOC staff trained on PREA standards and victim advocates on the Sexual Assault Response Team (SART). Trained SART members were found assigned to each shift at both sites. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on June 26, 2019 with members of upper management.

Category of Specialized Staff Interviewed (South Bend/Chain-O-Lakes)	Total
Agency Contract Administrator (previously interviewed 2019)	1
Administrative (human resources)	1
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	1
Line staff who supervise youthful inmates, if any	0
Education staff who work with youthful inmates	0
Program staff who work with youthful inmates, if any	0
Medical staff (contractor)	2
Mental health staff (contractor)	1
Administrative (human resource) staff (previously interviewed 2019)	1
SAFE and SANE staff/SART	1
Indiana Coalition Against Domestic Violence	1
Volunteers who have contact with inmates	0
Contractors who have contact with inmates	5
Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	0
Designated staff member charged with monitoring retaliation	1
Incident Review	2
Retaliation monitor	2

First responders, security staff	1
First responders, non-security staff	1
Intake staff	2
<b>Total</b>	<b>25</b>

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1      **List of Standards Exceeded:**      **Standard 115.31**

#### Standard 115.31: Employee training

Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.31. The Auditor reviewed a total of 20 random training files. All 20 training files confirmed that the staff sampled received the appropriate training. Of the 19 random files (100%) received refresher training yearly. The training curriculums provided by the facility was tailored to the unique needs and attributes of adult male inmates. Furthermore, the training curriculum included topics such as: inmates on inmates' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. IDOC has a written receipt that acknowledges that on a specific date the employee received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02- 01-115, Sexual Abuse Prevention. Additionally, the employee is issued a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of facility specific brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. IDOC provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in IDOC/South Bend/Chain-O-Lakes staff training transcripts, training curriculum, and specialty specific training. More, several of IDOC investigators completed a refresher training on how to conduct investigations in confinement settings, which keeps the agency abreast of current information in the area of investigations. IDOC provides Sexual Assault Response Training (SART) to facility staff on all shifts and maintains a roster of trained SART members for facility staff. SART training includes topics such as: Indiana laws concerning sexual assault, and sexual battery; victim's rights; consent issues; victim advocacy; stages of crisis reaction; key definitions; secondary injuries; and psychological first aid. South Bend/Chain-O-Lakes exceeds the requirements of Standard 115.31.

## Standards Met

Number of Standards Met: 44

## Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

### Corrective Actions

#### Standard 115.13: Supervision and monitoring

Chain-O-Lakes: Problematic, a discussion of staffing for Chain-O-Lakes was omitted in the South Bend staffing plan. The Auditor requested verification from Chain-O-Lakes that a yearly review of the facility staffing plan was conducted in accordance with Standard 115.13. **Corrected**

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

South Bend/Chain-O-Lakes both have a written policy that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Problematic, during the facility tour to South Bend the Auditor noted that inmates could be seen showering from the dayroom thru a wide entrance to the lavatory. South Bend corrected the problem immediately by erecting a barrier to provide inmates with a measure of privacy to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. **Corrected**

Chain-O-Lakes has a Jack-and-Jill entrance to a single lavatory that is shared between living units. Walking into the lavatory from one direction allows inmates to be seen performing bodily functions, in the shower or changing clothes. Chain-O-Lakes immediately corrected this problem by reminding staff in a written notice to know and announce themselves before entering the lavatory. The Auditor was provided verification of the corrective action. **Corrected**

Chain-O-Lakes has several outbuildings that were unsecured such as maintenance, a barn loft and a television room was unmonitored by cameras but open to inmates throughout the day and well into the night and early morning, and these locations could foster sexual abuse or sexual harassment. **Corrected.**

#### Standard 115.52: Exhaustion of administrative remedies

The IDOC inmate handbook does not explain in detail inmate rights regarding filing PREA related grievances. Moreover, an inmate's access to informative information regarding administrative remedies to PREA related issues is omitted in the IDOC handbook. South Bend/Chain-O-Lakes did not provide detailed evidence in support of Standard 115.52 such as:

- no time limit for filing a grievance, regardless of when the incident is alleged to have occurred;
- that IDOC always refrains from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse;
- the agency ensures that such grievance is not referred to a staff member who is the subject of the complaint, third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse; and
- the agency established procedures for the filing of an emergency grievance when alleging that an inmate is subject to a substantial risk of imminent sexual abuse. **corrected**

**Standard 115.86: Sexual abuse incident reviews**

The facility follows this standard and provides information regarding the Incident Review Team and its role. The Incident Review Team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. The Warden and PREA Compliance Manager confirmed that an incident review is conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review form details the make-up of the Incident Review Team and the elements to be considered in their assessments of incidents. In the last twelve (12) months, Chain-O-Lakes documented an incident review that took place well beyond 30 days of the completion of the investigation. Re-training of staff was provided to ensure compliance with the standard. Interviews with staff revealed that they understand the purpose of the Incident Review Team and the process. South Bend/Chain-O-Lakes **corrected** the requirements of Standard 115.86.

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## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)



**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

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

The agency's Executive PREA Coordinator Director is positioned in the upper level of the agency hierarchy. For the remainder of this report the Executive PREA Coordinator Director will be referred to as the PREA Coordinator. During his interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards in all of its facilities. Moreover, the interview also confirmed that the PREA Coordinator was very organized and extremely knowledgeable of the requirements for PREA.

