

May 20-23, 2019

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

Interim Final

Date of Report Thursday, October 10, 2019

Auditor Information

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Company Name: California Department of Corrections and Rehabilitation (CDCR)	
Mailing Address: 1515 S Street 344-N FOPS/SH	City, State, Zip: Sacramento, CA 95811
Telephone: (916) 798-9953	Date of Facility Visit: May 20-23, 2019

Agency Information

Name of Agency: Indiana Department of Corrections (IDOC)		Governing Authority or Parent Agency (If Applicable): State of Indiana	
Physical Address: 302 West Washington St. Room E-334		City, State, Zip: Indianapolis, Indiana 46204	
Mailing Address: Same as above		City, State, Zip: Same as above	
Telephone: (317) 232-5711		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: We promote public safety by providing meaningful, effective opportunities for successful re-entry.			
Agency Website with PREA Information: https://www.in.gov/idoc/2832.htm			

Agency Chief Executive Officer

Name: Robert Carter	Title: Commissioner, Indiana DOC
Email: RoCarter1@idoc.in.gov	Telephone: (317) 233-5541

Agency-Wide PREA Coordinator

Name: Bryan Pearson	Title: Executive Commissioner PREA Compliance
Email: BPearson@idoc.in.gov	Telephone: (812) 526-8424
PREA Coordinator Reports to: Executive Commissioner of the Northern Region	Number of Compliance Managers who report to the PREA Coordinator 22

Facility Information

Name of Facility: Wabash Valley Correctional Facility			
Physical Address: 6908 S Old U.S. Highway 41, Carlisle, Indiana 47838			
Mailing Address (if different than above): Same as Above			
Telephone Number: (812) 398-5050			
The Facility 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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: We promote public safety by providing meaningful, effective opportunities for successful re-entry.			
Facility Website with PREA Information: https://www.in.gov/idoc/2832.htm			

Warden / Warden

Name: Richard Brown	Title: Warden
Email: RBrown@idoc.in.gov	Telephone: (812) 398-5050

Facility PREA Compliance Manager

Name: Jodeana Raney	Title: Internal Affairs Investigator 4
Email: jraney1@idoc.in.gov	Telephone: (812) 398-5050

Facility Health Service Administrator

Name: Kim Hobson	Title: Health Services Manager
Email: Kimberly.Hobson@corizonhealth.com	Telephone: (812) 398-5050

Facility Characteristics

Designated Facility Capacity: 2198	Current Population of Facility: 2099		
Number of inmates admitted to facility during the past 12 months		710 Adults (Male)	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		706	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		706	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		396	
Age Range of Population:	Youthful Inmates Under 18: Not applicable. This is an adult institution.	Adults: 18-85	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	

Average length of stay or time under supervision:		Adults- 148.5 days
Facility security level/inmate custody levels:		Minimum & Maximum
Number of staff currently employed by the facility who may have contact with inmates:		576
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		116
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		5
Physical Plant		
Number of Buildings: 28	Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:	9	
Number of Open Bay/Dorm Housing Units:	1	
Number of Segregation Cells (Administrative and Disciplinary):	376	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
The facility has 378 interior cameras strategically placed throughout the facility to assist with monitoring numerous areas such as all housing units, laundry, kitchen, dining, south industries, offender services building and other administrative areas. These are either live-feed or reviewed after recorded. This is an increase of 98 additional cameras since 2017. Video retention capacity prior to roll over is approximately 15 calendar days.		
Medical		
Type of Medical Facility:	24 hour on-call and available medical staff	
Forensic sexual assault medical exams are conducted at:	Regional Hospital, Terre Haute, Indiana	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	348 total (210 Vol. & 138 Cont.)	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5 on-site	

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.

The Wabash Valley Correctional Facility is located at 6908 South Old Highway 41, in Carlisle, Indiana. It is located in the Haddon Township within Sullivan County just south of Terre Haute, Indiana.

The correctional facility opened in December 1992 and, at the time of the audit, had an adult, male-only population of 2064.

The Wabash Valley Correctional Facility is participating in a Prison Rape Elimination Act audit conducted by three certified Department of Justice auditors from the California Department of Corrections and Rehabilitation. The on-site portion of the audit was conducted at the address stated above during the period of May 20-23, 2019.

PRE-AUDIT PHASE

I sent audit notices to the Indiana Department of Corrections, Prison Rape Elimination Act Statewide Coordinator, via email, on March 21, 2019. The Notice of Audit was copied on a variety of brightly-colored paper (green, pink, yellow, purple and orange) and posted in all 12 housing units, work areas and in recreation, education, visiting, medical and religious areas that could be seen by offenders, staff and visitors, throughout the Wabash Valley Correctional Facility on April 2, 2019. This date was over six weeks prior to the on-site review and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The facility was requested and agreed to keep all notices posted for six weeks prior to and six weeks after the on-site review. As of the date of this report, I received three correspondence letters from either staff, offenders or a 3rd party, from the address listed on the posted audit notifications. All three were interviewed while on-site.

The Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager, with the assistance of the Indiana Statewide Prison Rape Elimination Act Coordinator, was requested to complete the Pre-Audit Questionnaire.

On March 28, 2019, I received access to the Pre-Audit Questionnaire and supporting documentation by way of a confidential and secure website. Pre-audit preparation, by me, included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, training certifications, organizational charts, posters, brochures and other Prison Rape Elimination Act related materials, that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. This review prompted several questions that were placed in written form and emailed to the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager, on April 10, 2019, in the form of bulleted questions for clarification or additional information needed. Responses to those questions were requested be sent to me, via email, either prior to or at the beginning of the on-site portion of the audit.

Answers to the questions were submitted, via numerous email exchanges, by the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager over a two-week period and two full weeks before the on-site portion of the audit and reviewed by me prior to the on-site review. I was thankful for the quick responses.

I received the pre-audit questionnaire, audit process map, checklist of all Prison Rape Elimination Act related policies/procedures and other documents, via a secure and confidential website from the Indiana Prison Rape Elimination Act's Statewide Coordinator on March 28, 2019. I started completing the Audit section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

I receive letters from three offenders housed at the facility prior to my arrival, while at the institution or, so far, during the post-audit portion of this audit. I also did not receive any letters from an anonymous or third-party source (family member of an offender) or staff.

Prior to the on-site visit, on April 3, 2019, I emailed staff at Just Detention International to ask if there had been any Prison Rape Elimination Act concerns/issues reported from staff or offenders at the Wabash Valley Correctional Facility, in the past 12 months, to their organization. On April 4, 2019, I was informed, via email, by Just Detention International staff that they had not received any written or telephonic correspondence related to the Wabash Valley Correctional Facility.

Also, prior to the on-site visit, on April 4, 2019, I spoke to the Technical Assistance Coordinator of the Indiana Coalition Against Domestic Violence, to ask if there had been any Prison Rape Elimination Act concerns/issues reported from staff or offenders at the Wabash Valley Correctional Facility, in the past 12 months, to her organization. After discussing the process and procedures as they dealt with the Wabash Valley Correctional Facility, the Coordinator stated that they had received four contacts regarding issues or concerns received from offenders at the Wabash Valley Correctional Facility in the past 12 months, and had notified institutional staff about their concerns each time.

It should be noted that the last time the Wabash Valley Correctional Facility received their Prison Rape Elimination Act Final Report, from their last 3-year cycle, was on July 25, 2016.

Following coordination, preparatory work and collaboration with management staff at the Wabash Valley Correctional Facility, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

ON-SITE PHASE

On May 20, 2019, the audit team arrived at the Wabash Valley Correctional Facility.

The on-site audit team consisted of three auditors, which included John Katavich, a Department of Justice Certified Prison Rape Elimination Act Auditor and retired Warden for the California Department of Corrections and Rehabilitation, Doctor Kate Burkhart PhD., a Department of Justice Certified Prison Rape Elimination Act Auditor and Chief Psychologist for the California Department of Corrections and Rehabilitation and myself, a Department of Justice Certified Prison Rape Elimination Act Auditor and retired Captain for the California Department of Corrections and Rehabilitation. All three members of the auditing team have completed several In-state Pre-Audits and numerous Out-of-State formal audits.

As a team, we spent approximately 101 hours on-site at the Wabash Valley Correctional Facility and approximately four additional hours completing telephonic interviews with staff, Sexual Assault Nurse Examiner, Victim Advocate (through the Rape Crisis Center), Volunteers, ect.) that were not on-site during our visit.

Upon arrival to the facility, the audit team met with Wabash Valley Correctional Facility's Warden, Indiana's Statewide Prison Rape Elimination Act's Coordinator, Wabash Valley Correctional Facility's Prison Rape Elimination Act's Compliance Manager and numerous Wabash Valley Correctional Facility's Custody and Non-Custody Managers, for greetings, introductions and information sharing. The audit team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior to arrival at the Wabash Valley Correctional Facility, the audit team requested, via email and telephone conversations, the following information:

- A housing breakdown by unit. How many cells or dorms and current program.
- A roster of all offenders sorted by housing areas.
- A roster of Specialized / Management staff that would need to be interviewed.
- A roster of custody staff working each shift, the days we arrive. (0600-1800 & 1800-0600 hours).
- A list and housing locations for any of the following offenders;
 - Offenders with a Physical Disability.
 - Offenders who are Blind, Deaf or Hard of Hearing.
 - Offenders that are Limited English Proficient.
 - Offenders with a Cognitive Disability.
 - Offenders who identify as Gay or Bisexual.
 - Offenders who identify as Transgender or Intersex.
 - Offenders in Segregated housing for High Risk of Sexual Victimization.
 - Offenders that reported Sexual Abuse.
 - Offenders that reported Sexual Victimization during Risk Screening.
- An inmate Orientation Booklet in each language you have. (English, Spanish, Hmong...)
- 3 black and white site maps. This will be used to make sure we cover all areas during the tour.
- The most recent count sheet.

Once settled in the conference room, all the requested information was provided to the auditors.

The audit team reviewed the lists and highlighted, in pink and yellow, the names of random staff and random offenders we wished to interview.

The reviewed list that the audit team received contained all of the custody and non-custody staff scheduled to work on the days of the on-site review, sorted by shift. The other list contained all offenders currently housed at Wabash Valley Correctional Facility, sorted by housing unit.

This list did not specifically identify offenders according to any/all of the nine above referenced/targeted categories, however, the Prison Rape Elimination Act's Compliance Manager worked with the auditor to identify the offenders in the categories, and, after review, a complete list was later supplied.

The staff names were randomly chosen to include various work areas, shift schedules and classifications to get a formal response of wide-spread information from around the institution.

The offender names were randomly chosen to include several offenders from each of the housing units and classification/custody level.

A majority of the Wabash Valley Correctional Facility custody staff work one of four, 12-hour shifts. (Either the H or I Bracket AM shifts from 0600-1800 hours, or either the J or K Bracket PM shifts from 1800-0600 hours) A few custody staff work varied schedules that are closely related to the majority. Most Medical and Mental Health staff work 0730-1530 hours. However, several Medical and Mental Health posts are staffed 24 hours a day.

On-site Review: The audit team conducted a thorough on-site review of the facility. The Indiana Statewide Prison Rape Elimination Act Coordinator and the Wabash Valley Correctional Facility Prison Rape Elimination Act Compliance Manager escorted the tours as the team broke into two groups. Staff, to include the Warden, maintenance, investigations and clerical also accompanied the tour. All staff answered question and shared information to the auditors.

All three members of the audit team toured the facility to include all Housing Units (Custody Control Unit, Secured Confinement Unit, D, E, F, G, K, L, M, N, P and the Infirmary), reviewed all informational bulletin boards, tested the telephone system, walked through the Visiting Room, Food Services, Medical/Mental Health areas, the Education Building, Gymnasium, Vocational areas, Warehouse, and Intake. As the tour moved throughout the facility, the team would make a notation on the supplied site map indicating which area had been visited and reviewed.

During the tour, all three audit team members asked impromptu questions (Informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors (if in those areas), identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc.

In offender housing units, audit team members tested offender telephones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. Using the offender accessible telephone, I called the listed Rape Crisis Center telephone number posted on the wall and a staff person answered. The staff member, at the Indiana Coalition Against Domestic Violence, Rape Crisis Center, explained this telephone number was monitored 24 hours a day, 7 days a week. Information is obtained from the caller, then directed to the responsible coordinator for immediate action.

In offender work areas, audit team members assessed the level of staff supervision and asked questions (Informal interviews) to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of Prison Rape Elimination Act and Rape Crisis Center information posters, Indiana Department of Corrections contact numbers and outside agency's numbers, located in offender housing/limited work areas and placement of the Prison Rape Elimination Act audit notices provided earlier to the facility. As needed, audit team member took photos to document the on-site review.

Prison Rape Elimination Act Management Interviews:

The Indiana Department of Corrections, Commissioner's designee was interviewed, telephonically, on May 22, 2019.

The Indiana Department of Corrections Agency Contract Administrator was interviewed, telephonically, on May 21, 2019.

The Indiana Department of Corrections Statewide Prison Rape Elimination Act Coordinator, was interviewed, on-site, at the Wabash Valley Correctional Facility, on May 20, 2019.

The Wabash Valley Correctional Facility's Warden was interviewed, on-site, at the Wabash Valley Correctional Facility, on May 21, 2019.

The Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager was interviewed, on-site, at the Wabash Valley Correctional Facility, on May 20, 2019.

The auditors worked with facility staff to schedule a time for each interview. Audit team members were escorted to the offices of the respective manager or arranged to utilize another office where the auditor conducted the confidential interviews using the applicable interview protocols and recorded the responses by hand.

All their summarized remarks and documentation presented, are in this report.

Specialized Staff Interviews: Using the list of specialized staff, received from the Prison Rape Elimination Act Compliance Manager, audit team members were escorted to the work locations or centralized offices of individual specialized staff to perform the required interviews.

The audit team also identified 19 additional specialized staff classifications to be interviewed. Interviews included staff from the following areas:

- 2 Intermediate/Higher level staff responsible for unannounced rounds.
- 0 Line Staff that Supervise Youthful Offenders.
 - No Youthful Offenders are housed at the Wabash Valley Correctional Facility.
- 0 Staff that Educate Youthful Offenders.
 - No Youthful Offenders are housed at the Wabash Valley Correctional Facility.
- 2 Medical staff members
- 2 Mental Health staff members
- 1 Non-medical staff trained/involved in cross-gender searches.
 - No cross-gender searches were conducted during the audit period.
- 1 Administrative (Human Resource) staff member
- 1 Sexual Assault Nurse Examiner from the Regional Hospital in Terre Haute (Telephonically)
- 1 Victim Advocate from the Indiana Coalition Against Domestic Violence (Telephonically)
- 3 various Volunteers (Religious or Education)
- 3 various Contractors (Food Services or Medical/Mental Health)
- 2 Investigator Staff members (Criminal and Administrative)
- 1 Staff who perform Screening for Risk of Victimization and Abusiveness
- 1 Staff who supervise offenders in Administrative Segregated.
- 2 Sexual Abuse Incident Review Team Members
- 2 Person Responsible for Monitoring Retaliation
- 2 First Responders, both security and non-security, staff members
- 1 Staff who conduct Intake Screening
- 1 Person Responsible for Institutional Contractor and Volunteer Clearances
- 1 Grievance/Appeals Coordinator
- 1 staff member that oversees the Wabash Valley Correctional Facility's Training Department

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and both shifts. Audit team members were escorted to various locations or a centralized office where identified staff members were located for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the Prison Rape Elimination Act interview protocols for random staff and recorded the answers by hand.

Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 16 on-site formal and 12 informal random staff interviews were conducted from various categories of staff from both shifts.

During the on-site tour, auditors would stop, speak to staff (Informal interviews) in all categories, and ask two to three questions about Prison Rape Elimination Act issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

Random Offender Interviews: The auditor determined that at least two or more offenders from each housing unit would be interviewed. Audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units.

Audit team members were escorted to a centralized office where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous offenders in all categories, (Informal interviews) and ask two to three questions about Prison Rape Elimination Act issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

A total of 20 formal and 14 informal random offender interviews were conducted from offenders living in various housing units. There was a total of 2064 offenders housed at the Wabash Valley Correctional Facility.

Prison Rape Elimination Act-Targeted Offender Interviews: Audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific Prison Rape Elimination Act standards.

Targeted Offender Interviews: Using the lists of targeted offenders, received from the Prison Rape Elimination Act Compliance Manager, audit team members were escorted to the work/housing locations or centralized offices to perform interviews from the required categories.

These nine categories are:

- 1 Physical Disability
- 2 Disabled Inmates (Hearing, Vision & Mobility)
- 1 Limited English Proficient Inmates
- 1 Cognitive Disability
- 3 Gay & Bisexual Inmates
- 4 Transgender & Intersex Inmates
- 0 Inmates in Segregated Housing for Risk of Sexual Victimization. None in past 12 months.
- 5 Inmates who Reported Sexual Abuse
- 4 Inmates who Disclosed Sexual Victimization during Risk Screening

Audit team members selected offenders from the list received from the Prison Rape Elimination Act Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews.

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this institution, what their role was in the Prison Rape Elimination Act Audit process and explain why the interviews were being conducted. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at their convenience. The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of Prison Rape Elimination Act interest applied to them. These additional interviews would be reflected in this report but only counted as one category or the other, but not both.

Document Reviews: The document review process was divided up between the two auditors.

Two auditors thoroughly reviewed 13 of the 36 files that were related to allegations of sexual abuse/sexual harassment.

The PREA Compliance Manager provided the audit team with completed Sexual Incident Reports for all of the 36 allegations received during the previous 12 months.

The Compliance Log included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation.

13 allegation reports were reviewed for completeness/accuracy using a Prison Rape Elimination Act audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Incident
- Name(s) of Victim and Abuser (If known)
- Date of Allegation
- Date of Investigation
- Investigating Officer
- Date Report was completed
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition-Substantiated, Unsubstantiated or Unfounded
- Is Disposition Justified
- Monitoring required/needed
- Notification Given to Inmate

Audit team members recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes.

Auditors also reviewed training records, personnel records, contractor and volunteer records, offender files, Medical and Mental Health files and reviewed the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

A thorough review of the Indiana Department of Corrections Policies and Procedures was included in all three phases of the audit: Pre-Audit, On-site portion and the Post-Audit.

20 Employee files were reviewed for completeness/accuracy using a Prison Rape Elimination Act audit Employee File/Records review tool to record the following information relative to each Employee File:

To include but not limited to;

- Name/Title
- Date of New Hire, if Current Employee or receiving a Promotion
- Volunteer or Contractor
- Administrative Adjudication Checks (3 questions)
- Criminal History
- Five-year Criminal History Check (update)
- PREA Training/Documentation and signed Acknowledgement form
- Every two-year Refresher Course

After review, it was found that all 20, of the various category, staff personnel files, chosen from a list of new employees, employees who were promoted and those who have been at Wabash Valley Correctional Facility for longer than 12 months for review. All 20 showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. Sporadic informational reviews also indicated full compliance. The files were well maintained and easy to read.

