

**PREA AUDIT REPORT**    Interim    Final

**ADULT PRISONS & JAILS**

**Date of report:** July 5, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
<b>Address:</b> P.O. Box 452, Blackshear Ga. 31516			
<b>Email:</b> rob@diversifiedcorrectionalservices.com			
<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> 5/09/2016 – 5/11/2016			
<b>Facility Information</b>			
<b>Facility name:</b> Rockville Correctional Facility			
<b>Facility physical address:</b> 811 W. 50 N., Rockville, IN 47872			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 765-569-3178			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Julie Stout			
<b>Number of staff assigned to the facility in the last 12 months:</b> 76			
<b>Designed facility capacity:</b> 650			
<b>Current population of facility:</b> 1049			
<b>Facility security levels/inmate custody levels:</b> All security/custody levels with the exception of those sentenced to death			
<b>Age range of the population:</b> 19-79			
<b>Name of PREA Compliance Manager:</b> Autumn Wyres		<b>Title:</b> Caseworker IV	
<b>Email address:</b> AWyres@idoc.in.gove		<b>Telephone number:</b> 765-569-3178	
<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department of Correction			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 302 W. Washington St., Indianapolis, IN 46204			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 317-233-6894			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bruce Lemmon		<b>Title:</b> Commissioner	
<b>Email address:</b> BLemmon@idoc.in.gov		<b>Telephone number:</b> 317-233-6894	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Bryan Pearson		<b>Title:</b> Executive Director of PREA	
<b>Email address:</b> BPearson@idoc.in.gov		<b>Telephone number:</b> 317-233-6894	

## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA Audit of the Rockville Correctional Facility was conducted on June 22-23, 2016. Six weeks prior to the audit the facility posted Notices of the PREA Audit throughout the facility accessible to staff, inmates, contractors, interns, visitors and volunteers giving the contact information they would need to contact the PREA Auditor if there were any issues or concerns that they wanted to bring to his attention. The auditor did not receive any communications from anyone as a result of those postings.

The Facility provided the Pre-Audit Questionnaire and uploaded documentation to support compliance for review. After reviewing the provided documentation, where additional documentation was needed, the facility was more than accommodating and provided every item requested.

The audit team arrived at the facility at 8:00AM on June 22, 2016. An entrance briefing was conducted to explain the audit process and to work out logistics for the conducting the tour of the facility as well as interviews with staff, contractors, volunteers and inmates. The Superintendent and her staff provided volumes of supporting documents for review, including binders documenting training curricula and information on the Facility's SART Teams. The information was labeled by standard number and well organized. The facility provided every single item in the sample numbers requested. It was apparent that a lot of work had gone into retrieving the information and then making copies available to the auditor. The preparation for the audit process was appreciated and impressive. Attending the entrance meeting were the Superintendent, Unit Team Manager, Classification Supervisor, Custody Supervisor, Assistant Superintendent and PREA Compliance Manager.

The lead auditor was given a tour of the facility accompanied by the Superintendent, PREA Compliance Manager, Agency Executive Director for PREA, Assistant Superintendents and other staff. The facility was immaculate and orderly. Inmates were observed in housing units and on work assignments. Staff were actively supervising the inmates and were engaged with them as well.

During the tour the following areas were visited: Offender Services Building, Classification, Dorm 1, Therapeutic Community PLUS, Dorm 2, Intake, Dorm 3 (Left Side General Population, Right Side Therapeutic Community CLIFF) PEN/Televerde, 4 and 5, Chow Hall/Kitchen, Segregation and Restricted Housing, Recreation, Hope Center/Parenting Class, Night Zone, Intake/Receiving Building, Adopt Building, Laundry Building, Maintenance Buildings/Storage/Equipment, Televerde, Maintenance, the warehouse and garage/maintenance.

Cameras were observed strategically positioned to aid in monitoring blind spot areas enhancing viewing of a large number of areas throughout the facility. There were some areas where the addition of mirrors, in the absence of cameras, would enhance viewing. Additionally, although minimally, there were solid doors out of view of the cameras where inmates or staff could potentially avoid detection. Staff related that generally access to these storage rooms and closets were restricted through being able limiting access to keys. An additional measure the facility can take is to inform staff and inmates via signs that these areas are off limits and access restricted to authorized staff. Staff should also ensure that during unannounced rounds these areas, rooms and closets are checked to deter potential inappropriate activity.

One area appeared to be especially vulnerable and in need of cameras. The Pen/Televerde Building, housing a vocational program with a large contingent of inmates with minimal supervision, has no cameras at all. Although inmates are assigned to work stations where they make their telephone contacts with potential customers, the potential for inmates to avoid detection in this area appear to be significant.

Often food service areas seem to provide an increased potential for sexual activity because of storage closets and blind spots. During the tour of the Rockville Food Service area a blind spot was observed in the back of the building by the exit doors and a camera in this area would enhance viewing. Later, during an interview, a staff identified the upright ovens as places where inmates could get. Staff working in this area need to be especially aware of where inmates are at all times and to possibly make more frequent unannounced rounds to deter inappropriate activity.