South Bend Community Re-Entry Center and Chain-O-Lakes have each designated a PREA Compliance Manager, due in part to the geographical distance between the two facilities and to ensure adherence to PREA standards. The most recent PCM at South Bend left the agency shortly before the onsite audit began. The responsibility of PCM at South Bend was re-assigned to the Correctional Caseworker Manager 3. He is a member of management however his understanding of his responsibilities is limited in scope. The newly assigned South Bend PREA Compliance Manager (PCM) will continue to report to the Administrative Assistant at the facility.

The Administrative Assistant reports directly to the Warden. In 2016, the same Administrative Assistant served as the PREA Compliance Manager at South Bend. The Administrative Assistant was interviewed by the Auditor as the PREA Compliance Manager. The Administrative Assistant will support the PREA Compliance Manager at South Bend in his role. During the interview with the Administrative Assistant she demonstrated a working knowledge of PREA standards, and she outlined how South Bend implemented PREA at the facility level and addressed issues related to maintaining compliance with each standard. Further, the

Administrative Assistant confirmed that South Bend utilizes a PREA Working Committee to maintain compliance with each PREA standard.

More, Chain-O-Lakes PREA Compliance Manager (PCM) reports to the Administrative Assistant 2. The Administrative Assistant 2 report to the Warden. During her interview the PREA Compliance Manager demonstrated a working knowledge of PREA standards as she outlined how Chain-O-Lakes implemented PREA at the facility level. Further, the PREA Compliance Manager confirmed that she utilizes a PREA Working Group to maintain compliance with each standard.

During the facility tour, the Auditor noticed that zero tolerance posters are displayed throughout every area of the institution. Staff receive initial training and annual training, as well as, updates throughout the year. The PCM job description was reviewed. South Bend and Chain-O-Lakes met the requirements of Standard 115.11.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- The organizational charts for PREA Coordinator and PREA Compliance Managers (2)
- Interview with the PREA Coordinator
- Job description for PREA Compliance Manager, South Bend
- Job description for PREA Compliance Manager, Chain-O-Lakes
- Interview with the PREA Compliance Manager, South Bend
- Interview with the PREA Compliance Manager, Chain-O-Lakes

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

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

**115.12 (a)**

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

## 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency has entered into 10 contracts. All applicable contractors are required to adopt and comply with PREA standards. South Bend/Chain-O-Lakes met the requirements of Standard 115.12.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- IDOC sample contracts document reviewed via cloud server

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

South Bend/Chain-O-Lakes, Policy 02-01-115 (Sexual Abuse Prevention) confirmed that South Bend/Chain-O-Lakes has a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds were documented and conducted by members of intermediate-level or higher-level supervisors in the unit logbooks. Random unannounced rounds were selected and reviewed by the Auditor. The facility operates 24 hours and unannounced rounds were documented for all shifts to include night shift. During interviews with staff that conduct unannounced rounds the details of logistics confirmed for the Auditor that this type of rounds in the facility is random, and the timing or route taken during unannounced rounds is not shared with staff.

The South Bend PREA Compliance Manager provided an updated staffing plan that documents at least once every year that the PREA Coordinator reviewed the plan. The PREA Coordinator confirmed during his interview that he reviews, approves and make recommendations when necessary to facility staffing plans for South Bend/Chain-O-Lakes at least on a yearly basis. The Auditor was also provided a copy of the 2019 staffing plan for South Bend. Problematic, a discussion of staffing for Chain-O-Lakes was omitted in the South Bend staffing plan. The Auditor requested verification from the facility that Chain-O-Lakes conducted a yearly review of the facility staffing plan.

Moreover, South Bend has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the South Bend/Chain-O-Lakes staffing plans takes into consideration factors such as: Generally accepted detention and correctional practices such as the American Correctional Association (ACA), any findings of inadequacy from internal or external oversight bodies, components of

the facility's physical plant including "blind-spots" or areas where staff or inmates may be isolated, substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff and any other relevant factors.

By examination the Auditor determined that the PREA Compliance Manager for South Bend provided an updated staffing plans that documents at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews of the staffing plan to see whether adjustments are needed. South Bend/Chain-O-Lakes does not meet the requirements of Standard 115.13.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- 2019 Annual Staffing Plan (South Bend)
- 2019 Annual Staffing Plan (Chain-O-Lakes)
- Institution Capacity/Shift Reports/Daily Logs (South Bend/Chain-O-Lakes)
- Auditor Review of unannounced rounds (South Bend/Chain-O-Lakes)
- Interviews with the PREA Coordinator and PREA Compliance Managers
- Interviews with staff (random)

**Corrective Action:**

Chain-O-Lakes will provide the Auditor with a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the Chain-O-Lakes staffing plan will take into consideration factors such as: Generally accepted detention and correctional practices such as the American Correctional Association (ACA), any findings of inadequacy from internal or external oversight bodies, components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated, substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff and any other relevant factors.

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations*



where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

South Bend/Chain-O-Lakes do not house youthful offenders. South Bend and Chain-O-Lakes met the requirements of Standard 115.14.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Review of Policy 01-04-102 (Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth)
- Daily population reports
- Interviews with the PREA Coordinator
- Interviews with the Compliance Managers (South Bend/Chain-O-Lakes)

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

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-03-101, Searches and Shakedown and Policy 02-10-1118 address the requirements in Standard 115.15. For example, Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender. Opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on an Incident Report and submitted to the Custody Supervisor or designee."