20 Training files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Employee Files/Records review tool to record the following information relative to each Employee Training File:

To include but not limited to;

- Name/Title
- Date of New Hire, if Current Employee or receiving a Promotion
- Volunteer or Contractor
- PREA Training/Documentation
- Specialized PREA Training
- Medical or Mental Health staff
- Signed Acknowledgement form
- Every two-year Refresher Course

After review, it was found that all 20, of the various category, staff training files, chosen from a list of new employees, employees who were promoted and those who have been at Wabash Valley Correctional Facility for longer than 12 months for review. All 20 showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. Sporadic informational reviews also indicated full compliance. The training files were well maintained and easy to read. The training staff are very knowledgeable in all aspects of institutional Prison Rape Elimination Act training requirements and tracking.

15 Offender files were reviewed for completeness/accuracy using a Prison Rape Elimination Act audit Inmate Files/Records review tool to record the following information relative to each Offender File:

To include but not limited to;

- Name/Department of Corrections Number
- Date of Admission
- Program Type
- PREA Intake Screening
- Potential Victim, Aggressor and/or part of the LGBTI community
- Follow-ups, if needed, with Medical or Mental Health provider
- PREA information provided at Intake
- Reassessment timelines followed
- PREA Comprehensive Education given and understood

After review, it was found that all 15, of the offender currently housed at Wabash Valley Correctional Facility Eight offender files showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. Seven offender files indicated that some timelines were missed or documentation was not initially located. Sporadic informational reviews also indicated full compliance in a large majority of offender files.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified.

Where the circumstances dictate, the auditors would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. Audit team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information.

The audit team scheduled a close-out discussion with Warden Brown, the Indiana Statewide Prison Rape Elimination Act Coordinator, the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and six additional management staff on May 23, 2019.

During this close-out discussion, Wabash Valley Correctional Facility staff were provided with a detailed overview of what had been identified as areas of concern during this audit.

POST-AUDIT PHASE

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

Per Prison Rape Elimination Act procedure, starting on August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, certified auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit.

It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance.

The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations.

Section 115.404 (d) states that, "After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action."

The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If the Wabash Valley Correctional Facility meets all of the Standards, without the need for a Corrective Action Plan, the final report must be submitted to the facility by July 7, 2019.

The Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and I agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided, to me, via email, by that Compliance Manager.

Audit team members documented all clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the Prison Rape Elimination Act Compliance Manager and sent the first request, through email, on May 23, 2019.

As completion documents were submitted, I continually updated the requested information report so both the facility and I knew what was still required. During these times, there were multiple telephone calls to and from the Prison Rape Elimination Act Compliance Manager and myself.

After numerous emails and telephone calls, all completed information that was requested for the Interim Report was returned to me, via email, by Wednesday, July 3, 2019.

Most of the concerns, which the audit team had addressed during the pre-audit, on-site audit, exit interview and post-audit with the Wabash Valley Correctional Facility Administrative Staff, were addressed, documented and satisfactorily corrected by Wednesday, July 3, 2019. The documents provided were reviewed for completeness and to verify that they meet the requirements per Prison Rape Elimination Act Standards. This report was written to include any corrective actions that took place to correct any listed deficiencies plus any additional item that required additional monitoring and updates.

A portable document format copy of this document was forwarded to the Indiana Department of Correction's Statewide Prison Rape Elimination Act Coordinator and the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager on Friday, July 5, 2019.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and site review notes and began the process of completing the Audit section of the compliance tool. The auditor used the Audit section of the Prison Rape Elimination Act Compliance Tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable Sub-Section of each standard, the auditors completed the "Overall Determination" section at the end of the standard indicating whether the facility's policy, procedure and practice exceeds, meets or does not meet standard.

Where the auditor found the facilities policies, procedures and practice did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

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.

Wabash Valley Correctional Facility is located in Carlisle, Indiana, which is a town in Haddon Township, Sullivan County, approximately 34 miles from Terre Haute. According to the 2010 census, Carlisle has a total land area of 0.52 square miles and had a population of 692. The estimated population in 2016 was 671.



The Wabash Valley Correctional Facility ground was breaking for the minimum/maximum security was on October 29, 1990. The following year the Indiana Department of Correction announced its intention to build another prison adjacent to the site and share some of its facilities. Completion of all phases of construction took place in mid-1997. Construction costs totaled 123 million dollars. An average daily population of 2,050 offenders is housed on the 340-acre site north of Carlisle in Sullivan County along U.S. 41. Total capacity is 2,199 with 647 approved state staff positions, 114 contractual (medical, food service, education, offender phones). Annual operating costs total nearly 42 million dollars.

The facility consists of the following housing plan:

- The Custody Control Unit, an Administrative Segregation unit, has a maximum capacity of 278.
- The Secured Confinement Unit, an Administrative Segregation unit, has a maximum capacity of 278.
- The D (Delta) Housing Unit, the Special Needs Acclimation Program has a maximum capacity of 57, the Administrative Segregation has a maximum capacity of 16 and the Right Wing has a maximum capacity of 88, for a total unit capacity of 161.
- The E (Echo) Housing Unit, a General Population unit, has a maximum capacity of 176.
- The F (Foxtrot) Housing Unit, a General Population unit, has a maximum capacity of 176.
- The G (Golf) Housing Unit, a General Population unit, has a maximum capacity of 176.
- The J (John) Housing Unit, a Minimum Support unit, has a maximum capacity of 198.
- The K (King) Housing Unit, a General Population unit, has a maximum capacity of 139.
- The L (Lima) Housing Unit, a General Population unit, has a maximum capacity of 200.
- The M (Mike) Housing Unit, a General Population unit, has a maximum capacity of 200.
- The N (Nancy) Housing Unit, a General Population unit, has a maximum capacity of 200.
- The P (Paul) Housing Unit, a General Population unit, has a maximum capacity of 200.
- The Infirmary, a medical unit, has a maximum capacity of 14.

The facility also has two visiting rooms, two libraries, two gymnasiums, a sewing shop ran by PEN products, various industries, medical/infirmary facilities, dining and production kitchens, maintenance and motor pools and a warehouse.

The perimeter of the facility is surrounded by two fences with rolls of razor ribbon at the bottom, center and top of the outer chain link fence. The inner electrified fence was installed in March of 2011. A microwave movement detection system is installed between the inner and outer fences.

Positioned at points around the perimeter fence are six security towers, providing 24-hour surveillance on the perimeter. Additionally, there is an Administration/Visitor Processing Building and the Radio Building.

The Wabash Valley Correctional Facility currently houses 2099 offenders in the following racial/ethnic composition:

- There are 1141 White offenders
- There are 855 Black offenders
- There are 88 Hispanic offenders
- There are 15 Listed as Others (American Indian, Alaskan, Asian & Pacific Islander)

There is a Controlled Area in which all staff and visitors must pass through to enter or exit the secured facility. Identification is shown, visitors sign in/out and walk through a metal detector while their possessions are moved through a scanning machine, much like security at an airport. Staff and Visitors cannot bring any unauthorized items (contraband), to include cellular telephones, into the facility, without written authorization.

Wabash Valley Correctional Facility offers activities to all offenders. Some are led by staff and many are volunteer driven.

These activities include Alcohol/Narcotics Anonymous, Fatherhood Programs, Moral Recognition Therapy, Re-Entry Simulation Programming, Prevention and Relationship Enhancement Programs, Purposeful Living Units Serve, Thinking for a Change, Long Term Addiction Recovery Environment, Urban Ministry, Sons of the American Legion Post 398, Suicide Watch Companions, Compassionate Companion Programs and Literacy Programs.

Additionally, the facility offers training in numerous Building Trades categories and United States Department of Labor Apprenticeship Programs in Barber, Cooking, Housekeeping, Landscape Management, Machine Operator, Maintenance and Office Manager.

Within the audit, the Indiana Department of Corrections (DOC) policies are listed as follows:

02-01-101	Offender Personal Property
02-01-102	Offender Visitation
02-01-103	Offender Correspondence
02-01-104	Offender Grooming, Clothing and Personal Hygiene
02-01-105	Telephone Privileges
02-01-106	Offender Work Assignments and Pay Schedules
02-01-107	The Use and Operation of Protective Custody
02-01-108	The Establishment and Operation of Commissaries
02-01-111	The Use and Operation of Adult Offender Administrative Restrictive Status Housing
02-01-115	Sexual Assault Prevention and Reporting (Prison Rape Elimination Act)
02-01-116	Offender Business Activities
02-01-117	Outside Offender Work Crews
02-01-118	Transgender Offenders
02-03-104	Dress Standards for Uniformed Staff
02-03-111	The Use and Operation of Honor Guards
02-03-113	Facility Duty Officer
02-03-114	Incident Reporting, Monitoring and Mapping
02-03-115	High Risk Offenders
02-03-116	Offender Urinalysis Program
02-03-117	Correctional Police Officer
02-04-101	The Disciplinary Code for Adult Offenders
02-04-101	Appendix I - OFFENSES
02-04-102	The Use and Operation of Adult Offender Disciplinary Restrictive Status Housing
02-04-104	Temporary Leaves for Adult Offenders
02-04-105	Special Needs Acclimation Units (SNAP)

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0

Number of Standards Met: 45

Prevention Planning

- 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17 and 115.18

Responsive Planning

- 115.21 and 115.22

Training and Education

- 115.31, 115.32, 115.33, 115.34 and 115.35

Screening for Risk of Sexual Victimization and Abusiveness

- 115.41, 115.42 and 115.43

Reporting

- 115.51, 115.52, 115.53 and 115.54

Official Response following an Offender Report

- 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67 and 115.68

Investigations

- 115.71, 115.72 and 115.73

Discipline

- 115.76, 115.77 and 115.78

Medical and Mental Care

- 115.81, 115.82 and 115.83

Data Collection and Review

- 115.86, 115.87, 115.88 and 115.89

Auditing and Corrective Action

- 115.401 and 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality.

The audit of this institution went very well. Wabash Valley Correctional Facility staff were very helpful and responsive to the needs of the auditors and any concerns that were expressed, in the pre-audit, on-site portion and post-audit process. The audit team thanks the Warden, the Statewide Prison Rape Elimination Act Coordinator, the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and the entire staff for this because it simplified the process that needed to be completed.

Overall, it is evident that staff at the Wabash Valley Correctional Facility has been working toward continual compliance with the Prison Rape Elimination Act standards. It is also apparent that staff understand the Prison Rape Elimination Act Standards, as several items identified were quickly fixed or a process was put into place to meet compliance.

Due to their hard work and dedication to achieving sexual safety for the offenders, the facility was in full compliance with a large majority of all the standards and provisions at the beginning of the on-site phase of this audit process.

Additionally, during the on-site audit process and/or the post-audit, pre-Interim Report, process, the facility became compliant in several other standards and provisions. They are to be commended.

Some of the positives observed by the audit team included:

- The audit team very impressed with the overall knowledge and understanding, to include all Prison Rape Elimination Act standards that the Warden, Prison Rape Elimination Act Statewide Coordinator and Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager possess. All documentation requested, was provided quickly and accurately.
- Wabash Valley Correctional Facility staff have a great understanding of the Prison Rape Elimination Act standards and were able to provide all needed information when interviewed.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Every offender interviewed, stated they could either freely speak to staff or knew the contact information to outside sources, about Prison Rape Elimination Act issues, at any time.
- The facility was extremely clean and well maintained. It showed that staff and offenders took pride in their respective areas.

Some of the areas of concern, at the completion of the on-site audit included:

Under 115.13 Supervision and monitoring;

Issue: North Administration Building- Windows in some staff offices are completely covered with paper or cardboard, creating blind spots. Find ways to mitigate the blind spots and email me the action taken.

Final Update: On May 20, 2019, the papers and/or cardboard, affixed to the office windows, were removed. This now gives a clear sight of staff and offender interactions. Four pictures which included all of the specific areas, that show the action taken, were emailed to me on July 1, 2019. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Library-on the back wall of the book stack is a blind spot. Find a way to mitigate the blind spots that offenders have daily access to. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 1, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included two pictures of the convex mirrors that were put into place, on the side and back walls of the library, that mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Industries-The Harness Room, the design creates a blind spot. Find a way to mitigate blind spot. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 2, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included three pictures of the 180 degree, line-of-sight, mirrors that were put into place, on the back corners of the walls of the Harness room, that mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Kitchen-The design of the Stockroom and amount of inventory creates a blind spot. Find a way to mitigate the blind spots. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 2, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included three pictures of the 180 degree, line-of-sight, mirrors that were put into place, on the back corners of the walls of the Stockroom, that mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: North side Commissary-The design and current property creates a blind spot. Find a way to mitigate to mitigate the blind spot. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 1, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included four pictures of the convex and 180 degree line-of-sight mirrors that were put into place, on the side and back walls of the commissary, that more than mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Building 12 Kitchen-Storage/Coolers and Back dock door were unsecured and unsupervised creating an isolated area. Create or enforce the procedure to keep doors secured when not under supervision. Provide action taken.

Final Update: A memorandum, dated May 29, 2019, and authored by the Wabash Valley Warden to the Food Services Commissioner and staff, gave direction on how all doors were to be secured or directly monitored at all times, within the Kitchen and Dining Areas.

This memorandum was given as training in those areas. Food Services staff provided documented training to each of their employees.

Issue: Motor pool-The inmate restroom has a manual deadbolt lock on the inside creating an isolated area. Remove deadbolt or find another area that the offenders can utilized and email pictures.

Final Update: The manual lock removed on May 21, 2019. Pictures show new door area that meets the Standard.

Under 115.15 Limits to cross-gender viewing and searches;

Issue: Sewing Shop-The toilets are exposed and create opposite gender viewing issues. Create a barrier to mitigate and email pictures.

Final Update: Barriers were put in place on May 21, 2019. The pictures shown mitigate the opposite gender viewing concern seen during the on-site audit.

Issue: South side housing-Group shower room, that is on the 2nd floor. The offenders within the shower area can be seen from several areas on the main floor creating opposite-gender viewing. Find a way to put barriers in place to eliminate opposite gender viewing.

Initial Update: On July 1, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures of what the 2nd Floor Group Shower Room areas will look like once the work on the barriers were completed. The pictures shown mitigated the opposite-gender viewing concerns. This work is on-going. They will update as they progress.

Final Update: On August 14, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures of what the 2nd Floor Group Shower Rooms look like with the barriers in the open and closed position. The pictures shown mitigate the opposite gender viewing concern seen during the on-site audit.

Issue: The Solid swing doors on the housing unit showers are too low allowing the offenders to be seen from the Control Booth. By moving the door up, this will mitigate the opposite-gender viewing concern. Complete and email pictures of each area.

Initial Update: On May 29, 2019, I receive an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures of what the housing unit shower areas will look like once the work on the doors was completed. The pictures shown mitigated the opposite-gender viewing concerns. This work is on-going. They will update as they progress.

Final Update: On October 1, 2019, I receive an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures and detailed information showing the shower door modifications had been completed. The completed work mitigates the opposite-gender viewing concerns.

Issue: Secure Confinement Unit-Opposite gender announcements were not heard each time opposite gender staff entered the pods. Create or enforce policy about announcements so opposite gender view won't be an issue. Email procedure.

Final Update: A memorandum, dated June 11, 2019, and authored by the Wabash Valley Unit Team Manager of the Secure Confinement Unit to all of the Secure Confinement Unit staff, which gave direction on how opposite gender announcements were to be made, upon arrival, within all areas of the Secure Confinement Unit. This information and procedure were given as documented staff training in those areas.

Issue: Secure Confinement Unit -The long windows by the solid cell doors allow the toilets to be clearly seen. Tint or other barrier needs to be put in place to mitigate opposite gender viewing. Complete and email pictures.

Initial Update: On June 6, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and was notified that the process to place barriers on the long windows in the Secure Confinement Unit had begun.

I was informed that his process may take a while (up to three weeks). This work is on-going. They will update as they progress.

Final Update: On July 12, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and was notified that the process to place barriers on the long windows in the Secure Confinement Unit had been completed. Photographs indicated that all the long windows in the entire unit have had tint placed on the. This satisfies the Standard.

Issue: Work change area for Kitchen and Laundry-Not clear when strip-outs are being conducted. Need signage or other means to notify staff when strip-outs are being conducted. Create a procedure and email.

Final Update: A memorandum, dated May 29, 2019, and authored by the Wabash Valley Acting Major of the facility to all staff, which gave direction on how notifications of strip-out would be made. This procedure will allow staff, walking near the Work Change area for the Kitchen and Dining room, to know when strip-out are actively going on. This information and procedure were given as documented staff training in those areas.

Issue: Industries-The offender restrooms can be seen from the main area. Barriers can be placed. Email pictures.

Final Update: On June 25, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included two pictures of the barriers that were put into place, in the offender's restroom to mitigate cross-gender viewing. This new barrier satisfies this provision of the Standard.

Issue: Industries-The Harness Room, the restroom needs a partition to mitigate opposite gender viewing. Email pictures.

Final Update: On June 25, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included two pictures of the barriers that were put into place, in the Harness Room's restroom to mitigate cross-gender viewing. This new barrier satisfies this provision of the Standard.

Under 115.16 Inmates with disabilities and inmates who are limited English proficient;

Issue: During staff interviews, it was apparent that line staff were not aware of the contact information for the Language Line to assist LEP offenders. Provide the information to staff.

Final Update: The Over-the-Phone Interpreting guide, provided by Propio language services, was provided to all staff on May 23, 2019. Copy of the guide and completed documented training was email provided to Auditor.

Under 115.33 Inmate Education

Issue: During interviews with Receiving and Release (R&R) staff, it was shown that the PREA Intake Screening and Information does not occur in R&R, it occurs once the offender is housed, usually within 24 hours. However, if an offender arrives after 3pm on a Friday, of a long weekend, they are not given any PREA information until the following Tuesday or later, exceeding the 72 hours. On long weekends, a process needs be put into place to have the information given to the offender prior to the following Tuesday. Provide the procedure.

Final Update: On May 31, 2019, the new procedure was provided to staff working in the Receiving and Release section of the Wabash Valley Correctional Facility.

This procedure was put into place to assure that any offender, who arrives on a long weekend, is provided and understands, with a Prison Rape Elimination Act tri-fold brochure, with needed contact information.

Under 115.53 Inmate access to outside confidential support services

Issue: Prison Rape Elimination Act posters, as well as Ombudsman/ICADV notification information, not consistently posted. Needs to be moved near the telephones so they are accessible to the inmate population. Complete and email pictures.

Final Update: On June 12, 2019, I received an email indication, through documentation, that the telephone/contact information, for internal and external agencies, were posted near telephones in all housing units.

Issue: North Administration Library needs PREA informational posters posted.

Final Update: On June 5, 2019, I received an email indication, through documentation, that the Prison Rape elimination Act posters were posted in the North Administration Library.

Issue: During interviews with staff and offenders shows that the acronym for the Indiana Coalition Against Domestic Violence, ICADV, nor its purpose, was not known by staff or offenders. Training should take place. Email results.

Final Update: On May 29, 2019, I received an email indicating, through documentation, that the Indiana Coalition Against Domestic Violence contact information and what their purpose was, was distributed to all offenders and staff. The offender's information was added to all Admissions and Orientation packets and placed on the closed caption television and staff received the training in On-the-Job training and it was added to their annual training program.

Under 115.71 Criminal and Investigative agency investigations

Issue: During review of investigation files, documented review indicated that the investigations were not documented as thorough as the Standard requires. Review past case files for completeness and email a copy of the next 5 completed investigations to the Auditor as they are completed.

Initial Update: On June 13, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me two completed investigations reports. They contained the completed Report of Investigations, completed Notice to Offender with offender signature, PREA Retaliation Monitoring form, however neither one had the monitoring timeline filled out, and the Sexual Abuse Incident Review reports. Neither report had approval signatures and one of the reports was not fully filled out to satisfy the Standard. Corrections were being made and the facility will send the next three completed investigations. On July 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me one additional completed investigation as well as copies of the corrected first two investigations. On August 7, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me an additional completed investigation. The investigation was thorough and complete.

Final Update: On September 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me the final requested completed investigation. The investigation was thorough and complete. These actions satisfy this standard.

Issue: During interviews and file reviews, it could not be shown that the needed classifications of staff reviewed the completed allegations. Make a new routing slips that show who all needs to review and sign off on all investigations.

Final Update: On May 23, 2019, new routing slip was created and will be attached to all allegations. The routing slip was provided to the Auditor.

Under 115.73 Reporting to inmates

Issue: During investigation reviews, the Notice to Offender documentation was not as thorough as the Standard requires. Email the next 5 Notice to Offender documents when they are sent to the offenders.

Initial Update: On June 13, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent two completed investigations reports. They contained the completed Notice to Offender with staff and offender signature. The facility will send the next three completed Notice to Offenders. On July 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me one additional completed Notice to Offender documentation. On August 7, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me an additional completed investigation. The notification was thorough and complete.

Final Update: On September 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me the final requested completed investigation. The notification within the investigation was thorough and complete. These actions satisfy this standard.

Under 115.81 Medical and mental health screenings; history of sexual abuse

Issue: During reviews of offender files, mental health referral forms for offenders could not be consisting found in the files. Email the next 5 completed Mental Health referral forms.

Final Update: On June 10, 2019, I received an email with five 'Staff Referral for Medical Services' forms. These forms indicated referrals sent by staff to have an offender seen and evaluated by mental health care providers. All five forms were filled out as referred and then signed off after mental health staff evaluated the offender. All were completed within one to three days of referral.

Under 115.86 Sexual abuse incident reviews

Issue: During investigation reviews, the PREA Meeting documentation was not documented as thorough as the Standard requires. Email the next 3 months (June, July & August) minutes of PREA Meeting documents once they are completed and signed off.

Initial Update: On June 11, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager with an attachment of the entire packet of the June 7, 2019 PREA meeting. This document was through and answered all needed information to satisfy Prison Rape Elimination Act standards. The facility will send the July and August PREA meeting notes to be reviewed. On July 11, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me one additional completed PREA meeting notes from the July 4, 2019 meeting.

Final Update: On August 7, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me the final completed PREA meeting notes from the August 6, 2019 meeting. These 3 committee meeting notes (June, July and August) are thorough and complete. This satisfies this portion of the Standard.

Verbally, during the exit on Thursday, May 23, 2019 and again through email, sent on Monday, May 27, 2019, I notified the staff of the Wabash Valley Correctional Facility of all above listed concerns. The Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and Indiana Department of Correction's Statewide Prison Rape Elimination Act Coordinator stated they would continue working on all concerns to bring them into full compliance.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
 - Commissioner
 - Warden
 - PREA Coordinator
 - PREA Compliance Manager

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

Indiana Department of Corrections Prison Rape Elimination Act Statewide Coordinator is Bryan Pearson, Executive Director. Mr. Pearson was present during the audit of Wabash Valley Correctional Facility. He was available to provide information on the Indiana Department of Corrections Policy and Administrative Procedures as it relates to the Prison Rape Elimination Act.

Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager is Jodeana Raney, Internal Affairs Investigator 4. Ms. Raney was assigned the Prison Rape Elimination Act Compliance Manager at Wabash Valley Correctional Facility on January 1, 2017. This was reaffirmed in a memorandum, authored by the Warden, on June 13, 2018. Ms. Raney is also listed on the June 26, 2019, institutional organization chart as the Prison Rape Elimination Act Compliance Manager.

Ms. Raney reports directly to the Warden and has the authority to bring Prison Rape Elimination Act issues directly to the Warden as disclosed by both the Warden and the Statewide Prison Rape Elimination Act Coordinator. Ms. Raney stated that she has more than enough time to coordinate the institution's efforts to manage comply with the Prison Rape Elimination Act standards. During the Pre-audit, On-site audit and Post-Audit process, Ms. Raney was very involved in providing communications and documentation in assisting the Audit team. Ms. Raney provided knowledge of how the Wabash Valley Correctional Facility is working toward prevention, detection and responding to all aspects of Prison Rape Elimination Act. During the offender interviews, the offenders knew Ms. Raney by first name and was aware of her role as the Prison Rape Elimination Act Compliance Manager. Offenders also knew how to contact her and the ones that tried, stated Ms. Raney responded quickly. A few offenders that identify in the Gay, Bi-sexual, Transgender and Intersex categories, stated that they have contacted Ms. Raney to help resolve various issues in the past.

The Wabash Valley Correctional Facility's Organization Chart, dated June 2019, was provided and reviewed for completeness.

The Indiana State Administrative Procedure # 02-01-115, Sexual Assault Prevention, updated on August 1, 2016, was provided and reviewed for completeness. This 32-page document outlines Definitions, Zero Tolerance, Staff Orientation and Training, Volunteers, Interns and Contractual staff expectations, Offender education, Prison Rape Elimination Act Compliance Manager duties and Responsibilities, Facility Prison Rape Elimination Act Committee duties and requirements, Sexual Assault Response Team responsibilities, Offender Intake process and requirements, facility prevention activity, limitations to cross-gender viewing, Reporting of Sexual abuse, Investigations of Sexual Abuse, Medical and Mental Health services, Victim Support, Statistical Reporting and Program Evaluation timelines and expectations.

Additionally, attached to this procedure are the checklists for Signs of Sexual Abuse and Sexual Assault-First Responders. This information was provided to every employee at the Wabash Valley Correctional Facility in the form of a laminated card that is sized to fit in a pocket, for easy access.

In many cases this policy/procedure mirrors the language contained in the Prison Rape Elimination Act Federal Standards.

During interviews, the Commissioners Designee of the Department of Corrections and Wabash Valley Correctional Facility's Warden confirmed the agency's commitment to achieving Prison Rape Elimination Act certification and the agency's zero tolerance policy.

The policy mandates, on page 11, the assignment of the facility Prison Rape Elimination Act Compliance Manager. Through memorandum and the facility's organizational chart, it was shown that Jodeana Raney is currently assigned to the role of Prison Rape Elimination Act Compliance Manager at the Wabash Valley Correctional Facility. Ms. Raney reports directly to the Wabash Valley Correctional Facility's Warden, as well as the Statewide Prison Rape Elimination Act Coordinator, Mr. Pearson, for any/all PREA related questions and issues. During formal and informal discussions with the auditors, it was evident that Ms. Raney was knowledgeable about the standards and could explain the processes the facility followed in preparation for this audit. Once reviewed, any questions or concerns during the audit process were responded to with factual answers and/or documentation.

The staff at Wabash Valley Correctional Facility look to Ms. Raney and Mr. Pearson to provide direction regarding Prison Rape Elimination Act compliance.

During interviews with staff and offenders, it was clear that Ms. Raney provides training, information and guidance to staff and the offender population concerning Prison Rape Elimination Act Standards on a regular basis.

Corrective Action: No corrective action was required for this standard.

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 OR the response to 115.12(a)-1 is "NO".) 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
 - Agency Contract Administrator

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

During an interview with Wabash Valley Correctional Facility's Warden, he stated that contracts for the confinement of offenders are enacted at an agency/Department level and no staff, including himself, at the Wabash Valley Correctional Facility, were directly in charge of monitoring or responsible for any aspect of those contracts. The Warden also stated that if any contracts for the confinement of offenders that he controlled, were to be put into place in the future, all required language would be in compliance with the Prison Rape Elimination Act Standard.

During an interview with the Agency Contract Administrator, he stated that the Indiana Department of Corrections has contracted with 4 private agencies or other entities during this audit timeframe, for the confinement of offenders. All contracts were provided in their entirety. The Agency Contract Administrator also stated the contracts are drafted, reviewed and finalized by staff at the Agency level.

Finally, the Agency Contract Administrator stated that documented reviews, reports and all self-audits, for the compliance of all Prison Rape Elimination Act Standards, which Indiana Department of Corrections staff attend, are forwarded to him.

Corrective Action: No corrective action was required for this standard.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
 - Commissioner
 - Warden
 - PREA Compliance Manager
 - Intermediate or Higher-Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

The Indiana State Administrative Procedure # 02-01-115, Sexual Assault Prevention, updated on August 1, 2016, was provided and reviewed for completeness. This 32-page document outlines Definitions, Zero Tolerance, Staff Orientation and Training, Volunteers, Interns and Contractual staff expectations, Offender education, Prison Rape Elimination Act Compliance Manager duties and Responsibilities, Facility Prison Rape Elimination Act Committee duties and requirements, Sexual Assault Response Team responsibilities, Offender Intake process and requirements, facility prevention activity, limitations to cross-gender viewing, Reporting of Sexual abuse, Investigations of Sexual Abuse, Medical and Mental Health services, Victim Support, Statistical Reporting and Program Evaluation timelines and expectations.

I was provided a copy of the 2019 staffing plan, dated January 11, 2019, for the Wabash Valley Correctional Facility. The 41-page document breaks down Post Analysis, Master Rosters, Vacancy Reports, 18-month Vacancy Rate, camera locations by building and their facility's Organization Chart.

It further indicates the current staffing/vacancy amount of the following positions: Administration, Major, Captains, Lieutenants, Sergeants, Officers and Program staff. This report is forwarded to the Statewide Prison Rape Elimination Act Coordinator for review and signed off by the Wabash Valley Correctional Facility's Warden, Deputy Warden of Operations and the facility Major.

A review of the staffing plan and staff interviews revealed that custody posts and supervisory posts are determined by the Indiana Department of Corrections Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association (ACA) standards and the principles of the Indiana Justice Model. The staffing plan is re-evaluated every January or more frequently as necessity dictates.

The Warden stated that he may change the location and placement of staff based on new programs being added, change in mission for the institution, a number of assaults in certain areas of the facility or recommendations from the PREA committee.

Additionally, he may request additional position authority if there appears to be insufficient staff to operate the institution safely.

The staffing plan shall be completed and submitted to the Statewide Prison Rape Elimination Act Executive Director, (Coordinator) annually, no later than January 31 of each year. In circumstances where the staffing plan is not fully maintained, the facility shall document and justify all deviations from the plan on a shift report or shift roster.

A review of the 2019 staffing plan demonstrates that it was shared with the Statewide Prison Rape Elimination Act Coordinator. During his interview, the Statewide Prison Rape Elimination Act Coordinator confirmed that he reviews the staffing plan.

According to the 2019 staffing plan, there are no findings of inadequacies by judicial ruling or Federal Investigative Agencies.

According to the Staffing Plan, and interviews with the Warden and the Prison Rape Elimination Act Compliance Manager, Wabash Valley Correctional Facility has 378 cameras to increase their security and aid in investigations. The monitors were viewed by the auditors to ensure safety while providing modesty to the offenders.

Supervisory staff make random unannounced rounds through the housing units several times a day on all different shifts. These rounds are documented in the log books maintained in the housing units. Each housing unit log was review by the audit team. Documentation in the log book demonstrated that supervisors and managers complete tours of the housing units routinely, during random times. During the interviews with supervisory staff they noted that they conduct unannounced rounds. They stated that they attempt to prevent staff from alerting other staff by not disclosing where they are going next and changing their movement patters. Random staff interviews revealed that supervisors' complete tours of their housing units at different times and that they document these in the log.

Under 115.13 Supervision and monitoring;

Issue: North Administration Building- Windows in some staff offices are completely covered with paper or cardboard, creating blind spots. Find ways to mitigate the blind spots and email me the action taken.

Final Update: On May 20, 2019, the papers and/or cardboard, affixed to the office windows, were removed. This now gives a clear sight of staff and offender interactions. Four pictures which included all of the specific areas, that show the action taken, were emailed to me on July 1, 2019. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Library-on the back wall of the book stack is a blind spot. Find a way to mitigate the blind spots that offenders have daily access to. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 1, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included two pictures of the convex mirrors that were put into place, on the side and back walls of the library, that mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Industries-The Harness Room, the design creates a blind spot. Find a way to mitigate blind spot. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 2, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included three pictures of the 180 degree, line-of-sight, mirrors that were put into place, on the back corners of the walls of the Harness room, that mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Kitchen-The design of the Stockroom and amount of inventory creates a blind spot. Find a way to mitigate the blind spots. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 2, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included three pictures of the 180 degree, line-of-sight, mirrors that were put into place, on the back corners of the walls of the Stockroom, that mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: North side Commissary-The design and current property creates a blind spot. Find a way to mitigate to mitigate the blind spot. (Mirror, staffing, restrict access to the area area...)

Final Update: On July 1, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included four pictures of the convex and 180 degree line-of-sight mirrors that were put into place, on the side and back walls of the commissary, that more than mitigate the blind spots. This action eliminated the blind sport and satisfies this provision for this area.

Issue: Building 12 Kitchen-Storage/Coolers and Back dock door were unsecured and unsupervised creating an isolated area. Create or enforce the procedure to keep doors secured when not under supervision. Provide action taken.

Final Update: A memorandum, dated May 29, 2019, and authored by the Wabash Valley Warden to the Food Services Commissioner and staff, gave direction on how all doors were to be secured or directly monitored at all times, within the Kitchen and Dining Areas. This memorandum was given as training in those areas. Food Services staff provided documented training to each of their employees.

Issue: Motor pool-The inmate restroom has a manual deadbolt lock on the inside creating an isolated area. Remove deadbolt or find another area that the offenders can utilized and email pictures.

Final Update: The manual lock removed on May 21, 2019. Pictures show new door area that meets the Standard.

Corrective Action: No additional corrective action was required for this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
 - Warden
 - PREA Compliance Manager

During interviews with the Wabash Valley Correctional Facility's Warden and Prison Rape Elimination Act Compliance Manager, it was stated that the Wabash Valley Correctional Facility does not housed Juvenile offenders and had not, at any time, during the past 12-months.

Additionally, during tours and offender reviews, there were no indications that Juvenile offenders were ever housed at the Wabash Valley Correctional Facility during this audit period.

Corrective Action: No corrective action was required for this standard.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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? Yes No (Male offender institution)

115.15 (d)

- Does the facility implement a policy and practice 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Staff Roster
- Offender Roster
- Interviews with the following:
 - Random Staff
 - Random Offenders
 - Offenders who identify as Gay or Bisexual
 - Offenders that Identify as Transgender or Intersex
- Observations of announcements being made by staff during our on-site review rounds

The Indiana State Administrative Procedure # 02-03-101, Searches and Shakedowns, states that Pat searches of an adult male offender may be conducted by female staff in accordance with the approved opposite gender search lesson/training plans. When a staff member determines that exigent circumstances exist, a pat search of an adult female or juvenile offender is necessary, and a staff member of the same gender is not available, staff shall securely escort the adult female or juvenile offender to an area where a same gender staff member is available, or relievable, to conduct the pat search. If neither of these options is available, the staff member may perform the search. Opposite gender pat searches of an adult female or juvenile 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 or contraband would jeopardize the safety, order, and/or security of the facility.

Policy states that only a licensed physician shall perform the intrusive body cavity search. The licensed physician may be of either sex, but at least one staff member of the same sex as the offender shall remain present during the search of an offender who is voluntarily submitting. Sufficient staff shall be available to control an offender who does not submit voluntarily while the licensed physician conducts the search.

Frisk searches of an adult male offender may be conducted by female staff in accordance with the approved opposite gender search lesson/training plans.

Staff shall document all cross-gender searches of adult female and juvenile offenders by completing and submitting an Incident Report to the Custody Supervisor or designee.

Staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender by reviewing, with proper access and authorization, medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified medical practitioner.

The Indiana State Administrative Procedure # 02-01-115, Sexual Abuse Prevention, states that no facility shall conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency circumstances or when performed by medical personnel. All cross-gender strip searches conducted during emergency circumstances shall be thoroughly documented and provide justification for the search.

All offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks.

All staff of the opposite gender (female staff in a male facility or male staff in a female facility) shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit in which they are assigned, at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present.

Opposite gender video surveillance monitoring of offenders who are confined to restrictive status housing or Protective Custody, or are in an area where offenders can be observed in a state of undress, other than incidental viewing or viewing for purposes of an investigation shall be prohibited. Offenders who are placed on constant observation status by Mental Health staff shall be provided constant visual supervision by a person of the same gender.

Staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender by reviewing, with proper access and authorization, medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified medical practitioner.

These procedures are taught in the In-Service Training in a Lesson Plan and PowerPoint.

The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months.

During the interviews with the Warden and the Prison Rape Elimination Act Compliance Manager, there were no incidents of cross gender strip searches in the past 12 months.

Auditors reviewed 12 months' worth of the following:

- Cross Gender Search Logs
- Opposite Gender Announcement Weekly Forms from each Housing Unit
- Staff Inservice Training Logs on How to conduct cross gender pat downs, if needed.

Of the 20 formal offenders interviewed, all reported that they were able to toilet, shower and change clothes outside the view without staff of the opposite gender viewing them. The offenders explained areas such as doors within the cell area and metal doors of curtains covering the shower areas prevent staff from seeing their genitalia. The offenders reported hearing opposite gender staff announce their presence when entering the housing unit.

There were 16 formal staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

All staff interviewed reported that opposite gender staff announcements are made when entering the housing units. Further, staff indicated that Cross Gender search techniques are taught in training but no staff member had performed a cross gender search that they could remember, during this audit period

Under 115.15 Limits to cross-gender viewing and searches;

Issue: Sewing Shop-The toilets are exposed and create opposite gender viewing issues. Create a barrier to mitigate and email pictures.