Random staff (100%) was able to describe the facility requirements for searching during individual interviews. Random staff (100%) interviewed were also aware of the need to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility does not have female inmates. Auditor confirmed by examination that all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches be conducted. South Bend/Chain-O-Lakes both have a written policy that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Problematic, during the facility tour to South Bend the Auditor noted that inmates could be seen showering from the dayroom thru a wide entrance to the lavatory. South Bend corrected the problem immediately by erecting a barrier to provide inmates with a measure of privacy to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Chain-O-Lakes has a Jack-and-Jill entrance to a single lavatory that is shared between living units. Walking into the lavatory from one direction allows inmates to be seen performing bodily functions, in the shower or changing clothes. Chain-O-Lakes immediately corrected this problem by reminding staff in a written notice to know and announce themselves before entering the lavatory. Chain-O-Lakes has several outbuildings that were unsecured such as a maintenance, a loft and a television room not monitored by cameras or staff but open to

inmates throughout the day and well into the night and early morning, and these locations could foster sexual abuse or sexual harassment.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Review of 02-03-101(Searches and Shakedowns)
- Review of 02-01-118 (Transgender and Intersex Offenders)
- Security skills refresher evaluation
- Strip and cavity searches
- Training sign in sheets and curriculum
- Inmate handbook
- Interview with inmates
- Interview with staff
- Interview with the PREA Coordinator
- Observations of Auditor during the on-site portion of the audit

**Corrective action:**

South Bend/Chain-O-Lakes both have a written policy that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Problematic, during the facility tour to South Bend the Auditor noted that inmates could be seen showering from the dayroom thru a wide entrance to the lavatory. South Bend corrected the problem immediately by erecting a barrier to provide inmates with a measure of privacy to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Chain-O-Lakes has a Jack-and-Jill entrance to a single lavatory that is shared between living units. Walking into the lavatory from one direction allows inmates to be seen performing bodily functions, in the shower or changing clothes. Chain-O-Lakes immediately corrected this problem by reminding staff in a written notice to know and announce themselves before entering the lavatory. The Auditor was provided verification of the corrective action.

Chain-O-Lakes has several outbuildings that were unsecured such as a maintenance, a loft and a television room unmonitored by cameras but open to inmates throughout the day and well into the night and early morning, and these locations could foster sexual abuse or sexual harassment.

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

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

#### 115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

IDOC Policy (Telephonic and In Person Interpretive Service) and Policy 02-01-115 (Sexual Abuse Prevention) address the policy requirements of Standard 115.16. IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. The agency/facility has an on-going Memorandum of Understanding (MOU) to provide inmates with needed assistance. The facility is equipped with posters in alternate languages such as Spanish to ensure inmate education.

IDOC utilizes a uses an interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Propio LLC interpretive services are available 24 hours a day. The facility provided invoices of the use of interpretive services. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The facility also has a list of staff members' that are utilized as interpreters.

IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. They employ an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. South Bend/Chain-O-Lakes does not use inmate interpreters. South Bend/Chain-O-Lakes met the requirements of Standard 115.16.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-03-101 (Searches and Shakedowns)
- Policy 02-01-118 (Transgender and Intersex Offenders)
- Memorandum: Warden regarding use of inmate interpreters, inmate readers, or inmate assistants, dated April 19, 2019
- Training: Security skills refresher evaluation
- Propio, over-the-phone interpreting service access instructions with top language codes
- Training: Strip and Cavity Searches
- Training sign in sheets and curriculum
- Review of the inmate handbook
- Interviews with inmates (random)
- Interviews with random staff
- Interview with the PREA Coordinator

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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



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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

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Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

#### Instructions for Overall Compliance Determination Narrative

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

IDOC Policy 04-03-102, Human Resources and Policy, 04-03-103, Information and Standards of Conduct for Departmental Staff, prohibit hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). The same policies require that criminal background records checks be conducted at least every four years on current employees and contractors who may have contact with inmates. The facility provided Policy 04-03-103 and 04-03102 as evidence that the agency ensures compliance with Standard 115.17. Each policy was

reviewed, a blank copy of an applicant questionnaire was uploaded for the Auditor to examine, and a Human Resource representative was also interviewed.

A Human Resource representative was interviewed during the audit. The HR representative confirmed that the agency prohibits the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates and the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates. More, before hiring new employees, who may have contact with inmates, the agency performs a criminal background records check on all potential applicants, contractors and volunteers.

The PREA Coordinator confirmed in an interview that the agency asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees and provided evidence. Furthermore, the PREA Coordinator affirmed that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections. IDOC, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Auditor examined criminal background records check of current employees, volunteers and contractor to determine compliance with Standard 115.17. The PREA Coordinator provided the Auditor with six (6) examples of the agency providing information to potential employers on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The Warden confirmed during his interview that IDOC prohibits the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. South Bend/Chain-O-Lakes met the requirements of Standard 115.17.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Policy 04-03-102, Human Resources
- Sample: Re-Hire Request for Information document
- Sample: IDOC Release of PREA Information
- Interviews with staff (random and specialized)
- Interview with the Human Resource representative
- Interview with the PREA Coordinator

- 
- Interview with the PREA Compliance Managers
- Sample: Review of applicant employment questionnaire

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012.