Final Update: Barriers were put in place on May 21, 2019. The pictures shown mitigate the opposite gender viewing concern seen during the on-site audit.

Issue: South side housing-Group shower room, that is on the 2nd floor. The offenders within the shower area can be seen from several areas on the main floor creating opposite-gender viewing. Find a way to put barriers in place to eliminate opposite gender viewing.

Initial Update: On July 1, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures of what the 2nd Floor Group Shower Room areas will look like once the work on the barriers were completed. The pictures shown mitigated the opposite-gender viewing concerns. This work is on-going. They will update as they progress.

Final Update: On August 14, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures of what the 2nd Floor Group Shower Rooms look like with the barriers in the open and closed position. The pictures shown mitigate the opposite gender viewing concern seen during the on-site audit.

Issue: The Solid swing doors on the housing unit showers are too low allowing the offenders to be seen from the Control Booth. By moving the door up, this will mitigate the opposite-gender viewing concern. Complete and email pictures of each area.

Initial Update: On May 29, 2019, I receive email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures of what the housing unit shower areas will look like once the work on the doors was completed. The pictures shown mitigated the opposite-gender viewing concerns. This work is on-going. They will update as they progress.

Final Update: On October 1, 2019, I receive an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that had pictures and detailed information showing the shower door modifications had been completed. The completed work mitigates the opposite-gender viewing concerns.

Issue: Secure Confinement Unit-Opposite gender announcements were not heard each time opposite gender staff entered the pods. Create or enforce policy about announcements so opposite gender view won't be an issue. Email procedure.

Final Update: A memorandum, dated June 11, 2019, and authored by the Wabash Valley Unit Team Manager of the Secure Confinement Unit to all of the Secure Confinement Unit staff, which gave direction on how opposite gender announcements were to be made, upon arrival, within all areas of the Secure Confinement Unit. This information and procedure were given as documented staff training in those areas.

Issue: Secure Confinement Unit -The long windows by the solid cell doors allow the toilets to be clearly seen. Tint or other barrier needs to be put in place to mitigate opposite gender viewing. Complete and email pictures.

Initial Update: On June 6, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and was notified that the process to place barriers on the long windows in the Secure Confinement Unit had begun. I was informed that his process may take a while (up to three weeks). This work is on-going. They will update as they progress.

Final Update: On July 12, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager and was notified that the process to place barriers on the long windows in the Secure Confinement Unit had been completed. Photographs indicated that all the long windows in the entire unit have had tint placed on the. This satisfies the Standard.

Issue: Work change area for Kitchen and Laundry-Not clear when strip-outs are being conducted. Need signage or other means to notify staff when strip-outs are being conducted. Create a procedure and email.

Final Update: A memorandum, dated May 29, 2019, and authored by the Wabash Valley Acting Major of the facility to all staff, which gave direction on how notifications of strip-out would be made. This procedure will allow staff, walking near the Work Change area for the Kitchen and Dining room, to know when strip-out are actively going on. This information and procedure were given as documented staff training in those areas.

Issue: Industries-The offender restrooms can be seen from the main area. Barriers can be placed. Email pictures.

Final Update: On June 25, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included two pictures of the barriers that were put into place, in the offender's restroom to mitigate cross-gender viewing. This new barrier satisfies this provision of the Standard.

Issue: Industries-The Harness Room, the restroom needs a patrician to mitigate opposite gender viewing. Email pictures.

Final Update: On June 25, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager that included two pictures of the barriers that were put into place, in the Harness Room's restroom to mitigate cross-gender viewing. This new barrier satisfies this provision of the Standard.

Corrective Action: No additional corrective action was required for this standard.

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 (LEP)? 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Rosters
- Interviews with the following:
 - Commissioner
 - Random Staff
 - Any Offenders with Physical Disabilities
 - Any Offenders who are Deaf, Blind, or hard of Hearing
 - Any Offenders who are Limited English Proficient
 - Any Offenders with a Cognitive Disability

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention the presentation of this information shall be in a manner that is easily understandable to the offenders. Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education and classification records in addition to interviewing the offender. Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations.

Policy also states that inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

A memorandum, authored by the Prison Rape Elimination Act Compliance Manager, dated February 21, 2019, states that the facility documents any/all instances where an offender interpreter, readers, or other types of offender assistants have been used or any extended delay in obtaining another interpreter which could have compromise the offender's safety.

A memorandum, authored by the Prison Rape Elimination Act Compliance Manager, dated February 21, 2019, states that in the past 12 months there have been no instances where inmate interpreters, readers, or other types of offender assistants have been used or any extended delay in obtaining another interpreter which could have compromise the offender's safety.

Written documents, to include the Prison Rape Elimination Act brochures and posters are provided in English and Spanish to the offender population. During the tour, it was noted that Prison Rape Elimination Act posters and Victim Advocate memorandums were prominently displayed in areas in both English and Spanish. Additionally, the telephone numbers to a Victim Advocate and to a reporting line are posted on the walls near the offender accessible telephone. The information provided, which is in English and Spanish languages, is that the calls are not recorded, not monitored and are free of charge.

The auditors reviewed the current contract of Propio LS, LLC, that provides telephonic interpretive Services to the offender population of the Wabash Valley Correctional Facility. The contract, which is up for renewal on December 31, 2019, has 24 hour/7 days a week services available for the offender population. Staff will utilize a speaker telephone to call the 800-number, with the offender in the room. The process is posted on the office walls of all custody supervisors. This interpreter line can translate English to, up to, 200 languages.

The auditor also received copies of offender Education Program Acknowledgement Sheets for offenders with disabilities. These forms are signed by the staff member showing they explained everything it a way it could be understood. The offender stating, they understood and the offenders assigned porter who assists in everyday living with the offender with a disability, stating their needed accommodation was met.

While interviewing the Commissioner's Designee, he stated that effective communications with all offenders is of utmost importance. This being said, the staff at the facilities go the extra mile to ensure offenders with any disabilities is given whatever resources they need to be understood.

During discussion with the Prison Rape Elimination Act Compliance Manager, she shared that brochures are available in braille, for offenders who are able to/needed to read braille. The Prison Rape Elimination Act Compliance Manager stated the offender handbook is also provided in English and Spanish, and could be transcribed into Braille and large print, if needed. The information given to the offenders is also read to them by staff to make sure they understand what is expected of them.

During the 16 random staff that were interviewed, all thought there was a process of utilizing a telephonic interpreter for interpreter services. All interviewees indicated they would first try to find a staff member to provide translation and, if they could not, they would then contact a supervisor. The Supervisory staff interviewed were all aware of the posting that included the phone numbers and the interpreter access process.

The telephone numbers for the translator service were posted in all but two supervisory office. Copies were made and placed in those areas. Only two supervisory staff interviewed stated they had ever had a need to utilize this translation line.

While interviewing intake staff, they explained the process of how they read the Prison Rape Elimination Act policy, and other pertinent information, to offenders who are vision impaired or unable to read or clearly understand English. Intake staff take their jobs as communicator very seriously when dealing with new arriving offenders.

While interviewing offenders that were listed as Limited English Proficient (Spanish) they stated that they are able to understand most of the information given to them in English, however, if they did receive information they couldn't understand, they could ask any of the staff. They also stated, although not needed, they have a copy of the Prison Rape Elimination Act information and other Department of Corrections information, including the Offender handbooks' written in the Spanish language. Finally, they stated that they understand that there are staff interpreters or a specialized phone line but none of them has needed them since they arrived at Wabash Valley Correctional Facility.

All random staff interviewed indicated that offender assistance as interpreters would not be used, except in extreme emergencies and only until they have enough information to understand the allegation, when responding to a Prison Rape Elimination Act allegation as this would be deemed confidential

Under 115.16 Inmates with disabilities and inmates who are limited English proficient;

Issue: During staff interviews, it was apparent that line staff were not aware of the contact information for the Language Line to assist LEP offenders. Provide the information to staff.

Final Update: The Over-the-Phone Interpreting guide, provided by Propio language services, was provided to all staff on May 23, 2019. Copy of the guide and completed documented training was email provided to Auditor.

Corrective Action: No additional corrective action was required for this standard.

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, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Pre-Employment Questionnaire for new applicants
- Interviews with the following:
 - Administrative (Human Resources) Staff
- Personnel files for current employees, new employees and employees receiving promotions.

Indiana Department of Corrections Policy and Administrative Procedures 04-03-103, Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates The Department shall not hire or promote an individual to a position that may have contact with offenders who:

- Has engaged in sexual abuse in a correctional facility, including prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 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; or,
- Has been civilly or administratively adjudicated to have engaged in the activities addressed in numbers 1 and 2 above. Additionally, this PAP requires that during the hiring, promotion, demotion or transfer interview, or application process, that perspective candidates be asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Current employees must have a subsequent background check every four years.

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

Indiana Department of Corrections Policy and Administrative Procedures 04-03-102, Human Resources, section X, has a mechanism in place for other agencies that house offenders to verify previous history of a current or former employee relative to any substantiated incidents involving sexual abuse/harassment for hiring purposes. If another agency inquired about previous employment with the Wabash Valley Correctional Facility, and that former employee has a sexual abuse/harassment case in their background, the inquiring agency is referred to Indiana Department of Corrections human resources. The information is requested by human resources from the Indiana Department of Corrections Prison Rape Elimination Act Coordinator and forwarded to the inquiring agency.

Indiana Department of Corrections Policy and Administrative Procedures 04-03-103, Information and Standards of Conduct for Departmental Staff, states that the Indiana Department of Correction is committed to a code of ethics that guides staff persons in their performance, conduct and behavior while serving in the criminal justice field. This code ensures that professionalism is reflected in the operation and activities of the Department and its staff. By following the Department of Correction Code of Ethics, staff shall ensure that the Department operates in a professional manner.

Staff shall adhere to the following principles.

- A. I shall maintain high standards of honesty, integrity and impartiality free from any personal considerations, favoritism or partisan demands in connection with my duties.
- B. I shall be courteous, considerate and prompt when dealing with the public, realizing that as state employees and employees of the Department, we serve the public.
- C. I shall maintain mutual respect and professional cooperation in my relationships with other staff of the Department of Correction.
- D. I shall be firm, fair and consistent in the performance of my duties and shall not allow my personal convictions, beliefs, prejudices, or biases to interfere with my official acts or decisions.

Indiana Department of Corrections Policy and Administrative Procedures 04-03-102, Human Resources states that the Department shall perform a criminal background records check, in accordance with Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct for Departmental Staff," before enlisting the services of any staff who may have contact with offenders. The Department shall also ensure that criminal background records checks are conducted at least once every four years on current staff who may have contact with offenders.

Concerning employee verification, it states that in accordance with the SPD procedures, employers requesting verification of the employment of a current or former Department staff may be given the following: name, gross compensation, job title, business address, business telephone number, job description, and dates of employment.

However, if the employer is an institutional/correctional employer, and the employer requests information on substantiated allegations of sexual abuse or sexual harassment involving the former staff, the request shall be forwarded to the Department's Executive Director of Human Resources. Human Resources shall confirm and document that the request originated from an institutional/correctional employer. After confirmation, Human Resources shall forward the Prison Rape Elimination Act Release of Information form, signed by the prospective employee, to the institutional/correctional employer for completion, signature, and return to Human Resources. Once the form is returned and received, Human Resources shall verify the dates of employment and forwards the form to the Executive Director of PREA Compliance.

The Executive Director of PREA Compliance shall research the Sexual Incident Report System (SIRS) for substantiated incidents involving the former employee, accurately complete the form, and return to the institutional/correctional employer.

Completed Reference Checks, Authorization to Release Information, Acknowledgement and Disclosure and Performance and Conduct forms were all provided and reviewed for compliance.

The number of persons hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 116.

Of the 20 personnel files reviewed by the audit team, all were up to date with the current questions and documentation. The thoroughness of this form captures all Prison Rape Elimination Act related information required.

During the interview with the Warden, he explained that in the event that a contractor, volunteer or an employee is no longer allowed on grounds or access to offenders, due to violation of sexual abuse policy, their name is placed on a statewide 'Do Not Allow' list. This list is reviewed when completing security clearances for new contractors, volunteers or employees and placed at the front security office of each facility.

Backgrounds checks on custody and non-custody staff are also maintained and reviewed on site. Both were reviewed by audit team members. Personnel file reviews are required prior to making hiring decisions.

Indiana Department of Corrections Policy and Administrative Procedure 04-03-103, Information and Standards of Conduct for Departmental Staff states, that the Department shall not hire or promote an individual to a position that may have contact with offenders who:

1. Has engaged in sexual abuse in a correctional facility, including prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. 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; or,
3. Has been civilly or administratively adjudicated to have engaged in the activities addressed in numbers 1 and 2 above.

During the interview with the Supervisor of Human Resources, she stated the facility performs criminal record background checks, on all employees every four years, through the National Crime Information Center, and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions.

Finally, during the interview with the Supervisor of Human Resources, she stated that the Wabash Valley Correctional Facility has utilized the services of four contract companies (Wexford which is responsible for

Medical and Mental Health, Aramark which is responsible for Food Services, Canteen which is responsible for staff and offender vending machines and the Oakland City College which is responsible for higher level learning) within the past 12 months. Documentation indicates that Criminal History Background Checks were conducted on all individuals employed by the contract companies that enter the Wabash Valley Correctional Facility.

The facility responds to requests from other institutions to allow access to the entire personnel file and status of ongoing and incomplete investigations.

Copies of completed Background Information Request forms for Promotion, for transfer and for new hires were provided for review.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Commissioner
 - Warden
 - PREA Coordinator
 - PREA Compliance Manager
- Observations of physical plant during our on-site review rounds

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, states that the Prison Rape Elimination Act Compliance Manager and other staff designated by the Warden shall tour the facility at least quarterly to locate and identify areas that may require additional electronic or staff monitoring in order to prevent sexual abuse. The Prison Rape Elimination Act Compliance Manager shall make a list of these locations and present the list to the Warden along with facility Prison Rape Elimination Act Committee recommendations as to how to address these locations. The Warden and other designated staff shall review the report submitted by the Prison Rape Elimination Act Compliance Manager and take any appropriate actions to reduce the possibility of sexual conduct in these locations.

Each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse.

During an interview with the Warden, he told the auditor that the Wabash Valley Correctional Facility reviews all previous Prison Rape Elimination Act reports and considers identified blind spots, offender movement or staffing issues in determining the placement of cameras. The Warden also stated that the Wabash Valley Correctional Facility has not had any physical upgrade to buildings since the last audit. The Warden did state that they have had an increase of almost 100 cameras to assist in mitigating blind spots, as well as staff and offender movement.

During interviews with the Statewide Prison Rape Elimination Act Coordinator, he stated that when any projects where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations within any facility.

The Institutional Prison Rape Elimination Act Compliance Manager indicated there have been no recent modifications/additions to buildings but there has been an increase to the video monitoring system, with the addition of 98 more cameras.

The video process was viewed during the on-site review and the Prison Rape Elimination Act Compliance Manager explained that the placement and camera angles cover virtually all areas on institutional grounds and takes into further consideration, areas that Prison Rape Elimination Act incidents were alleged to have occurred. Monitors were reviewed in Control to see all housing units and various locations throughout the institution.

Corrective Action: No corrective action was required for this standard.

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 evidentiary 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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No (Memorandum of Understanding)

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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Roster
- Interviews with the following:
 - PREA Compliance Manager
 - Random Staff

- Required SAFE/SANE staff from the Regional Hospital, located in Terre Haute, Indiana, to include their Memorandum of Understanding.
- Required Victim Advocate staff from the Indiana Coalition Against Domestic Violence, located in Indianapolis, Indiana to include their Memorandum of Understanding.
- Offenders that reported Sexual Abuse

Indiana Department of Corrections Policy and Administrative Procedures 00-01-103, The Operations of the Office of Investigations and Intelligence, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution.

This includes discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. The training that the investigators receive is provided by National Institute for Corrections and is the standardized training of the industry. Indiana and the Wabash Valley Correctional Facility utilize a local hospital's Sexual Assault Nurse Examiner to conduct the forensic exams. Currently Wabash Valley Correctional Facility has an agreement with Regional Hospital in Terre Haute, Indiana to conduct all forensic exams.

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention states that each facility shall establish a written agreement or contract with a qualified, independent forensic health services professional who is not employed by the facility to perform forensic medical examinations of sexual abuse victims. As a part of the written agreement, any Health Services personnel who examines an offender is to be trained and shall use appropriate safety precautions to take when treating an offender.

Further, if the alleged incident occurred within 96 hours of the report, staff shall ensure that appropriate actions are taken to preserve as much evidence as possible (e.g., if the sexual conduct involves intercourse, the alleged victim shall be instructed not to shower or otherwise clean him/herself, drink, use the toilet, brush his/her teeth, remove clothing, etc.). If the alleged perpetrator is known, staff shall require him/her to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse. Mental Health staff or staff trained in victim support shall be contacted to meet with the alleged victim.

During the interview with the Prison Rape Elimination Act Compliance Manager, she verified that the role of the Victim Advocate is provided by Indiana Coalition Against Domestic Violence, located in Indianapolis, Indiana, and provided the current 10-page, Memorandum of Understanding, dated December 7, 2018 through September 30, 2019.

Additionally, the Prison Rape Elimination Act Compliance Manager verified that the role of Sexual Assault Nurse Examiner is located at the Regional Hospital, located in Terre Haute, Indiana, and provided the current Memorandum of Understanding, dated December 2019.

During formal Interviews with 16 random staff, when asked about their actions, when notified of a sexual assault, they indicated they would separate the victim and subject (if known). Staff would quickly assess the need for Medical or Mental Health assistance. Then staff would contact their supervisor, initiate evidence protocols by closing off the crime scene area to limit who had access.

Further, staff would make sure all available evidence was collected and the offender was offered a SANE exam, if warranted. Staff indicated that they begin the process but the investigators from their facility handles the most part of the process.

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SANE staff, at the contracted hospital, when needed.

Information from the facility and the contracted hospital shows that someone from the forensic nursing team is available 24 hours a day / 7 days a week to conduct forensic exams. Regional Hospital has five nurses

that are trained and available to conduct exams. They also have two additional nurses in training that will bring the total number of trained nurses to seven.

If requested by the victim, a victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

According to the Pre-Audit Questionnaire, interviews with all involved in the process and document reviews, over the past 12 months, three forensic medical exams had been required, requested or conducted. Through telephonic interviews with the Technical Assistance Coordinator for the Indiana Coalition Against Domestic Violence and the Director of Emergency Services for the Regional Hospital, both are very knowledgeable of Prison Rape Elimination Act Standards and have great communications with the institutions/areas they serve and both departments provided services 24 hours a day 7 days a week.

Corrective Action: No corrective action was required for this standard.

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 such publication 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
 - Commissioner
 - Investigative Staff

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that When the Superintendent or designee receives a report of sexual abuse and/or sexual harassment, the Superintendent or designee shall order that an investigation be conducted. Sexual abuse reports shall be investigated by the facility's Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Superintendent to conduct administrative investigations. Staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct.

Additionally, employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports.

Policy also indicates that allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All such referrals will be documented.

A review of the Indiana Department of Corrections website includes the information that all allegations, to include, offender-on-offender sexual abuse and staff sexual misconduct will be investigated.

During the formal and informal interviews with the offender population, all interviewed knew at least two ways to notify someone of a Prison Rape Elimination Act issue or concern. Several knew four to five different ways.

During the interview with the Warden, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He ensures that every allegation received is investigated completely.

During the interview with the Commissioner's Designee, he stated that the agency, through the Prison Rape Elimination Act Statewide Coordinator, ensures that an administrative or criminal investigation is tracked and completed for all allegations of sexual abuse or sexual harassment.

During interviews with Investigative staff, they stated that the agency has authority to conduct criminal investigations. Also, they stated that all allegations are documented on a Sexual Incident Report and are referred to them for investigation.

All non-confidential policies are on the Indiana Department of Correction's public website.

Corrective Action: No corrective action was required for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Random Staff
 - In-Service Training Records
- Training curriculum, both hard copy/electronic
- Training verification Logs
- Employee training records

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, requires that all staff receive training on the Prison Rape Elimination Act policy during new employee orientation and annual in-service training.

A review of the Training presentation guide confirms that all 10 topics required by section 115.31 of the Prison Rape Elimination Act are included in the PREA class provided. Mandatory training includes:

- IDIC's zero tolerance policy for sexual abuse and sexual harassment
- How to prevent, detect and report sexual abuse and sexual harassment
- The offender's rights to be free from sexual abuse and sexual harassment
- The rights of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamic of sexual abuse and sexual harassment in a confined setting
- Common victim's reactions to sexual abuse and sexual harassment
- How to detect and respond to signs of actual and threatened sexual abuse
- How to avoid inappropriate relationships with offenders
- How to effectively communicate with offenders of the Lesbian, Gay, Bi-Sexual, Transgender or Intersex population
- How to comply with mandatory reporting laws

Once the training is provided, the employees are required to sign an acknowledgement of receipt of training and brochure. Employees are required to attend the training on an annual basis. At the Wabash Valley Correctional Facility, the training is tailored toward a male offender population.

Through 16 formal random staff interviews, the auditors learned that all 16 staff had either received formal training and/or the refresher On-the-job training on Prison Rape Elimination Act within the last 24 months. The training included prevention, detection, reporting and response.

During staff interviews, all staff interviewed stated they had received the training and signed an acknowledgement form stating they understood the content. Staff also indicated they had been provided with written information.

During the on-site visit, 20 training record reviews were conducted and it was determined that all 20 staff reviewed, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory Prison Rape Elimination Act training.

Prison Rape Elimination Act training requirements mandate attendance at the required training, is documented, through employee signature, that they understand the training they have received. 15 copies of random Employees Acknowledgement of Training forms, that I picked from the training roster, were reviewed. All forms were signed and dated by the employee, indicating that they understood the training received

I was very impressed with the Wabash Valley Correctional Facility's Training Department. Their tracking system, oversight and the daily checking and re-checking of staff currently working, to ensure compliance, was very efficient. This showed they took offender sexual safety seriously.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Volunteers
 - Contractors
- Training curriculum, both hard copy/electronic.
- Training verification Logs
- Volunteers and Contractor training records

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, requires that all staff receive training on the Prison Rape Elimination Act policy during new employee orientation and annual in-service training.

A review of the Training presentation guide confirms that all 10 topics required by section 115.31 of the Prison Rape Elimination Act are included in the PREA class provided. Mandatory training includes:

- IDIC's zero tolerance policy for sexual abuse and sexual harassment
- How to prevent, detect and report sexual abuse and sexual harassment
- The offender's rights to be free from sexual abuse and sexual harassment
- The rights of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamic of sexual abuse and sexual harassment in a confined setting

- Common victim's reactions to sexual abuse and sexual harassment
- How to detect and respond to signs of actual and threatened sexual abuse
- How to avoid inappropriate relationships with offenders
- How to effectively communicate with offenders of the Lesbian, Gay, Bi-Sexual, Transgender or Intersex population
- How to comply with mandatory reporting laws

Once the training is provided, the employees are required to sign an acknowledgement of receipt of training and brochure. Employees are required to attend the training on an annual basis. At the Wabash Valley Correctional Facility, the training is tailored toward a male offender population.

The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under Prison Rape Elimination Act.

A Prison Rape Elimination Act brochure is provided to every contractor and volunteer that has contact with offenders at the Wabash Valley Correctional Facility. It shares information on what Prison Rape Elimination Act is, what zero tolerance is, what is sexual abuse, what sexual harassment is, what consequences will occur if found non-compliant in this process and how to report observed or suspected instances of sexual abuse and/or sexual harassment

Copies of completed training and acknowledgement sheets were provided to the auditors.

The facility has up to 80 volunteers and 348 contractors currently authorized to enter the facility. This consists of all aspects of volunteers and employees from the four contracted companies with the Wabash Valley Correctional Facility.

The policy further mandates the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. The volunteers and contractors have been notified, through documented training, of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the site visit, three volunteers and three contractors were interviewed and their training records were checked. All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period. The facility has a good process in place to ensure contractors and volunteers receive Prison Rape Elimination Act training. The Community Resource Manager works closely with the facility's training department to ensure all volunteers are trained.

During the interviews with various contractors and volunteers, auditors were told that volunteers and contractors are provided Prison Rape Elimination Act training annually through a PowerPoint and handout materials. All six of the individuals who were formally interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training being received is recorded via completion of the Prison Rape Elimination Act Acknowledgement of form with signature and the day of training's date. This form indicates the information was provided and the employee, volunteer or contractor understood it.

Corrective Action: No corrective action was required for this standard.

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 such education? 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Intake staff
 - Random Offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, PREA poster locations, educational material within housing units, common areas, education areas and work/recreation stations.

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states the following:

That the Department shall oversee the development of posters that shall be placed in prominent locations within the facilities displaying various methods of reporting sexual abuse and sexual harassment. These posters shall be placed in locations in the facilities where they can be seen by staff, visitors, and offenders and be written in both English and Spanish.

The offender shall be provided with verbal and written information regarding:

- the Department's zero tolerance of any sexual abuse and sexual harassment;
- self-protection;
- reporting sexual abuse and sexual harassment; and,
- treatment and counseling available to offenders who are victims of sexual abuse.

The presentation of this information shall be in a manner that is easily understandable to the offenders. Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education and classification records in addition to interviewing the offender.

Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations.

As a part of this educational program, the offenders shall be advised that any offender who engages in any type of sexual abuse and/or sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. Additionally, the offenders shall be advised that all such cases shall be referred to the Indiana State Police for criminal prosecution and to Child Protective Services as appropriate.

As a part of the offender's orientation, the offender shall be given a brochure created by the Department advising the offender of the potential dangers of sexual abuse and sexual harassment and the Department's zero tolerance for such behavior.

Additionally, staff at the facility shall supplement the information in the brochure by providing information specific to the operation of the facility. This information shall also be included in the facility's orientation information given to the offender. Staff shall address any questions the offenders might ask regarding sexual abuse and sexual harassment.

Additionally, it shall be noted in each offender's record that the offender received the brochure and was made aware of all appropriate information regarding the Department's Zero Tolerance for all sexual abuse and sexual harassment, including how to report it and how to obtain treatment if he/she becomes a victim. The offender shall sign an acknowledgement form indicating that this information was provided and understood. The acknowledgement form shall be filed in the offender's facility packet. This offender education program shall be completed within seven days of intake or transfer.

In the Receiving and Release area or at the Initial Intake meeting, the offenders are given or has access to, the following, Prison Rape Elimination Act, information:

- The Adult Offender Handbook, dated August 2016, is a 40-page document that covers all areas of operations that the offender needs to know while incarcerated at the Wabash Valley Correctional Facility. On page 37, the Sexual Assault Prevention and Reporting portion is outlined.
- A copy of the 'End the Silence' poster with contact information on how to report, with telephone numbers. Also listed is an email and '877' number the offender can shared with a Third party.
- A copy of the JPay Sexual Abuse Reporting process, along with contact address, of the external group, Indiana Ombudsman Bureau.
- A copy of the Services for Victims of Sexual Abuse, along with telephone and physical address, of the local contact information.
- They are also given a Sexual Assault Prevention and Reporting brochure.

The offenders are explained the Prison Rape Elimination Act process and shown the video, which can be closed-captioned, if needed. This brochure contains the zero-tolerance policy, what should be reported, how to report, Treatment and Counseling and tips for prevention. The offender then has an opportunity to ask clarifying question and signs, stating he understands all the information given.

The facility maintains documentation of offender participation in the Prison Rape Elimination Act education sessions. Documentation is made via their signature on the Wabash Valley Correctional Facility's Intake Prison Rape Elimination Act Acknowledgement Form which is maintained in the offender file.

The auditing team was walked-through the entire Intake process to include the objective Screening Tool and video, that is completed for each individual offender that comes into the Wabash Valley Correctional Facility.

Afterwards, we reviewed 15 offender files that showed the date the offender arrived at the institution and had received the required information with a signed receipt indicating their name and their Indiana Offender Identification number, on the Offender Education Program check off, on the Prison Rape Elimination Act Video acknowledgement form, 30-minute video, and on the Information Brochure Receipt form, stating the received and understood what they were given.

The offender was also notified that there would be a follow-up meeting held within the next 30-days.

All 13 of the 15 offender files indicated they were seen by Intake staff and signed off the above listed forms. The other two files were offenders that were processed into the facility the day before the audit. Follow-up indicated they were seen the following day.

During the site visit, the team observed various Prison rape Elimination Act contact posters available for viewing around the institution in housing units and other areas.

During interviews with Intake staff, they shared that offenders are provided with orientation upon intake at their facility. Offenders sign an acknowledgement form which is maintained in the offender's file. The orientation is generally provided on the same day, most times within 1 hour, as the offender arrives, or in rare cases, the following day. Staff in charge of the Intake Process indicated that offenders receive the Prison Rape Elimination Act brochure and a Prison Rape Elimination Act complete education, upon arrival to Wabash Valley Correctional Facility, during intake.

During the 15 formal interviews, all of the offenders remembered receiving some type of written materials (Offender handbook and brochure) the same day they arrived at the institution by a caseworker. The offenders interviewed that had been at the facility for more than 12 months indicated that they saw a video and had seen information in the offender handbook. All of the inmates formally interviewed remembered the information provided. The offenders were asked to explain what they were trained on and we received the following generalized responses: to be free from harassment and abuse, who they can talk to, what phone numbers to use in case of incident, where the numbers and address were located (posters).

Under 115.33 Inmate Education

Issue: During interviews with Receiving and Release (R&R) staff, it was shown that the PREA Intake Screening and Information does not occur in R&R, it occurs once the offender is housed, usually within 24 hours. However, if an offender arrives after 3pm on a Friday, of a long weekend, they are not given any PREA information until the following Tuesday or later, exceeding the 72 hours. On long weekends, a process needs be put into place to have the information given to the offender prior to the following Tuesday. Provide the procedure.

Final Update: On May 31, 2019, the new procedure was provided to staff working in the Receiving and Release section of the Wabash Valley Correctional Facility. This procedure was put into place to assure that any offender, who arrives on a long weekend, is provided and understands, with a Prison Rape Elimination Act tri-fold brochure, with needed contact information.

Corrective Action: No additional corrective action was required for this standard.

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 have received 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
 - Investigative Services staff
- Training curriculum
- Training verification certificates for investigators

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention states that all investigators shall receive training in conducting sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults. This training shall be documented in the employee's training records.

A memorandum, authored by the Lead Investigator, dated February 19, 2019, stated the Wabash Valley Correctional Facility has five full time investigators within the Office of Investigations and Intelligence. I was given and reviewed all five's Certificate of Completions in the 'Prison Rape Elimination Act: Investigating Sexual Abuse in a Confinement Setting course'.

The current Prison Rape Elimination Act 'Investigations' training, provided on-line by the National Institute of Corrections, dated March 3, 2016, consisted of a PowerPoint presentation and handout which covered all aspects of the investigation process, was provided and reviewed. This training covered subjects such as; techniques for interviewing victims, suspects and potential witnesses; using Maranda and administrative warnings prior to conducting compelled interviews; sexual abuse evidence collection and concerns in a confined setting; and how to prepare a case for prosecution.

The Prison Rape Elimination Act Compliance Manager provided sign-in sheets and completion certification for all five trained investigators.

The Investigative staff interviews confirmed knowledge and receipt of specialized training in all areas required per this provision during continual training and the investigators academy/training.

Corrective Action: No corrective action was required for this standard.

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? Yes No

- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Agency Organizational Chart
- Interviews with the following:
 - Medical staff
 - Mental Health staff
- Training curriculum and certificates

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This includes contracted medical and mental health staff. Additionally, all contract medical and mental health staff receives additional medically focused Prison Rape Elimination Act training as part of the requirement to work at the facility.

Policy also states that each facility shall establish a written agreement or contract with a qualified, independent forensic health services professional who is not employed by the facility to perform forensic medical examinations of sexual abuse victims. This service is currently provided by Regional Hospital in Terre Haute. As a part of the written agreement, any Health Services personnel who examines an offender is to be trained and shall use appropriate safety precautions to take when treating an offender.

The training lesson plan provided to this auditor covered how to detect signs of sexual abuse, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and whom to report allegations of sexual abuse/harassment and the roles and responsibilities of the Sexual Abuse Response Team. Additionally, all training will be documented, through signature or electronic verification, showing acknowledgement that the employee received and understood the training.

Policy states that all Medical and Mental Health Care practitioners receive general Prison Rape Elimination Act training mandated for all employees, volunteers & contractors as identified in policy and outlined in Prison Rape Elimination Act standards, depending upon the practitioner's status in the agency.

During the on-site visit, audit team members reviewed and verified attendance at Prison Rape Elimination Act training through the facility's training records. Documentation is maintained that medical and mental health practitioners have received the general Prison Rape Elimination Act training and the specialized training referenced in standard 115.35 from the agency.

The two formal Medical and two formal Mental Health staff interviewed, along with several informal interviews, at the Wabash Valley Correctional Facility indicated they have received the generalized Prison Rape Elimination Act training as per policy. This training is provided by the Wabash Valley Correctional Facility's Training Department.

All of the Wabash Valley Correctional Facility medical and mental health staff indicated during interviews that they had received the generalized training. During document reviews, the auditors were provided with all 8 Prison Rape Elimination Act Specialized Training certificates.

The Wabash Valley Correctional Facility utilizes the Holy Rosary Hospital Center, in Miles City, Indiana for all forensic exams. The auditor interviewed the Sexual Assault Nurse Examiner via telephone and she confirmed the hospitals responsibility to conduct such exams. She also confirmed that they have constant communications with the institution and has provided services three times in the past 12 months.

Corrective Action: No corrective action was required for this standard

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, when 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, when 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, when 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 a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Staff responsible to screen for risk of victimization
 - Random Offenders
 - PREA Coordinator
 - PREA Compliance Manager
- Offender electronic files
- Risk Screening tool: Electronic
- Mental Health Referral forms

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that within 24 hours of an offender's admission to a Department intake unit, staff shall assess an offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual abuse victim. This assessment shall use the appropriate Sexual Violence Assessment Tool. The results of this assessment shall be considered confidential and filed in the offender's facility packet accordingly. The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders.

Additionally, policy states that within 72 hours of arrival at a facility, intake staff shall ensure a new Sexual Violence Assessment Tool is completed based on information from the interview with the offender and the offender's record. The Sexual Violence Assessment Tool Questionnaire shall be used to conduct the offender interview.

Within 30 days of the offender's transfer, staff shall reassess the offender's risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment and complete a new Sexual Violence Assessment Tool if needed. This review shall be documented in the 30-Day Review section on the bottom of the Sexual Violence Assessment Tool form.

An offender's risk level shall be reassessed at any time when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

The screening instrument will consider, at a minimum, the following criteria for risk of sexual victimization:

- whether the offender has a mental, physical, or developmental disability;
- the age of the offender;
- the physical build of the offender;
- whether the offender has previously been incarcerated;
- whether the offender's criminal history is exclusively nonviolent;
- whether the offender has prior convictions for sex offenses against an adult or child;
- whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the offender has previously experienced sexual victimization; and
- the offender's own perception of vulnerability.
- whether the inmate is detained solely for civil immigration purposes?

The screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the offender's risk for being sexually abusive.

Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment.

Of the 20 formal offenders interviewed, all indicated they had been asked questions about sexual abuse when they arrived at this facility. Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner. Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within 1-2 hours of the offender's arrival and that the risk screening is completed utilizing a standardized Prison Rape Elimination Act Intake/Transfer Assessment Tool. Intake staff also indicated that all offenders are reassessed within 30 days of arrival, by a caseworker, at their facility based on criteria outlined in standard provision.

Offenders are provided with the Offender Orientation handbook, as well as, a brochure which outlines the Indiana Department of Correction's Prison Rape Elimination Act policy. The offenders also watch a video on Prison Rape Elimination Act and are asked if they understood the content. Finally, the offender signs an Acknowledgement form stating they received and understood the information given during intake.

Classification staff reviews the offender's history and flags, then assigns the offender housing. The case worker or case manager screens the offender and provides them Prison Rape Elimination Act education.

During the on-site visit, auditors observed the entire intake process which began in Receiving and Release, going through medical and mental health reviews and ended after the Intake process in the assigned housing unit by the caseworker. The screening/assessment process is completed as part of an overall intake assessment and the standardized Prison Rape Elimination Act Intake Assessment Tool was being used.

20 offender file hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. It was noted that PREA Intake Assessment Tool forms were present in the offender files that were reviewed.

Corrective Action: No additional corrective action required

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? Yes No
- 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? Yes No
- 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? 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Staff responsible for Risk of Victimization
 - PREA Coordinator
 - PREA Compliance Manager
 - Offenders who Identify as Gay or Bisexual
 - Offenders who identify as Transgender or Intersex
 - PREA Compliance Manager
- Offender electronic file
- Risk Screening tool: Electronic form
- Mental Health Referral form

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that the facility shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender.

Staff shall not discuss an offender's Prison Rape Elimination Act flag status with an offender at any time. If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Based upon this assessment, the offender shall be placed in the appropriate housing; however, no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis of such identification or status. If staff determines that an offender is a potential aggressor or potential victim, the offender's record shall be appropriately flagged in the offender information system and/or juvenile data system.