South Bend Community Re-Entry Center has 72 cameras throughout the facility to areas where inmates are permitted. The facility has made minor modifications to its strip search procedure by creating a room with semi stalls where inmates may be stripped search without being exposed of other inmates.

Chain O Lakes Correctional facility has nine (9) cameras placed throughout the facility. Twelve additional, high definition cameras have been ordered to replace and supplement the current system. The Pre-Audit Questionnaire captured the additions being made based on the recommendation of the staffing plans as wells the interviews of the Incident Review Team, Compliance Managers and PREA Coordinator. South Bend/Chain-O-Lakes met the requirements of Standard 115.18.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Observations of the Auditor during the on-site tour
- Floor plan with cameras (South Bend)
- Floor plan with cameras (Chain-O-Lakes)
- Interviews with staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Interview with Warden

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

▪

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

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

### 115.21 (e)

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

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

■

## Instructions for Overall Compliance Determination Narrative

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

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

The Auditor confirmed by examination that the facility has a MOU with a local hospital and the Indiana Coalition Against Domestic Violence (ICDV). A call was made to the service provider. The Regional SANE Coordinator of the program, Michelle Resendez verified that facility currently has a MOU with a local hospital. The services provided are as follows: Examinations performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE); SAFE or SANE examiners are available 24 hours and seven days a week (documented in the MOU); victim advocacy, emotional support, crisis intervention, information, and referrals.

Random and specialized staff confirmed knowledge of the MOU with local victim advocacy organization as well as what services are offered by each provider. Inmates understood services were available for victims of sexual abuse but did not recall specifics. Each inmate could tell the Auditor where additional victim information could be located, regarding how to report sexual abuse or sexual harassment in addition to third-party reporting to outside entities, on each living unit. Specialized staff confirmed that if requested by the victim, South Bend/Chain-O-Lakes would provide SART victim advocates, qualified agency staff member, or





qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition to counseling provided by a Mental Health professional at South Bend/Chain-O-Lakes, victims of sexual abuse, either during or prior to incarceration, can receive emotional support services from a Victim Advocate at the Indiana Coalition Against Domestic Violence. Inmates can call the toll-free number to the ICADV hotline from the offender phone system by dialing #66. Further, inmates are also provided with the address to the ICADV to write the organization.

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

The IDOC is responsible for investigating allegations of sexual abuse in the facility. Allegations of sexual abuse that rise to criminal behavior is referred to the Indiana State Police for investigation and referral for prosecution when applicable. During an interview with the facility investigator he confirmed that the facility follows the requirements for investigating allegations of sexual abuse. The same investigator confirmed that the investigative protocol, as appropriate, was adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The agency is responsible for the initial investigation of allegations of sexual abuse in the facility. The agency provided Indiana Code (IC) 11-10-3-5, Copayment, as evidence of compliance with Standard 115.21. The agency's investigative officers follow the requirements for investigating allegations of sexual abuse in confinement settings.

The services provided are as follows:

- Examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs);
- SAFEs or SANEs are available 24 hours and seven days a week (documented in the MOU);
- Victim advocacy, emotional support, crisis intervention, information, and referrals.

Random staff and inmate questionnaires were conducted, and staff and inmates displayed knowledge of the Memorandum of Understanding and was able verbalize who the agreements were with and what services they provided. South Bend/Chain-O-lakes met the requirements of Standard 115.21.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Indiana Code (IC) 11-10-3-5, Copayment, exceptions
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- Sexual Assault Response Team Curriculum (SART) (19 hours)
- Evidence Collection Table/Sexual Assault Evidence Protocols
- List of SART certified employees and copy of certificates of completion

- Interviews with staff (random and specialized)

- Interviews with the PREA Compliance Managers
- Interview with the PREA Coordinator

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

IDOC Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement of Standard 115.22. The policy ensures that allegations of sexual abuse are investigated by an entity with the legal authority to conduct criminal investigations. The policy is available and accessible to viewers on the agency website. The PREA Coordinator confirmed that the South Bend/Chain-O-Lakes has a practice in place to document all investigations of allegations of sexual abuse or sexual harassment that are referred for investigation to the Indiana State Police to conduct criminal investigations, unless the allegation does not involve potentially criminal. An interview with a facility investigator confirmed his understanding of his responsibility to document all investigation and to make referrals when appropriate to the Indiana State Police. South Bend/Chain-O-Lakes met the requirements of Standard 115.22.

### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Review of investigation files
- Interview with the PREA Coordinator
- Interview with the Office of Investigation and Intelligence
- Review of the agency website
- Interview with the PREA Compliance Managers
- Interviews with random and specialized staff

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zerotolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

A total of twenty (20) random training files reviewed. All twenty (20) training files reflected that the staff received the appropriate training. Of these twenty (20) random files those requiring refresher training had received training yearly. The training curriculums provided by the facility tailored to the unique needs and attributes of inmates at the facility. South Bend/Chain-O-Lakes met the requirements of Standard 115.31.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Indiana Training Plan
- On the Job Training Session
- Security Skills Evaluations
- Learning Plan Transcript
- Acknowledgment of Receipt
- Auditor review of training files
- Auditor review of training curriculum
- PREA brochures
- Interviews with staff
- Interview with the PREA Compliance Managers

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

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

#### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and



sexual harassment prevention, detection, and response policies and procedures?  Yes  
 No

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention and detection. The curriculum the agency utilized for training provide the level and type of training that is based on the services they provide and level of contact they have with inmates. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. South Bend/Chain-O-Lakes met the requirements of Standard 115.32.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Indiana Contractor and Volunteer Manual
- Interview with the PREA Coordinator
- Acknowledgment of Receipt

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and*

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

The agency documents inmate trainings in institutional and clinical files. A total of thirty (30) inmate institutional files were reviewed to verify that inmates received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. The handbooks and brochure covered how to report incidents or suspicions of sexual abuse or sexual harassment. The information was also provided for those who are limited English proficient, deaf, visually impaired or otherwise disabled.

Within 30 days of intake, the agency provides age-appropriate comprehensive education to inmates in person regarding their rights to be free from sexual abuse and sexual harassment, as well as their rights to be free from retaliation for reporting such incidents. This was verified through the review of thirty (30) clinical files.

In addition to providing such education the agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks and informal PREA groups. The posters were in Spanish and English and they were posted throughout the facility. The inmates were very versed in the grievance process and felt that their grievance would be addressed in a confidential and timely manner. South Bend/Chain-O-Lakes met the requirements of Standard 115.33.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Auditor review of inmate education materials
- PREA brochure
- Inmate acknowledgment forms
- Auditor review of inmate's files
- Interviews with staff
- Interviews with inmates
- Interviews with the PREA Coordinator

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

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

#### **115.34 (a)**

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

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

The agency conducts investigations of sexual abuse. The South Bend/Chain-O-Lakes formally investigate allegations that meet the criteria of abuse, neglect, or criminal allegations, and does not contract with an outside entity. Policy 02-01-115, Sexual Abuse Prevention, and 00-01-103, Office of Investigation and Intelligence, address the agency's approach to this standard. The agency also conducts investigations into the administrative aspects of sexual abuse investigations. This inquiry is informal and is only conducted to determine staff misconduct. These aspects include determining whether staff actions or failure to act contributed to the abuse and the investigation shall be documented in comprehensive written reports. If criminal involvement is founded, the investigation is referred for criminal charges. The investigators have been trained on conducting sexual abuse investigations. Documentation of the completed training is maintained by the agency. South Bend/Chain-O-Lakes met the requirements of Standard 115.34.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigation and Intelligence)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Interview of agency investigators
- Certificate of completion
- Training curriculum

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

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

### **115.35 (a)**

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-01-115, Sexual Abuse Prevention addresses the policy requirement for Standard 115.35. The medical staff South Bend/Chain-O-Lakes does not conduct forensic medical exams. The agency maintains documentation that medical and mental health practitioners have received the required specialized and general PREA training referenced in this standard. The Auditor verified by examination training documents for medical and mental health staff. The documentation indicates that training was conducted, and that specialized staff was re-trained yearly. South Bend/Chain-O-Lakes met the requirements of Standard 115.35.

### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with Medical and Mental Health Staff • Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Review of training certifications for all medical and mental health staff



# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon

any additional, relevant information received by the facility since the intake screening?   
Yes  No

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention, requires screening (upon admission to a facility or transfer to another facility) for risk of being sexually abused by other inmates or sexually abusive toward other inmates. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusive behaviors within 72 hours of their intake. Based on the thirty (30) institutional files, the facility is conducting the screening upon intake. Through the inmate interviews they all verbalized they were screen during intake by their counselor. An example of the PREA screening assessments was examined by the Auditor. The thirty clinical files documented that the assessments were conducted. The facility through record review demonstrated that inmates were screened again within thirty (30) days. The Incident Treatment Team interviews verified that the agency obtains this information periodically throughout an inmate's confinement and consider the motivation of incidents. South Bend/Chain-O-Lakes met the requirements of Standard 115.41.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Review of inmate screenings
- Review of Sexual Violence Assessment Tool
- Review the Adult SVAT Questionnaires
- Identifying LGBTI offenders
- Observations made during the on-site portion of the audit
- Auditor Interviews with specialized staff
- Auditor interviews with inmates
- Auditor Interviews with the PREA Compliance Managers

## Standard 115.42: Use of screening information

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

### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 01-04-101, Adult Offender Classification; 02-01-118, Transgender and Intersex Procedure; Directive: Health Care Services; 2.03A, Reception Screening; Health Care Services and Directive 3.01A, Health Services for Transgender/Intersex Offenders all address how South Bend/Chain-O-Lakes uses information from the risk screening assessment instrument (SVAT) as required by Standard 115.41 and 115.42, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive and to inform housing, bed, work, education, and program assignments. Thirty (30) SVAT documents were examined by the Auditor.

The facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free of abuse. The facility conducts screenings, according to the standard. During the tour of the facility those identified as high-risk were verified to be assigned to a high-risk room.