Offenders identified as Intersex or Transgender shall receive an initial placement and programming assessment with subsequent reassessments conducted every six months. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the offender's health and safety; and whether the placement would present management or security problems. Serious consideration shall be given to such an offender's own views with respect to his or her own safety. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

Within 24 hours of an offender transfer to another facility, staff making housing assignment decisions at the receiving facility shall review the offender's Prison Rape Elimination Act flag status to determine whether the offender may be a potential aggressor or a potential victim in determining initial housing assignment, in accordance with Policy and Administrative Procedure 01-04-101, "Adult Offender Classification."

Offenders who are identified as a 'likely PREA aggressor' shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a 'likely PREA victim.' Offenders who have been identified as a "likely PREA victim" shall not be housed in the same cell as, or in a bed adjacent, to an offender identified as a "likely PREA aggressor" and may be housed in Protective Custody or other assignment that reduces the likelihood of sexual victimization.

Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments. The Wabash Valley Correctional Facility reassesses all offenders twice a year.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have bathrooms in the cells with individual shower stalls/curtains on the main tier.

Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to.

Corrective Action: No corrective action was required for this standard.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - Staff who supervise Administrative Segregation

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Section XII, Sexual Abuse Prevention, states that offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

The policy requires the facility to allow the offender access to programs, privileges, education and work assignments to the extent possible. Should any programs be restricted, the facility shall document the opportunities limited, the duration, the limitations and the reason for such limitations.

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

Offenders placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted the facility will document what opportunities have been limited, the duration of the limitation and the reasons for such limitations.

The audit team also reviewed the intake screening process as indicated in Standard 115.41 & 115.42. A memorandum, authored by the Warden, dated February 25, 2019, states that no offenders identified as a high risk for sexual victimization have been placed on involuntary restricted housing in the past 12 months.

During the interview with the Warden, he confirmed that Wabash Valley Correctional Facility does not place offenders who are at high risk of sexual victimization in segregated housing unless all other alternatives have been eliminated.

The Warden explained that the institution has a variety of different housing units running different programs that offer options when housing offenders that have victimization concerns. If, however, alternate housing is not identified, the offender may need to be transferred.

During the on-site tour, it was noted that there were no offenders currently housed in any type of segregated housing due to Prison Rape Elimination Act related victim concerns.

Corrective Action: No corrective action was required for this standard.

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? Yes No

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - PREA Compliance Manager
 - Random Staff
 - Random Offenders

- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning Prison Rape Elimination Act issue that the offenders can access.

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Section XV, Sexual Abuse Prevention states that the facility shall provide multiple internal ways for an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports.

Offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership Agreement or another State agency, remaining anonymous if requested. Offenders shall have access to the outside organization through a toll-free hotline, offender email system, or mailing address. If the offender is not comfortable with making the report to the immediate point of contact line staff, the offender shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations.

All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift.

Additionally, policy states that Staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, Prison Rape Elimination Act Compliance Manager, or the Executive Director of Prison Rape Elimination Act via the Indiana Department of Corrections Sexual Assault Hotline, which is posted near housing unit offender telephones.

Within the Orientation packet, that all offenders receive and sign for, during the Intake process, give the offender seven different either they or their families can report a Prison Rape Elimination Act issue.

Employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will promptly document.

All such reports shall be handled in a confidential manner.

Through discussion with the Prison Rape Elimination Act Statewide Coordinator and records review, the Indiana Department of Corrections does not house offenders detained solely for civil immigration reasons.

During the 16 formal staff interviews, staff indicated they would accept any type of report from the offender and document on a memorandum to be forwarded to their supervisor. They shared that offenders can report several different ways including verbally reporting to any staff, calling the number on the posters, internal voice mail to the Prison Rape Elimination Act Compliance Manager, external calls to the Indiana Department of Corrections Ombudsman's office, writing letters to staff, writing a confidential letter to, or calling the, the Indiana Coalition Against Domestic Violence, telling a peer and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In all cases, staff believed they could report to a supervisor, and it would be kept private.

The 20 offenders that were formally interviewed reported that there are several ways they could report. These include telling staff, use the telephone number from the posters or the painted numbers near the telephones, victim advocates, tell family, tell staff, and put a note in the mail box or confidential appeals or medical box. Most indicated they would just tell staff if anything was to happen.

During the tour, the audit team noted the posters information for the Indiana Department of Corrections and Rape Crisis Center contact information, providing reporting information in English and Spanish. The audit team were also given brochures that are provided to offenders.

The audit team tested the numbers posted. On the call to the Rape Crisis Center telephone line, a person answered the call and explained the call is monitored 24 hours a day, 7 days a week. On the call to the Ombudsman's Office, a message was left, explaining the reason for the call. A response call-back was received approximately 10 minutes later.

Corrective Action: No corrective action was required for this standard.

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 NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - PREA Compliance Manager
 - Offenders that reported Sexual Abuse
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

Indiana Department of Corrections Policy and Administrative Procedures 00-02-301, Offender Grievance Process, when dealing with Prison Rape Elimination Act grievances:

When receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate corrective action. The Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within 48 hours of the offender filing the emergency grievance. The Warden shall also forward the emergency grievance to the Department's Offender Grievance Manager, who shall issue a final Department decision within five calendar days to the offender who filed the grievance. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. The determination that a grievance is not an emergency may be appealed through the normal grievance procedures as directed in this policy and administrative procedure.

This subsection presents guidelines for the filing of grievances alleging that an offender is subject to a substantial risk of imminent sexual abuse, and removing the standard time limits on submission for a grievance regarding an allegation of sexual abuse. Standard time limits may apply to any portion of a grievance that does not allege an incident of sexual abuse.

The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.

An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident.

Sexual abuse as defined in Policy and Administrative Procedure 02-01-115, "Sexual Abuse Prevention," consists of non-consensual sex acts, abusive sexual contact, and staff sexual misconduct. Such a grievance shall not be referred to a staff member who is the subject of the complaint. The Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance.

Determination of the 90-day time period shall not include time consumed by the offender in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision shall be made.

At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for response, including any proper extension, the offender may consider the absence of a response to be a denial at that level. Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his/her behalf, the Department shall document the offender's decision.

A memorandum, authored by the Wabash Valley Correctional Facility's Grievance Specialist, dated March 14, 2019, states there have been two grievances received that alleged sexual abuse in the past 12 months and both grievances reached final decisions within 90 days of being filed.

Another memorandum, authored by the Wabash Valley Correctional Facility's Grievance Specialist, dated March 14, 2019, states that there have been zero Third-party sexual assault grievances filed 12 months.

One of the offenders that filed a Prison Rape Elimination Act grievance, was interviewed. He stated that the process provided him an avenue to confidentially inform staff of his concern. He felt staff did a good job during the investigation and was notified of the outcome. I was also provided and reviewed the completed investigation that began with a grievance.

According to the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager, the Wabash Valley Correctional Facility had received the two Prison Rape Elimination Act related grievances in the past 12 months. They were investigated the same as all other allegations are handled.

I reviewed the Grievance Logs and only found two Prison Rape Elimination Act related grievances filed in the past 12 months

Corrective Action: No corrective action was required for this standard.

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? Yes No
- 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - PREA Compliance Manager
 - Random Offenders
 - Offenders who reported sexual abuse
 - Technical Assistance Coordinator of the Victim Advocate staff from the Indiana Coalition Against Domestic Violence, located in Indianapolis, Indiana to include their Memorandum of Understanding.
 - Observations of the physical plant during our on-site review rounds, to include available information concerning Prison Rape Elimination Act issues that the offenders can access, to include Rape Crisis Center telephone numbers

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Section XV, Sexual Abuse Prevention states that the offender victims of sexual abuse shall be provided access to outside victim advocates and/or Mental Health professionals for support services related to sexual abuse, whether or not they report the abuse. The Department shall make arrangements for these services through agreements with the victim advocate. The contact information for community victim advocates shall be posted throughout the facility and provided in PREA education materials. Offenders shall be informed of the extent to which any calls and correspondence will be subject to monitoring for mandatory reporting purposes where applicable. Counselors from victim advocacy groups shall be allowed access to the offender as a special visit arranged through the PREA Compliance Manager in accordance with procedures in Policy and Administrative Procedure 02-01-102, "Offender Visitation." The reason for this visit shall be kept confidential and limited to the coordinator. The facility shall also provide offenders with reasonable and confidential access to their attorney's or other legal representation and reasonable access to parents or legal guardians.

The Adult Offender Handbook, dated August 2016, is a 40-page document that covers all areas of operations that the offender needs to know while incarcerated at the Wabash Valley Correctional Facility. On page 37, the Sexual Assault Prevention and Reporting portion is outlined.

A copy of the 'End the Silence' poster with contact information on how to report, with telephone numbers. Also listed is an email and '877' number the offender can shared with a Third party.

A copy of the JPay Sexual Abuse Reporting process, along with contact address, of the external group, Indiana Ombudsman Bureau.

A copy of the Services for Victims of Sexual Abuse, along with telephone and physical address, of the local contact information.

They are also given a Sexual Assault Prevention and Reporting brochure.

The contracted off-site offender Victim Assistance is the Indiana Coalition Against Domestic Violence, located in Indianapolis, Indiana, states they will provide confidential support services and crisis intervention contacts to victims of sexual abuse. This is 24 hour / 7 days a week organization. They will follow all Prison Rape Elimination Act Standards set forth by the Indiana Department of Corrections, they will maintain documentation and have it ready for review, when needed.

The Indiana Department of Corrections has a telephone number, #80, that is accessible from offender telephones that are not monitored or recorded. The telephone call is confidential.

This telephone number, as well as other internal and external contact information, is provided to the offender population through the Offender Handbook, Resource Guide or Prison Rape Elimination Act Brochure that each are given upon intake.

The audit team interviewed 20 offenders during formal interviews concerning the topic of allegations of sexual abuse or harassment. Overall, the offenders knew about the outside victim advocate for support services and how to contact them. Most were unclear what the acronym of the Indiana Coalition Against Domestic Violence stood for but knew what they did or services provided. The offender population explained how the information is 'posted everywhere' if they needed it and were given the information at Intake.

The audit team contacted the victim advocate at the Indiana Coalition Against Domestic Violence (Rape Crisis Center) in Indianapolis, Indiana. Staff stated they have ongoing contact with staff at the Wabash Valley Correctional Facility and have received a few Prison Rape Elimination Act related calls from offenders in the past 12 months. A few calls are of a Non-Prison Rape Elimination Act subject.

When the call is received, it is answered by a volunteer 24 hours a day, 7 days a week.

Under 115.53 Inmate access to outside confidential support services

Issue: Prison Rape Elimination Act posters, as well as Ombudsman/ICADV notification information, not consistently posted. Needs to be moved near the telephones so they are accessible to the inmate population. Complete and email pictures.

Final Update: On June 12, 2019, I received an email indication, through documentation, that the telephone/contact information, for internal and external agencies, were posted near telephones in all housing units.

Issue: North Administration Library needs PREA informational posters posted.

Final Update: On June 5, 2019, I received an email indication, through documentation, that the Prison Rape elimination Act posters were posted in the North Administration Library.

Issue: During interviews with staff and offenders shows that the acronym for the Indiana Coalition Against Domestic Violence, ICADV, nor its purpose, was not known by staff or offenders. Training should take place. Email results.

Final Update: On May 29, 2019, I received an email indicating, through documentation, that the Indiana Coalition Against Domestic Violence contact information and what their purpose was, was distributed to all offenders and staff. The offender's information was added to all Admissions and Orientation packets and placed on the closed caption television and staff received the training in On-the-Job training and it was added to their annual training program.

Corrective Action: No additional corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that third party reports by family, friends, and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning a toll-free number. After reviewing the Indiana Department of Corrections website, I found the email address and telephone number so that a third parties can report sexual assault.

Additionally, policy states staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports and that staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

The Wabash Valley Correctional Facility also has Prison Rape Elimination Act information available to the public in the visiting area. This poster contains several ways an offender can report and two way an offender's friends or family, outside the facility, can report. This information is in English and Spanish.

During offender interviews, all offenders were aware that third party reporting was an acceptable method for receiving a report of sexual abuse or sexual harassment, but none of them believed their friends or family had used it.

Additionally, the Prison Rape Elimination Act Compliance Manger explained that the Offender handbook and Prison Rape Elimination Act Resource Guide informs the offender population of these numbers and addresses that they can shared with their family and friends.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was also included. During the tour of the Wabash Valley Correctional Facility, the audit team observed Prison Rape Elimination Act posters and Prison Rape Elimination Act information posted in the visiting room.

Corrective Action: No corrective action was required for this standard.

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 person's 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - PREA Coordinator
 - Random staff
 - Medical staff
 - Mental Health staff
- Internal Investigative reports

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct, or staff/offender sexual harassment shall be encouraged to report these situations. Staff shall ensure that offenders are aware of the manner in which reports can be made. The facility shall provide multiple internal ways for an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports. Offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership Agreement or another State agency, remaining anonymous if requested. Offenders shall have access to the outside organization through a toll-free hotline, offender email system, or mailing address. If the offender is not comfortable with making the report to the immediate point of contact line staff, the offender shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations. All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift.

Any staff person, volunteer, or contractor that has reason to believe that sexual abuse or sexual harassment has occurred, whether or not it occurred in a Department facility, has a duty to immediately report this information to the Shift Supervisor on duty, Prison Rape Elimination Act Compliance Manager, facility executive staff or the Statewide Executive Director of Prison Rape Elimination Act. Staff shall immediately report retaliation against an offender or staff for reporting an incident of sexual abuse or sexual harassment and any staff neglect or violation of duty to report that may have contributed to an incident of retaliation.

Staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager, or the Executive Director of Prison Rape Elimination Act via the Indiana Department of Corrections, Sexual Assault Hotline. The Shift Supervisor shall notify the Superintendent, Investigations and Intelligence, PREA Compliance Manager, a member of the facility Prison Rape Elimination Act Committee, or other designee.

Additionally, if the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect." or by contacting the Adult Protective Services at Indiana Family and Social Service Administration.

Finally, policy states that if medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the offender and report their suspicions of all incidents of offender sexual assaults that occur in the Department with Investigations and Intelligence staff. Offenders can refuse to report incidents that occurred prior to their incarceration in the Department.

Interviews with 16 formal random staff and specialized staff at all levels of this facility indicate that all Prison Rape Elimination Act related allegations/reports go to the facility Prison Rape Elimination Act investigators for investigation. During the random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During interviews with medical and mental health staff, they shared their understanding of the policy and their duty to report. They also stated that they explain to the offender the limitations of confidentiality prior to the initiation of services. Further, the staff provided me with the forms they use to document any reports.

During an interview, and a written memorandum, the Warden informed the audit team that the Wabash Valley Correctional Facility does not house offenders under the age of 18 and has not since March 2016. Additionally, there have been no cases of vulnerable adults as alleged victims of sexual abuse or sexual harassment in the past 12 months.

Corrective Action: No corrective action was required for this standard.

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

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Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Commissioner
 - Warden
 - Random staff
 -

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that upon receipt of a report of sexual abuse, staff shall ensure that the Warden is notified immediately. Additionally, when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Status housing, or any other appropriate action.

Further, policy states that First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of assault and any evidence collected, in coordination with Investigations and Intelligence Investigators is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns. They must inform the victim not to take any actions that could destroy physical evidence before an investigator or other member of the SART arrives. If the report is made within the 96-hour time frame, staff shall ensure that the alleged victim and alleged abuser do not take any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. They will also arrange for the removal of any suspected perpetrator. Each custody shift is to have two on-duty staff persons identified and trained as first responders. If the first responder is a non-custody staff, the responder shall request the alleged victim and alleged perpetrator not take any actions that could destroy physical evidence and notify custody staff as soon as possible.

Finally, policy states that if the first employee or service provider, to learn of an allegation that an offender was sexually abused, is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify a custody supervisor.

The facility will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership.

During the interview, the Commissioner's Designee indicated that if he received such information, he would notify the facility where the offender is housed and direct the staff to take immediate action to protect the offender.

During the interview with the Warden, he stated that if he received an allegation, he would take immediate action to protect the offender. This may require that they move the offender back to a place where he would be safe until the suspect is identified and the investigation was concluded. As a last resort, this may require that the offender be transferred to another institution. Also, he stated that at the time of the audit, Wabash Valley Correctional Facility has had no cases in which it learned that an offender was subject to a substantial risk of imminent abuse.

Through 16 random staff interviews, they indicated that if they received an allegation, they would immediately separate the victim and suspect, (if known) then notify their supervisor, the Prison Rape Elimination Act Compliance Manager and investigations staff.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Commissioner
 - Warden
 - Investigative Services staff
 - PREA Compliance Manager

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention states that when a Superintendent or designee receives an allegation that an offender was sexually abused at another facility, the Superintendent or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within 72 hours of receiving the allegation and document he/she has provided such information. The Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedure.

In a memorandum, authored by the Prison Rape Elimination Act Compliance Manager, dated February 21, 2019, it states that the Wabash Valley Correctional Facility has received no allegations in the past 12 months that an offender housed currently at Wabash Valley Correctional Facility was sexual abused or assaulted at another agency or facility.

Additionally, another memorandum, authored by the Prison Rape Elimination Act Compliance Manager, dated March 27, 2019, states that Wabash Valley Correctional Facility has not received any allegations from another agency or facility, in the past 12 months, that an offender was sexual abused or assaulted while housed at Wabash Valley Correctional Facility.

During the interview with the Commissioner's Designee, he stated that if any such allegation is received, it is referred to the Investigations Department with a copy to the Statewide Prison Rape Elimination Act Coordinator. Contact is made with the Prison Rape Elimination Act Compliance Manager of the involved facility and an investigator is assigned to conduct the review.

Both the Warden and the Prison Rape Elimination Act Compliance Manager indicated that once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.

During the interview, and in a written memorandum from the Prison Rape Elimination Act Compliance Manager, the Warden stated that when the notification comes, via email, from the Warden/Superintendent/Commander of the other facility to him. Then is acted upon immediately as it were other allegations. A follow-up phone call is made if needed.

During the interview with 2 of the Investigators, they indicated that work closely with all other outside agencies, to include the local law enforcement and Department of Health and Human Services, other Indiana Department of Corrections institutions and the local District Attorney's office, to name a few. Staff indicate they continually monitor each open casefile for any follow-up information needed.

Investigative staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

Corrective Action: No corrective action was required for this standard.

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

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

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - First Responder staff
 - Random staff
 - Offenders that Reported Abuse
- First Responder training curriculum

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that the Warden at each facility shall establish a Sexual Assault Response Team and a written facility plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. A Sexual Assault Response Team provides a coordinated, efficient, and supportive response to victims of sexual assault.