All inmates are given the opportunity to shower in private. The facility states as a last resort, to protect an inmate who has been victimized when less restrictive measures are inadequate and alternative means of keeping the inmate safe cannot be immediately arranged, isolation may be considered as an option. South Bend/Chain-O-Lakes met the requirements of Standard 115.42.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 01-04-101 (Adult Offender Classification)
- Review of Vulnerability Assessment documentation
- Interviews with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Interviews with staff

- Interviews with inmates
- Auditor observation
- Review of facility schematics

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility



never restricts access to programs, privileges, education, or work opportunities.)  Yes  
 No  NA

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers. South Bend/Chain-O-Lakes does not place inmates in segregated housing or protective custody. South Bend/Chain-O-Lakes met the requirements of Standard 115.43.

### Evidence relied upon to make auditor determination:

- The Pre-Audit Questionnaire
- Memo from Warden
- Policy 02-11-115 (Sexual Abuse Prevention)
- Interview with the PREA Compliance Managers

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-01-115, Sexual Abuse Prevention, allows for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; AND staff neglect or violation of responsibilities that may have contributed to such incidents. Each staff interviewed during the audit confirmed that they understood their duty to report all allegations of sexual abuse or sexual harassment. Further, the agency provides multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment through the grievance process, telling staff and the PREA hotline. Each inmate was able to discuss multiple ways of reporting sexual abuse and sexual harassment such as filing a grievance, third-party reporting, PREA hotline or telling a trusted staff person. Most inmates sampled indicated that they would simply inform staff. Inmates (random and targeted) were also knowledgeable of the grievance process. Grievance forms were observed available in the grievance boxes throughout the facility during the tour. South Bend/Chain-O-Lakes met the requirements of Standard 115.51.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-102 (Offender Access to Court)
- Auditor review of forms and reporting documentation
- Interviews with inmates
- Interviews with staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- PREA Brochures

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

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

### **115.52 (a)**

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed

extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 00-02-301, Offender Grievance Process is the agency administrative procedure for dealing with inmate grievances regarding sexual abuse. The policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time; regardless of when the incident is alleged to have occurred. Within the procedure it outlines that the agency always refrains from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The agency disciplines inmates for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the inmate filed the grievance in bad faith as indicated in Policy 00-02-301. The IDOC inmate handbook does not explain in detail inmate rights regarding filing PREA related grievances. Moreover, an inmate's access to informative information regarding administrative remedies to PREA related issues is omitted in the IDOC handbook. South Bend/Chain-O-Lakes did not provide detailed evidence in support of Standard 115.52 such as:

- no time limit for filing a grievance, regardless of when the incident is alleged to have occurred;
- that IDOC always refrains from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse;
- the agency ensures that such grievance is not referred to a staff member who is the subject of the complaint, third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse; and
- the agency established procedures for the filing of an emergency grievance when alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

South Bend/Chain-O-Lakes did not meet the requirements of Standard 115.52.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 00-02-301 (Offender Grievance Process)
- Interviews with staff
- Interviews with inmates
- Interview the PREA Coordinator
- Interview with the PREA Compliance Managers

**Corrective action:**

South Bend/Chain-O-Lakes will modify the inmate handbook and adopt verbiage outlined in Standard 115.52 and Policy 00-02-301, Offender Grievance Process. The Auditor will work with the facility to gain compliance. South Bend/Chain-O-Lakes will provide the Auditor with evidence of the changes to the inmate handbook.

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



## services

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

#### 115.53 (a)

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

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The contact information is posted throughout the facility. These posters were observed posted during the tour of the facility. The facility maintains copies of the agreement with the Indiana Coalition Against Domestic Violence. A call was made verifying that the Memorandum of Understanding was still in place. South Bend/Chain-O-Lakes met the requirements of Standard 115.53.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Observations of the Auditor made during the facility tour
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- Interviews with inmates
- Interviews with staff
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Managers

### Standard 115.54: Third-party reporting

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

##### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

The facility accepts all third-party reports of inmate sexual abuse or sexual harassment. The agency established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency's website. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate on their website. The website provides contact information as well as whom the third-party reporter will speak to when communicating with the agency. South Bend/Chain-O-Lakes met the requirements of Standard 115.54.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Indiana Department of Correction website
- Interviews with staff
- Interviews with inmates
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers

## **OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

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

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

All Indiana Department of Correction employees are mandated reporters and are required by Policy 02-01-115, Sexual Abuse Prevention, to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During an interview with the Warden, he confirmed in a memo provided to the Auditor dated April 10, 2019. The memo indicated that South Bend Community Re-Entry nor Chain-O-Lakes had zero instances of sexual abuse with a victim under the age of 18 during the current audit period. Interviews with staff supported compliance with this standard. Staff (100%) interviewed confirmed that they would always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Random staff also indicated during interviews that they would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, the PREA Compliance Manager and the Warden. Specialized staff confirmed that they understood medical and mental health practitioners are required to report sexual abuse pursuant to Standard 115.61. South Bend/Chain-O-Lakes does not house inmates under the age of 18. South Bend/Chain-OLakes met the requirements of Standard 115.61.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire

- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with the Warden
- Interview with the PREA Compliance Managers
- Interviews with staff (random and specialized)
- Interviews with inmates
- Interview with the PREA Coordinator
- Review of investigated files

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention, requires staff to take immediate action to protect an inmate when he is identified as being subject to substantial risk of imminent sexual abuse. Staff (100%) interviewed confirmed their understanding of their responsibility, when they learn that an inmate is subject to a substantial risk of imminent sexual abuse and to take immediate action to protect the inmate from harm. South Bend/Chain-O-Lakes met the requirements of Standard 115.62.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with staff
- Interview with the PREA Coordinator
- Interview with the Warden