The members of the Sexual Assault Response Team shall provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault.

Persons assigned to the facility's Sexual Assault Response Team shall receive specialized training in providing comprehensive services to victims of sexual assault.

The Warden shall ensure that there is an alternate for every first responder member of the Sexual Assault Response Team who is also qualified to fulfill the team member's role when he or she is unavailable. Sexual Assault Response Team members are to be scheduled so that members are available at all times.

Arrangements shall be made to ensure that Sexual Assault Response Team members who must interact with the sexual assault victim are able to communicate directly, through interpretive technology, or through offender interpreters during exigent circumstances, with offenders who have limited English proficiency, are deaf, or speech impaired. Accommodations shall be made to convey all written information verbally to offenders with limited reading skills or who are sight-impaired.

If the alleged incident occurred within 96 hours of the report, staff shall ensure that appropriate actions are taken to preserve as much evidence as possible (e.g., if the sexual conduct involves intercourse, the alleged victim shall be requested not to shower or otherwise clean him/herself, drink, use the toilet, brush his/her teeth, remove clothing, etc.). If the alleged perpetrator is known, staff shall require him/her to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse. Mental Health staff or staff trained in victim support shall be contacted to meet with the alleged victim.

The Indiana Department of Corrections training for the Sexual Assault Response Team staff covers the following:

- Sexual Assault Evidence Protocols: This is a 12-page training guide, dated March 3, 2016
- Sexual Assault Response Team Overview: This is a 11-page training guide, dated March 3, 2016
- Conducting Sexual Assault Investigations: This is a 17-page training guide, dated March 3, 2016
- Staff Sexual Misconduct: This is a 21-page training guide, dated March 3, 2016
- Victim Advocacy: This is a 16-page training guide, dated March 3, 2016

According to a memorandum, authored by the Prison rape Elimination Act Compliance Manager, and followed by the documented Log Book, in the past 12 months, the Wabash Valley Correctional Facility had three reported allegations of offenders being sexually abused. All three victims were immediately separated from the suspect, by the first responder staff, who were all security staff, and advised of the Prison Rape Elimination Act process.

In all three allegations, the first security staff member to respond ensured the crime scene was preserved, requested that the alleged victim not take any action that could destroy physical evidence and ensured that the alleged abuser did not take any action that could destroy physical evidence.

The first responders that were interviewed during this audit were all able to explain their responsibility during a Prison Rape Elimination Act incident including: separating the suspect from the victim; taking steps to preserve any potential crime scene; requesting the victim not perform any activity that may destroy physical evidence; and placing suspects, under constant supervision, while awaiting transfer to the Sexual Assault Nurse Examiner to avoid destruction of evidence.

During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault. Each one knew their responsibility to separate the victim and suspect as well as immediately notify their supervisor. They would summon for emergency medical aide if needed. Additionally, they were able to articulate what requests they would have of the victim to help preserve physical evidence such as not bathing, brushing his teeth, going to the restroom or drinking liquids.

During the interview with the Warden, he stated that all staff are trained on the entire Prison Rape Elimination Act policy and procedures.

During training, staff, from all work categories, are given the information verbally and in written form. Then, at the completion of class, they are asked what they have learned and how they would respond.

During the two interviews with offenders that reported sexual abuse, both stated that they believed the process was handled well and felt the staff had their (the offenders) best interest and care in mind during the process.

During the 16 formal custody interviews, Custody Staff First Responders stated they would separate the victim from the alleged abuser and immediately notify their supervisor and investigative staff. They would take the victim to medical (if needed) and inform the offender why they should not to use the bathroom or clean off any potential evidence. If the incident occurred in a cell or open area, they would secure the cell door or cordon off the area, to preserve the crime scene. They would secure the abuser as soon as the abuser was known.

Non-custody staff First Responders said they would notify custody staff and urge the alleged victim to not destroy evidence. Through those interviews, staff stated they would protect the offender, separate him from the alleged perpetrator, call the supervisor or security staff for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

Although the First Responders are trained in evidence collection, responding Investigator may also collect the evidence.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - First Responder staff
 - PREA Compliance Manager
- PREA Incident Operational Plan
- Various First Responder Checklists

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that the Warden at each facility shall establish a Sexual Assault Response Team and a written facility plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff.

The Wabash Valley Correctional Facility's Facility Directive, dated October 15, 2017, is a directive that applies to all staff at the Wabash Valley Correctional Facility involved in or having contact with a victim of a sexual assault. The Directive contains the following: Definitions, Procedures, Communication Aids, Staffing, Training Requirements, the responsibilities of members of the Sexual Assault Response Team, to include Executive staff, Medical and Mental Health staff, Duty Officers and Internal Affairs Investigators.

The Directive also has the Sexual Assault Response Team Activation flow chart, the Indiana Department of Corrections Sexual Abuse Incident Checklist, Prison Rape Elimination Act Housing Assignment Review list, the Sexual Assault Nurse Examiner's process and contact information and a list of current Sexual Assault Response Team members and trained staff from various categories.

The Warden stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities Sexual Assault Response Team members. This response procedure mirrors the agency policy.

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

The Prison Rape Elimination Act Compliance Manager was able to tell the auditing team, step by step, how the Wabash Valley Correctional Facility staff responds to a Prison Rape Elimination Act incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to Prison Rape Elimination Act so that they can be reached at any time of day or night. All of the staff, volunteers, and contractors interviewed knew what their specific role was when responding to a Prison Rape Elimination Act incident.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Commissioner
 - Warden

The Indiana Department of Corrections does not have collective bargaining.

Interviews with the Commissioner's Designee and the Wabash Valley Correctional Facility's Warden, confirmed that they currently do not have Collecting Bargaining and had not during this audit period.

Corrective Action: No corrective action was required for this standard.

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 residents 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Commissioner
 - Warden
 - Staff charged with Monitoring Retaliation
 - Offender who Reported Abuse
 - PREA Compliance Manager

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that the facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days or three consecutive facility Prison Rape Elimination Act Committee Meetings following an allegation of sexual abuse and/or sexual harassment, the facility's Prison Rape Elimination Act Committee shall monitor and document the conduct and treatment of offenders or staff who have reported sexual abuse and/or sexual harassment to see if there are any changes that may suggest possible retaliation by offenders and staff, and shall act promptly to remedy any such retaliation. Items the facility Prison Rape Elimination Act Committee shall monitor include any offender Reports of Conduct, housing or program changes, or negative performance reviews or reassignments of staff. Such monitoring may exceed 90 days based on the information gathered during the initial monitoring period. In the case of offenders, the monitoring shall also include periodic status checks. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

Auditors were given the completed investigations where a Prison Rape Elimination Act Meeting was held. This completed form contained the following:

- Date of meeting
- Date of time period covered
- Those in attendance
- Notification numbers
- Annual Review updates
- Number of allegations that were reported for the particular month
- Number of allegations currently open
- Reviews of each allegation
- Protection Against Retaliation form (If needed)

Auditors also requested and received blank and completed copies of the Prison Rape Elimination Act Retaliation Monitoring Data Sheets. This contains the time frames on when to monitor, what to look for and how to respond to actions taken. This form has information for both offender and staff monitoring.

The checkoff at the bottom of the page shows the Monitoring Results to include:

- No Retaliation Found
- Continue Monitoring
- Retaliation Found and Addressed with Protective Measures
- Monitoring Ended due to result of allegation investigation being Unfounded

This form has information for both offender and staff monitoring.

In a memorandum, authored by the Prison Rape Elimination Act Compliance Manager, dated February 20, 2019, states that there have been zero acts of retaliation reported from any allegations in the past 12 months.

Interviews with the Prison Rape Elimination Act Compliance Manager and Staff charged with Monitoring Retaliation stated that all inmates and/or staff will be monitored for a minimum of 90 days, unless the allegation becomes Unfounded. If staff believe the monitoring should extend past 90 days, they will document their reason and end date.

In the case of transfer, the other institution will continue the process and send the copies back to the original institution.

During the interview with the Commissioner's Designee, he stated that the facility will use the Protection Against Retaliation process to follow-up with victims who report. Staff will take appropriate action if there appears to be any retaliation. Once follow-up is completed, the documents are maintained in the offender's packet.

If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual (staff or offender) who is retaliating.

During his interview, the Warden indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc. The Warden also stated that retaliation is not acceptable and those who retaliate would be disciplined.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Interviews with the following:
 - Warden

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that Offenders at high risk for sexual victimization shall not be placed in involuntary restrictive status housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Any such determination shall clearly document the basis for the facility’s concern for the offender’s safety; and the reason why no alternative means of separation can be made. Such assignment shall not ordinarily exceed a period of 30 days (for juvenile offenders this assignment shall be reviewed every 24 hours. Any assignment exceeding 30 days shall be clearly documented providing justification for such placement. Any adult offender placed in restrictive status housing, for this purpose, shall have access to programs, privileges, education, and work assignments to the extent possible.

The Prison Rape Elimination Act Compliance Manager and Prison Rape Elimination Act Committee shall review the record and history of those offenders receiving a Sexual Violence Assessment Tool (SVAT) flag of Potential Aggressor or flag of Potential Victim as a recommended override by staff completing the assessment. The committee shall then reach a consensus on the Prison Rape Elimination Act flag status of those offenders in question. Offenders identified as a “likely Prison Rape Elimination Act aggressor” may be considered for housing in Administrative Restrictive Status Housing.

In memorandums, authored by the Prison Rape Elimination Act Compliance Manager, dated February 26, 2019, they state that the Wabash Valley Correctional Facility has not housed any offenders, who alleged to be sexual abused, in involuntary segregation housing during the past 12 months.

During document reviews and on-site tours, the audit team did not observe any Wabash Valley Correctional Facility offender, who alleged to have suffered sexual abuse, being held in involuntary segregated housing in past 12 months.

The Warden stated that the facility has different housing options or programs that give the facility the ability to separate offenders. Also, the facility has not housed any offenders in protective custody/restricted housing, who have alleged to have suffered sexual abuse, during this audit period.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - PREA Coordinator
 - PREA Compliance Manager
 - Investigative staff

- Offender who Reported Abuse
- Investigative Reports
- Training Records for Investigators

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that Investigations and Intelligence Investigators are to investigate and report the facts of the case. The Investigators shall consider the immediate safety of the victim. They shall arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. They shall also notify the State Police liaison of the assault to request assistance, if needed, and consult with local prosecutors if there is a potential criminal violation. The Investigators may not be on grounds when the initial report is made and shall be utilized on an on-call basis. All investigators shall receive training in conducting sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults. This training shall be documented in the employee's training records.

Policy also states that Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the sexual abuse and/or sexual harassment; and shall be documented in a Sexual Incident Report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

All allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment, or are no longer under Department authority.

Sexual abuse reports shall be investigated by the facility's Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Superintendent to conduct administrative investigations. Staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct.

Indiana Department of Corrections Policy and Restricted Administrative Procedures 00-01-103, Investigations and Intelligence, gives a breakdown of the following, to include but not limited to:

- Responsibilities of the Intelligence Officer/Watch Officer
- Investigating Allegations of Misconduct
- Investigating Sexual Abuse and Sexual Harassment
- Training
- Evidence and Case Reporting Procedures and Best Practices

All Investigators shall receive specialized training for conducting sexual assault and sexual harassment investigations in confinement settings. This training shall include the following topics:

- Interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
- Sexual abuse evidence collection in confinement settings;
- Criteria and evidence required to substantiate a case for administrative action; and,
- Criteria and evidence required to refer a case for prosecution.

Investigators must be trained as Sexual Assault Response Team members prior to completing investigations of sexual abuse or sexual assaults.

Offenders who allege sexual abuse will not be required to submit to a polygraph examination as a condition for proceeding with the investigation of an allegation.

A copy of a Prison Rape Elimination Act Allegation Case File that covers the following sections, was provided and reviewed;

- Prison Rape Elimination Act Summary Report
- Incident Statements
- Investigative Reports
- Interview Reports
- Miscellaneous/Supporting Documentation
- Audio/Video/Photographs
- Retaliation Monitoring, if needed.
- Medical/Mental Health Documents
- Disposition
- Offender Notification
- Sexual Abuse Incident Review minutes

Utilizing the above listed Case Plan checklist, the investigator reviews reports and evidence, reviews the crime scene, looks at photographs or video, interviews any/all witnesses, interviews the victim, interviews any known suspects and reviews any medical records.

The investigators then document all essential information on a confidential report. Through these file reviews, Investigative staff have shown that they are objective and treat each allegation on a case-by-case basis.

Policy also states that Sexual Incident Reports and investigation reports shall be retained for five years beyond the abuser's incarceration or employment.

The auditors requested and received the 5 specialized training certificates for the Wabash Valley Correctional Facility's Investigative staff.

The 17-page, Indiana Department of Corrections Staff Development and Training PowerPoint, Conducting Sexual Assault Investigations, and the lesson plan, was provided and reviewed.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. The facility-based investigators conduct all investigations to including those arising from third party and anonymous reports.

Reports of investigations of alleged sexual abuse and sexual harassment shall be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Completed Sexual Incident Reports demonstrate that all allegations were investigated promptly, when the allegation was received from either the victim, a third party, or anonymously. 36 allegations of sexual abuse/harassment were alleged during the past twelve months.

The Prison Rape Elimination Act Statewide Coordinator, stated the he works closely with all of Indiana Department of Corrections Prison rape Elimination Act Compliance Managers. He communicates through telephone and email to ensure all allegations are investigated thoroughly and properly documented. Additionally, he stated that maintains the sexual abuse data for ten years after collection

During her interview, the Prison Rape Elimination Act Compliance Manager confirmed that all 5 facility-based investigative staff receive specialized training which meet this provision of the standard.

Auditors conducted two interviews with investigative staff who indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly. Of the 36 allegations made, all of them were reviewed and investigated.

Investigative staff said when they are assigned and contacted for a Prison Rape Elimination Act allegation investigation, they respond directly to the scene/facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints.

They do not use any type of truth telling device as a condition of proceeding with an investigation. The local Investigator would confer with Headquarters staff, during case reviews, if needed. Investigators further stated that they continually keep in contact with any outside agency if they are needed during an investigation. Finally, Investigators stated that all investigations continue even if a staff leaves the facility or retires or if an offender is transferred to another facility or is paroled.

Under 115.71 Criminal and Investigative agency investigations

Issue: During review of investigation files, documented review indicated that the investigations were not documented as thorough as the Standard requires. Review past case files for completeness and email a copy of the next 5 completed investigations to the Auditor as they are completed.

Initial Update: On June 13, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me two completed investigations reports. They contained the completed Report of Investigations, completed Notice to Offender with offender signature, PREA Retaliation Monitoring form, however neither one had the monitoring timeline filled out, and the Sexual Abuse Incident Review reports. Neither report had approval signatures and one of the reports was not fully filled out to satisfy the Standard. Corrections were being made and the facility will send the next three completed investigations. On July 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me one additional completed investigation as well as copies of the corrected first two investigations. On August 7, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me an additional completed investigation. The investigation was thorough and complete.

Final Update: On September 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me the final requested completed investigation. The investigation was thorough and complete. These actions satisfy this standard.

Issue: During interviews and file reviews, it could not be shown that the needed classifications of staff reviewed the completed allegations. Make a new routing slips that show who all needs to review and sign off on all investigations.

Final Update: On May 23, 2019, new routing slip was created and will be attached to all allegations. The routing slip was provided to the Auditor.

Corrective Action: No additional corrective action is required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - Investigative staff
- All Investigative reports for allegations of Sexual Abuse

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, speaks to the outcomes of an allegation to include:

- **Substantiated:** An allegation that was investigated and determined to have occurred based on a preponderance of the evidence.
- **Unsubstantiated:** An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- **Unfounded:** An allegation that was investigated and determined not to have occurred.

During the interview with the Warden, he stated the outcome of all allegations is based on the evidence presented, in totality, of the reports. After the investigation is completed, they will be one of three conclusions:

- **Substantiated:** The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend, teaches that substantiation is 51% that they are sure that the event occurred.
- **Unsubstantiated:** Evidence was insufficient to make a final determination that the allegation was true or false.
- **Unfounded:** The allegation was determined not to have occurred.

During interviews with Investigative staff, they confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. Further, Preponderance of Evidence is evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. That is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.

Corrective Action: No corrective action was required for this standard.

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the offender 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - Investigative staff
 - Offender who Reported Abuse
- All Investigative reports for allegations of Sexual Abuse

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a Department facility, the Prison Rape Elimination Act Compliance Manager shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the facility did not conduct the investigation, the Prison rape Elimination Act Compliance Manager shall request the relevant information from the investigative agency or facility in order to inform the offender.

Following an offender's allegation that he or she has been sexually abused by another offender, the facility shall subsequently inform the alleged victim whenever:

(1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,

(2) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy also states that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:

(1) The staff member is no longer posted within the offender's unit;

(2) The staff member is no longer employed at the facility;

(3) The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,

(4) The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented.

Indiana Department of Correction's facility staff conducts administrative and criminal investigations on all Prison Rape Elimination Act related matters. Staff at the facility will maintain continual contact with the Headquarters staff during this process.

During interviews with Investigative staff, they indicated that they have a local liaison with law enforcement if they are investigating any cases. Also, they maintain the allegation/incident file and review it daily for any needed information, or notifications required.

During the interview with the Prison Rape Elimination Act Compliance Manager, she stated that once the offender is notified of the outcome of any investigation, that process and notification is, at a minimum, written into the Investigation Report. The auditor was provided with several Investigation Reports that indicated the date the offender was informed of the outcome and which staff member spoke to them. However, some of the files could not show documented proof that the offender was notified. She also gave me several copies of completed Sexual Abuse/Harassment Investigation Outcome Offender Notification forms.

During the interview with the Warden, he stated he regularly receives information from the Investigator, the Prison Rape Elimination Act Statewide Coordinator and the Prison Rape Elimination Act Compliance Manager as to updates on any ongoing and/or completed cases.

Under 115.73 Reporting to inmates

Issue: During investigation reviews, the Notice to Offender documentation was not as thorough as the Standard requires. Email the next 5 Notice to Offender documents when they are sent to the offenders.

Initial Update: On June 13, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent two completed investigations reports. They contained the completed Notice to Offender with staff and offender signature. The facility will send the next three completed Notice to Offenders. On July 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me one additional completed Notice to Offender documentation. On August 7, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me an additional completed investigation. The notification was thorough and complete.

Final Update: On September 10, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me the final requested completed investigation. The notification within the investigation was thorough and complete. These actions satisfy this standard.

Corrective Action: No additional corrective action is required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that all staff shall be advised that any form of sexual activity between staff and offenders, whether consensual or not, is prohibited and that staff who are found to have engaged in any form of sexual abuse and sexual harassment against offenders shall be subject to the appropriate disciplinary action, up to and including termination from employment and criminal prosecution. Additionally, all staff terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal.

Indiana Department of Corrections Policy and Administrative Procedure 04-03-103, Information and Standards of Conduct for Departmental Staff, states that dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies.

After reviewing the Investigation files and allegation logs, it was found that three staff members, either resigned or were terminated, due to violating the agencies sexual abuse or sexual harassment policy in the past 12 months. Law Enforcement or a Licensing Board were notified on one of those three allegations, due to the nature of that particular allegation.

Through the interview with the Warden, he stated that the Wabash Valley Correctional Facility had three staff members either terminated or resigned, during the past 12 months, for violating the agency sexual abuse or sexual harassment policy.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - PREA Compliance Manager

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that all staff shall be advised that any form of sexual activity between staff and offenders, whether consensual or not, is prohibited and that staff who are found to have engaged in any form of sexual abuse and sexual harassment against offenders shall be subject to the appropriate disciplinary action, up to and including termination from employment and criminal prosecution.

Additionally, all staff terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal.

Additionally, volunteers, interns, and contractual staff shall be advised that any form of sexual abuse and sexual harassment with an offender, whether consensual or not, is strictly prohibited and that any volunteer, intern, or contractual staff found to have engaged in such conduct shall be removed from the facility, not allowed to return and may be subject to criminal prosecution. Information about substantiated cases of sexual abuse shall be forwarded to the appropriate licensing body for review where applicable.

Indiana Department of Corrections Policy and Administrative Procedure 04-03-103, Information and Standards of Conduct for Departmental Staff, states that dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies.

All terminations for violations of department sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

During an interview with the Prison Rape Elimination Act Compliance Manager, she stated that in the past 12 months, there has been one contractors or volunteers reported to a law enforcement agency and/or relevant licensing bodies for engaging in sexual abuse of inmates. Additionally, during this audit period, the Wabash Valley Correctional Facility has had one contractor or volunteer terminated or resigned for violating the agency sexual abuse or sexual harassment policy.

During the interview with the Warden, he confirmed that any/all allegations against contractors and volunteers would be immediately investigated and the contractor or volunteer would be suspended from facility grounds pending completion of the investigation and its finding. (Gate Closure). Additionally, the Warden stated that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Corrective Action: No corrective action was required for this standard.

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)

- 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - Medical staff
 - Mental Health staff

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states that offender refusals to report should be signed by the victim and documented in the offender's medical file. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Victims have the right to refuse medical and/or mental Health Services, after receiving counseling about the potential value of the services they would receive and information about confidentiality. Should the offender refuse or decline medical treatment the offender shall sign a State Form 9262, "Refusal and Release of Responsibility for Medical, Surgical, Psychiatric and Other Treatment," which shall be documented in the offender's Health Services record.

Indiana Department of Corrections Policy and Administrative Procedures 02-04-101, The Disciplinary Code for Adult Offenders, states, that in determining the appropriate sanction(s) for an offender found guilty of a disciplinary offense, staff may consider as aggravating or mitigating factors such circumstances, but not limited to, the following:

- (1) The offender's prior disciplinary record, especially during the past 12 months;
- (2) The offender's mental health status/state at the time of the violation, including the motivation for the offense and the offender's attitude toward the offense and the victim, if any;
- (3) Whether the offender has previously been found guilty of the same or a similar offense and, if so, how often and how recently;
- (4) The nature or value of the property involved, if the offense involved property of another;
- (5) Whether the violation created a risk of serious disruption at the facility or whether the violation created a risk of serious injury to another person;
- (6) Whether the offender was aware that his/her actions were an offense when the offense was committed;
- (7) Mitigating factors, such as coercion, family difficulties, etc., which may have caused anxiety and any special circumstances;
- (8) Whether the offense created a risk to the safety and security of the facility, staff, other offenders or the community; and,
- (9) Any other factors relevant to determining an appropriate sanction.

In a memorandum, authored by the Prison Rape Elimination Act Compliance Manager, dated February 21, 2019, stated that there was only one inmate-on-inmate sexual abuse that occurred in the past 12 months. Additionally, it was reported that that sexual abuse ended in a criminal guilty finding.

Further, it was noted that the agency will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

During interviews with Mental Health staff, they indicated that their actions, if needed, would comply with state policy. They shall conduct a mental health evaluation of the known offender abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate. Additionally, the auditors were told the facility offers specialized therapy, counseling and other interventions to address underlying reasons for abuse. The offender's issues would be addressed during regular counseling sessions, group counseling sessions or individual counselling sessions, as needed.

At the Wabash Valley Correctional Facility, participation in this type of counseling is not made a condition of access to programming or other benefits.

When interviewed, the Warden said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender's penalties. Penalties might include placement in restricted housing, program reassignment, individualized behavior plans and prosecution.

He also added that if the offender has a mental health history, mental health staff will be involved throughout the process. Additionally, the Warden stated that Mental Health concerns are always considered when the investigation and adjudication occur.

The Warden also stated that the Wabash Valley Correctional Facility has never disciplined an offender for reporting a potential Prison Rape Elimination Act related case in good faith, even if the findings in the case were unsubstantiated or unfounded.

However, when warranted, an offender has been disciplined or received sanction as a result of a Prison Rape Elimination Act case that was investigated and an offender was determined to have potentially committed a crime.

Corrective Action: No corrective action was required for this standard.

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? Yes No

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Offenders that disclosed Victimization during Risk Screening
 - Medical Staff
 - Mental Health Staff
 - Staff who screen for Victimization
 - Offenders who disclosed during Risk Screening
- Offender Custody file

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states Within twenty-four (24) hours of an offender's admission to a Department intake unit, staff shall assess an offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual abuse victim. This assessment shall use the appropriate Sexual Violence Assessment Tool. The results of this assessment shall be considered confidential and filed in the offender's facility packet accordingly. The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The facility shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each offender.

Staff shall not discuss an offender's Prison Rape Elimination Act flag status with an offender at any time. If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Based upon this assessment, the offender shall be placed in the appropriate housing; however, no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis of such identification or status. If staff determines that an offender is a potential aggressor or potential victim, the offender's record shall be appropriately flagged in the offender information system and/or juvenile data system.

When the offender is classified at the intake unit, staff shall take into consideration any flags indicating the offender is a potential aggressor or victim of sexual abuse. An offender's refusal to provide information to assist with establishing the aggressor/victim likelihood on the Sexual Violence Assessment Tool shall not result in disciplinary actions against the offender. An offender determined to be either a potential sexual aggressor or an offender at risk for sexual victimization shall be identified, monitored, and counseled.

The determination that an offender is a potential aggressor or a potential victim shall be changed only by the Prison Rape Elimination Act Compliance Manager, at the recommendation of the facility Prison Rape Elimination Act Committee or the Warden.

Offenders identified as Intersex or Transgender shall receive an initial placement and programming assessment with subsequent reassessments conducted every six months. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the offender's health and safety; and whether the placement would present management or security problems. Serious consideration shall be given to such an offender's own views with respect to his or her own safety. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

During interviews with the Medical and Mental Health staff, they stated that they obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. They ask each offender for their consent to inform other, non-medical or mental health staff due to the nature of the information. This consent is obtained on a Disclosure of Victimization form. All interviewed stated there were limitations with information as they are mandatory reporters.

The PREA Compliance Manager indicated that any of the above listed information is kept confidential and only certain classifications can view the information.

Interviews with staff who perform risk screening, related that offenders who indicate they have previously perpetrated sexual abuse, during the Intake process, are offered a follow-up meeting with a medical and/or mental health practitioner. Further, after completion of the screening forms, staff that control housing, programs and education can access the information to best assess the needs of the offender.

Policy further states all services provided for the above related treatments shall be free of charge.

Under 115.81 Medical and mental health screenings; history of sexual abuse

Issue: During reviews of offender files, mental health referral forms for offenders could not be consisting found in the files. Email the next 5 completed Mental Health referral forms.

Final Update: On June 10, 2019, I received an email with five 'Staff Referral for Medical Services' forms. These forms indicated referrals sent by staff to have an offender seen and evaluated by mental health care providers. All five forms were filled out as referred and then signed off after mental health staff evaluated the offender. All were completed within one to three days of referral.

Corrective Action: No additional corrective action was required for this standard.

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

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Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:

- First Responders
- Medical staff
- Mental Health staff
- Offenders that reported Sexual Abuse

The Memorandum of Understanding between the Indiana Department of Corrections and the Regional Hospital, Terre Haute, was provided and reviewed.

The Memorandum of Understanding between the Indiana Department of Corrections and the Indiana Coalition Against Domestic Abuse was provided and reviewed.

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states Following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate.

If medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the offender and report their suspicions of all incidents of offender sexual assaults that occur in the Department with Investigations and Intelligence staff. Offenders can refuse to report incidents that occurred prior to their incarceration in the Department. Offender refusals to report should be signed by the victim and documented in the offender's medical file. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Victims have the right to refuse medical and/or mental Health Services, after receiving counseling about the potential value of the services they would receive and information about confidentiality. Should the offender refuse or decline medical treatment the offender shall sign a State Form 9262, "Refusal and Release of Responsibility for Medical, Surgical, Psychiatric and Other Treatment," which shall be documented in the offender's Health Services record. In juvenile cases, all instances of Refusal of Treatment related to sexual assault shall be reported to the Superintendent.

Each facility shall establish a written agreement or contract with a qualified, independent forensic health services professional who is not employed by the facility to perform forensic medical examinations of sexual abuse victims. As a part of the written agreement, any Health Services personnel who examines an offender is to be trained and shall use appropriate safety precautions to take when treating an offender.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment is based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, 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.

All Medical and Mental Health staff interviewed stated they have received the 'Specialized Training for Medical and Mental Health training. Certificates were provided to the auditors.

During interviews with Custody and Non-Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim.

If needed, medical staff is summoned to the scene to treat the victim or the victim is transported to the medical service area. Either way, treatment will occur in a private area.

During interviews with the SANE staff at the Regional Hospital, in Terre Haute, Indiana, the Commissioner stated that they provide 24/7 service to victims. The Commissioner's designee stated there is always someone on call, but in a rare occasion that a SANE nurse was not available, the Emergency Room Doctor will perform the forensic exam.

Corrective Action: No corrective action was required for this standard.

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.) 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.) 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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Medical staff
 - Mental Health staff
 - Offenders that reported Sexual Abuse

Indiana Department of Corrections, Sexual Assault Manual dated January 2014, gives direction to medical and mental health personnel on the mandatory requirements when treating offenders who are victims of sexual assault. This information, along with Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Abuse Prevention, states, if an allegation is of sexual abuse, the victim shall be referred to the facility's Health Services staff for examination in accordance with Health Services Directive (HCSD and JHCSD) 2.30, "Sexual Assault," and the Health Services Sexual Assault Manual.

Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation. The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide victims with medical and mental health services consistent with the community level of care.

If no qualified medical or mental health staff persons are on duty at the time a report of recent sexual abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor. On-call medical or mental health staff shall be contacted and apprised of the report.

Victims of sexual abuse shall be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six to eight weeks following the sexual abuse.

Following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate.

During interviews with Custody and Non-Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim, or the victim is escorted to the medical services area.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment is based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, 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.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden

- PREA Compliance Manager
- Incident Review Team Members
- Meeting notes, with sign-in sheets

The Indiana State Administrative Procedure # 02-01-115, Sexual Assault Prevention, updated on August 1, 2016 states that the Superintendent of each facility shall establish a facility Prison Rape Elimination Act Committee. This committee shall be comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Prison Rape Elimination Act Compliance Manager shall serve as the Chairperson.

Additionally, the facility Prison Rape Elimination Act Committee shall 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. Such review shall ordinarily occur within thirty days of the conclusion of the investigation. The review by the facility Prison Rape Elimination Act Committee shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
6. Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of Prison Rape Elimination Act; and,
7. The facility shall implement the recommendations for improvement or document its reasons for not doing so.

The facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviews with the Prison Rape Elimination Act Compliance Manager and 2 of the facility's Prison Rape Elimination Act Meeting Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard.

The minutes are submitted to the Warden by the Prison Rape Elimination Act Compliance Manager to ensure any modifications recommended by the committee are completed. following these facility-based actions, a final examination of Incident Review documentation is conducted by Prison Rape Elimination Act Statewide Coordinator to ensure full standard compliance and process integrity.

Under 115.86 Sexual abuse incident reviews

Issue: During investigation reviews, the PREA Meeting documentation was not documented as thorough as the Standard requires. Email the next 3 months (June, July & August) minutes of PREA Meeting documents once they are completed and signed off.

Initial Update: On June 11, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager with an attachment of the entire packet of the June 7, 2019 PREA meeting. This document was thorough and answered all needed information to satisfy Prison Rape Elimination Act standards. The facility will send the July and August PREA meeting notes to be reviewed. On July 11, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me one additional completed PREA meeting notes from the July 4, 2019 meeting.

Final Update: On August 7, 2019, I received an email from the Wabash Valley Correctional Facility's Prison Rape Elimination Act Compliance Manager who sent me the final completed PREA meeting notes from the August 6, 2019 meeting. These 3 committee meeting notes (June, July and August) are thorough and complete. This satisfies this portion of the Standard.

Corrective Action: No additional corrective action is required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - PREA Coordinator
 - PREA Compliance Manager
- 2015, 2016 & 2017 Annual Report posted on the Indiana Department of Corrections website

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Assault Prevention, and the Survey of Sexual Violence documents were reviewed by the audit team. Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. All data is aggregated annually and displayed on the agency's website. The policy requires the facility to maintain, review, and collect data for all allegations. The Prison Rape Elimination Act Compliance Manager maintains a record of all reports of sexual abuse at the facility. Each individual Sexual Incident Report is submitted to the Prison Rape Elimination Act Coordinator and discussed at the next facility Prison Rape Elimination Act Committee meeting.

The Indiana Department of Corrections, Prison Rape Elimination Act Coordinator, completes all of the Survey of Sexual Violence-Institution Adult's for the State of Indiana. When a Prison Rape Elimination Act incident occurs, the relevant information is forwarded to the Statewide Prison Rape Elimination Act Coordinator via the Indiana Department of Corrections sexual incident reporting system. The Statewide Prison Rape Elimination Act Coordinator is able to monitor all of the Prison Rape Elimination Act incidents for consistency and compliance with policy. Every January each institution submits an annual report to the Statewide Prison Rape Elimination Act Coordinator, who then compiles these reports and forwards them to the Department of Justice.

The audit team was provided with the agency's Survey of Sexual Victimization State Prison Survey form. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there. This auditor reviewed the aggregated data for years 2015, 2016 and 2017.

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115,

The Indiana Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website.

During the interview with the Prison Rape Elimination Act Compliance Manager, she stated that each individual Sexual Incident Report is submitted to her and discussed at the next facility Prison Rape Elimination Act Committee meeting. The Prison Rape Elimination Act Compliance Manager also stated and provided documentation, that she maintains a record of all reports of sexual abuse at the facility. The Prison Rape Elimination Act Compliance Manager also discussed and provided the Monthly Prison Rape Elimination Act Incident Tracking Logs that are reviewed by the Warden and Prison Rape Elimination Act Coordinator, monthly.

During the interview with the Statewide Prison Rape Elimination Act Coordinator, he stated that the facilities have access to the agency's Sexual Incident Reporting system. This is the system utilized to collect Prison Rape Elimination Act data. The information is then compiled and reported to the Department of Justice, annually.

The audit team was provided with the agency's current Annual Assessments and also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - Warden
 - PREA Coordinator
 - PREA Compliance Manager

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

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

The 4-page 2016 Prison Rape Elimination Act, Indiana Department of Correction's Sexual Assault Prevention Program, Annual Report was provided and reviewed. This document was also found on the Departments website at (<https://www.in.gov/idoc/2832.htm>)

This document covers data from 22 different facilities, to include the Wabash Valley Correctional Facility.

Through the interview with the Warden, the auditor was informed that each allegation is reviewed by the Facility Prison Rape Elimination Act Sexual Assault Incident Committee and that information is provided to the Prison Rape Elimination Act Coordinator for the annual review. Any issues identified during the Facility Prison Rape Elimination Act Committee meetings are addressed at that time.

The Prison Rape Elimination Act Compliance Manager indicated that all Sexual Incident Report information is provided quarterly to the Statewide Prison Rape Elimination Act Coordinator for review and annual reporting. After completion, this report is posted on the Indiana Department of Corrections website.

Corrective Action: No corrective action was required for this standard.

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.

Evidence Reviewed (documents interviews, site review)

- Wabash Valley Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
 - PREA Coordinator
- Indiana Department of Corrections website

Indiana Department of Corrections Policy and Administrative Procedures 02-01-115, Sexual Assault Prevention, Section XIX, requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers. The Indiana Statewide Prison Rape Elimination Act Coordinator is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

The Prison Rape Elimination Act Coordinator indicates the data is maintained in a secure data system backed up as required per departmental policy. Additionally, he stated that they will maintain the data for 10 years.

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

The Indiana Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website at <https://www.in.gov/idoc/2832.htm>

Corrective Action: No corrective action was required for this standard.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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.

Evidence Reviewed (documents interviews, site review)

The Wabash Valley Correctional Facility was audited during the previous 08/20/13-08/19/16 audit cycle, on June 25, 2016.

This audit of the Wabash Valley Correctional Facility was conducted during the current audit cycle, 08/20/16-08/19/19 on May 20-23, 2018.

During the on-site audit, auditors were able to speak with any staff member or offender, at any time, in a confidential setting. We were also provided any and all documentation requested/required in a timely fashion. Finally, the auditors were able to walk throughout all areas of the institution, under escort, that were requested/required.

During offender interviews, auditors were informed that offenders had access to send confidential mail to the posted auditors address at any time during the pre-audit, on-site audit and post audits.

It should be noted, I received four written correspondence from offenders at the Wabash Valley Correctional Facility, at this time.

This commitment to Prison Rape Elimination Act related issues, by the Indiana Department of Corrections, was reiterated and confirmed during interviews with the Commissioner's Designee, Warden and Agency Prison Rape Elimination Act Coordinator.

Corrective Action: No corrective action was required for this standard.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit. Yes No NA
- In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals 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.

Evidence Reviewed (documents interviews, site review)

The completed Indiana Department of Corrections Prison Rape Elimination Act Audit reports are located and available to be reviewed on the department's website. (<https://www.in.gov/idoc/2832.htm>)

The past audit, dated July 25, 2016, which was posted on the agency website, was reviewed prior to this audit.

Corrective Action: No corrective action was required for this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Roger Lynn Benton
Auditor Signature

October 10, 2019
Date

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

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