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

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

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention, supports compliance with this standard. Policy requires: when a Warden/Superintendent or designee receives an allegation that an offender was sexually abused at another facility, the Warden/Superintendent or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventytwo (72) hours of receiving the allegation and document he/she has provided such information. The Warden/Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this policy and administrative procedure. During the past 12 months, there were zero (0) allegation received that an inmate was abused while confined to another facility. South Bend/Chain-O-Lakes met the requirements of Standard 115.63.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with the PREA Compliance Managers
- Interview with the PREA Coordinator
- Interview with Warden

### Standard 115.64: Staff first responder duties

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

##### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No



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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 Sexual Assault Prevention, Members of SART and Their Responsibilities, requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that

could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Staff interviews revealed a clear understanding of the actions to be taken upon learning that an inmate was sexually abused. South Bend/Chain-O-Lakes met the requirements of Standard 115.64.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention – Members of SART and Their Responsibilities)
- Sexual Assault Prevention Directive
- IDOC Sexual Abuse Incident Checklist
- Interviews with staff (random and specialized)

**Standard 115.65: Coordinated response**

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where*

*the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 02-01-115 Sexual Assault Prevention, Members of SART and Their Responsibilities, outlines the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was reviewed and is in compliance with this standard. Interviews with the Warden and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan. South Bend/Chain-O-Lakes met the requirements of Standard 115.65.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention, Members of SART and Their Responsibilities)
- Interviews with staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Interview with the Warden

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. South Bend/Chain-O-Lakes met the requirements of Standard 115.66.

**Evidence relied upon to make auditor determination:**

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

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from

contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.67 (c)

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

### 115.67 (d)

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

### 115.67 (e)

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

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency issued a written directive that requires the Office of Investigation and Intelligence to ensure the protection of inmates and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The agency has multiple protection measures to employ in its efforts to protect staff and inmates. The monitoring will take place for a period of at least 90 days and longer, as needed. There were no incidents of retaliation in the past 12 months. South Bend/Chain-O-Lakes met the requirements of Standard 115.67.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- PREA Retaliation Monitoring Form
- Interview with the PREA Compliance Managers
- Interview with the Warden

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The facility does not utilize segregated housing. In a memorandum dated April 15, 2019 regarding Standard 115.68, the Warden indicated that South Bend/Chain-O-Lakes does not operate segregated or restricted housing. South Bend/Chain-O-Lakes met the requirements of Standard 115.68.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire

- Policy 02-01-107 (The Use and Operation of Protective Custody)
- Policy 02-01-115 (Sexual Assault Prevention)
- Interview with Office of Investigations and Intelligence
- Interview with the Warden
- Interview with the PREA Compliance Managers

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No



- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Assault Prevention, requires criminal investigations to be conducted by the Office of Investigations and Intelligence. Administrative and criminal investigations were documented, and the appropriate investigation was forwarded to law enforcement. The policy further requires staff members to cooperate with all investigations. There have been (1)

sustained allegations of harassment and abuse during this reporting period. The appropriate action was applied by the facility. South Bend/Chain-O-Lakes met the requirements of Standard 115.71.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Interview with the Investigators
- Interview with the PREA Compliance Managers
- Review of Investigations

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Policy 00-01-103, Investigations and Intelligence demonstrates compliance with this standard. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. South Bend/Chain-O-Lakes met the requirements of Standard 115.72.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigations and Intelligence)
- Interview with the PREA Compliance Managers
- Interview with the Investigators

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The standard requires that after an allegation of sexual abuse the inmate shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications shall be documented. There were one (1) investigations into allegation of sexual abuse and harassment. The inmates received all required notifications. South Bend/Chain-O-Lakes met the requirements of Standard 115.73.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Review of Investigation files
- Interview with the PREA Compliance Managers
- PREA Inmate Notification

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-103, Information and Standards of Conduct for Departmental Staff outlines the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. The failure to participate in an investigation shall also be grounds for terminating employment. In the past 12 months, one (1) staff was terminated for violating the facility's PREA policies. The termination of staff did not result in the termination of the investigation. South Bend/Chain-O-Lakes met the requirements of Standard 115.76.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and standards of conduct for departmental staff)
- Interview with the PREA Compliance Managers
- Notice of Termination
- Review of Investigation files
- Sexual Abuse Incident Review

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

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**



**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention, states that any contractor or volunteer engaging in sexual abuse of inmates will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer is prohibited from having contact with inmates. During the past 12 months, one (1) contractor has been reported to law enforcement. South Bend/Chain-O-Lakes met the requirements of Standard 115.77.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Gate Closure Restricting entry to facility
- Review of Investigation file
- Interview with the PREA Compliance Managers

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-04-101, Disciplinary Code for Adult Offenders, states that inmates may receive disciplinary sanctions following an administrative finding or a criminal investigation that an inmate engaged in inmate-on-inmate sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. There were no administrative or criminal findings of guilt for inmate-on-inmate sexual abuse in the past 12. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity. The facility will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced. There were no (0) cases of inmate-on-inmate sexual activity that were determined to be a none coerced act. South Bend/Chain-O-Lakes met the requirements of Standard 115.78.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-04-101 (Disciplinary code for Adult offenders)
- Inmate handbook
- Interview with the PREA Compliance Managers
- Conduct Report
- Consensual Report

## **MEDICAL AND MENTAL CARE**

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

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

### 115.81 (a)

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

### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 2.30A Health Care Services Directive (Sexual Assault) supports compliance with this standard. Inmates who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Staff interviews confirmed compliance with this policy. In the past 12 months there were no inmates who disclosed previously perpetrating sexual abuse and required a follow-up meeting with a mental health practitioner. South Bend/Chain-OLakes met the requirements of Standard 115.81.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 2.30A Health Care Services Directive (Sexual Assault)
- Offender Information System
- Auditor review of Behavioral Health and Intake documentation
- Sexual Violence Assessment Tool
- Consent for Treatment Form
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Managers

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

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 2.30A Health Care Services Directive (Sexual Assault) requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. Inmate victim will be afforded a forensic examination at no cost to the victim. South Bend/Chain-O-Lakes met the requirements of Standard 115.82.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Policy 2.30A Health Care Services Directive (Sexual Assault)
- Review of an investigation file
- Interviews with medical staff
- Interview with the PREA Compliance Managers

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-02-115, Sexual Abuse Prevention, addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided. The policy requires the facility to attempt to obtain a mental health evaluation within 60 days of learning of inmate-on-inmate abusers and offer treatment deemed appropriate by a mental health practitioner. South Bend/Chain-O-Lakes met the requirements of Standard 115.83.

#### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Managers

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

## Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

IDOC has a policy that addresses Standard 115.86. The facility follows this standard and provides information regarding the Incident Review Team and its role. The Incident Review Team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. The Warden and PREA Compliance Manager confirmed that an incident review is conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review form details the make-up of the Incident Review Team and the elements to be considered in their assessments of incidents. In the last twelve (12) months, Chain-O-Lakes documented an incident review that took place well beyond 30 days of the completion of the investigation. Re-training of staff was provided to ensure compliance with the standard. Interviews with staff revealed that they understand the purpose of the Incident Review Team and the process. South Bend/Chain-O-Lakes did not meet the requirements of Standard 115.86.

#### **Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Sexual Abuse Incident Review
- Interviews with members of the Sexual Abuse Incident Review Team
- Interview with the PREA Compliance Managers
- PREA Meetings Minutes

#### **Corrective action:**

Staff re-training regarding Standard 115.86 and the need for staff to review within 30 days of the conclusion of the investigation. Re-training will be documented. The facility will provide the Auditor with a copy of the re-training of staff.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

Indiana Department of Correction uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. South Bend/Chain-O-Lakes met the requirements of Standard 115.87.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the Warden
- Survey of Victimization 2014 • Survey of Victimization 2015 • Survey of Victimization 2016
- Survey of Victimization 2017
- Sexual Assault Prevention Program Annual Report 2014-2018

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

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

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and

response policies, practices, and training, including by: Identifying problem areas?  Yes  
 No

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The PREA Compliance Managers are responsible for the review of the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice. South Bend/Chain-O-Lakes met the requirements of Standard 115.88.

### Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- SIR Data Report
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Survey of Victimization 2014 • Survey of Victimization 2015 • Survey of Victimization 2016
- Survey of Victimization 2017
- Sexual Assault Prevention Program Annual Report 2014-2018

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice. South Bend/Chain-O-Lakes met the requirements of Standard 115.89.

**Evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- Sexual Assault Prevention Program Annual Reports
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Managers
- Survey of Victimization 2014 • Survey of Victimization 2015 • Survey of Victimization 2016
- Survey of Victimization 2017
- Sexual Assault Prevention Program Annual Report 2014-2018

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

**115.401 (a)**

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

**115.401 (b)**

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

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where*

*the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

During the tour of the facility the upcoming audit was posted throughout the facility. The facility provided electronic verification of the notice. When inmates were asked how long the poster has been posted during the inmate interviews; they consistently replied for a while or confirmed the notice was posted. No inmate gave any indication of the facility not meeting the required timeframe. All the agency's facilities were audited during the same timeframe to meet the required deadline of one (1) audit within three (3) years. A review was conducted on information provided to inmates regarding the confidential nature of any correspondence and communication with the auditor. The facility provided inmates with information about the PREA audit at least six weeks prior to the site visit and demonstrated based on their institutional and clinical files that PREA has been a continued practice. South Bend/Chain-O-Lakes met the requirements of Standard 115.401.

**Evidence relied upon to make auditor determination:**

- Interview with staff
- Interview with inmates
- Interview with the PREA Compliance Managers
- Interview with the PREA Coordinator

## **Standard 115.403: Audit contents and findings**

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

### **115.403 (f)**

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

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

All Indiana Department of Correction facilities were audited prior to the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly, publicly posted on the agency's website. South Bend/Chain-O-Lakes met the requirements of Standard 115.403.

#### **Evidence relied upon to make auditor determination:**

- Agency website
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

## **AUDITOR CERTIFICATION**

I certify that:

The contents of this report are accurate to the best of my knowledge.

No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

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

Sonya Love \_\_\_\_\_

08/29/19 \_\_\_\_\_

**Auditor Signature      Date**

\_\_\_\_\_

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c57d77-4fd6-a216-6f4bf7c7c110> .

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