The PREA Compliance Manager took notes for the auditor and documented the areas where signs are simply recommended and where an additional camera might enhance viewing. The Superintendent advocates for cameras and is very aware of where her blind spot areas are in this facility.

The Superintendent and her team, as well as the PREA Compliance Manager, were extremely knowledgeable of the PREA Standards and provided documentation easily when requested, indicating that they have been “practicing” PREA for some time now. The numbers of samples they provided for review as well as the scope and breadth of the information provided indicated that they are not only doing their jobs in an exceptional manner but that they are very serious about sexual safety. When the auditor asked for samples of training documentation the Superintendent and staff provided complete rosters for general PREA Training, Search Training, and Searching Transgender inmates in a professional and respectful manner. It was easy to determine from that documentation that training is being done in a comprehensive and effective manner. This training was reflected in the confident responses staff had to the interview questions. Line staff as well as professional staff were very confident with their responses to questions indicating that they are retaining the information given them. Too, the way information was organized was exceptional. Information was well organized and labeled by standard.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

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## **SUMMARY OF AUDIT FINDINGS**

The auditor's approach to the PREA compliance audit process was to review the Pre-Audit Questionnaire in detail, the Indiana Department of Corrections Policies and procedures and all supporting documentation to demonstrate the actual "practices" at the facility. The auditor requested clarification and additional documentation following review of the information that was uploaded. This facility is one of the most responsive facilities this auditor has ever audited in providing requested information and in the sample sizes that were requested.

The tour is an essential part of the audit process to assess supervision and monitoring, housing areas, living quarters, the availability of phones for making contacts, posting of informational posters, to talk informally with staff and inmates and to view the areas where inmates dress, shower and use the restrooms.

Another vital part of the audit process was to interview staff and inmates. Forty- eight (48) inmates representing all of the housing units were interviewed. A total of 37 staff were interviewed. These included random staff representing all shifts, the Superintendent, PREA Compliance Manager, Medical, Mental Health, Grievance Officer, Trainer, Investigators, Retaliation Monitor, Intake staff, Staff who Conduct Vulnerability Screening, Staff who supervise and work in segregation, PREA Committee staff, Staff who monitor retaliation and four contracted staff. PREA Committee staff who conduct Incident Review Team Reviews were also interviewed.

At the conclusion of the interviews the auditors reviewed additional documentation that was provided and clarified any remaining issues with the Superintendent and PREA Compliance Manager.

Once again the Superintendent and her staff provided volumes of documentation in an organized manner, labeling each "stack" of documents with the standard number. The documentation provided indicated that this facility has been "practicing" PREA for some time now.

The findings reflect an assessment of each of the PREA Standards.

Once again, the leadership at the facility has successfully developed a team of very competent and knowledgeable individuals. They have implemented the PREA Standards into everyday practice and their approach to documenting is one of the most organized systems I have encountered as an auditor. It was a pleasure to work with such a competent and professional staff who truly are taking sexual safety of their inmates seriously.

Forty-one standards were reviewed. None were rated "does not meet". Three standards were rated "Exceeds". These included: 115.31, Employees Training, 115.51, Inmate Reporting and 115. 67, Retaliation Monitoring. Forty (40) standards were rated "meets".

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

### **Summary:**

The State of Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, requires a Zero Tolerance for all forms of sexual abuse and sexual harassment. It also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed documentation. Zero Tolerance is communicated to inmates during orientation, through continued education, in documents listed in standard 115.33. The IDOC policy also requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision shall be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment. Reviewed contracts and an interview with the agency contract director confirmed the presence of that language in agency contracts for housing offenders for the Department.

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

Posters located throughout the facility grounds remind staff and inmates of the zero tolerance policy. That information is included in the brochure given to inmates and in the inmate handbook.

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

The Superintendent, in a memo designated a staff to serve as the facility's PREA Compliance Manager. The Rockville Correctional Facility organizational chart identifies the PREA Compliance Manager and indicates that the Facility PREA Compliance Manager reports directly to the Superintendent. This reflects the Superintendent's commitment to sexual safety and to PREA by having that staff report directly to her with all PREA related issues, including for support to implement the PREA standards.

### **Interviews:**

An interview with the Superintendent indicated that she is extremely knowledgeable, not only of the PREA Standards, but also of how best to implement the standards. She is also a certified PREA Auditor. The PREA Compliance Manager, likewise is an extremely enthusiastic and motivated staff who, in a very short time, has developed an amazing grasp of the standards. These two are able to effectively keep the zero tolerance policy before the staff. Interviewed staff were trained in the zero tolerance and the evidence was in their responses to the training they received on PREA. The interviewed administrative staff were also knowledgeable of PREA and it was evident that the Superintendent has developed a quality team who take

PREA and the sexual safety of their inmates seriously. Every staff who was interviewed was knowledgeable that the agency does not tolerate any form of sexual misconduct, including sexual abuse and sexual harassment. Interviews with inmates also confirmed that they have been provided information on the zero tolerance policy and understand that no form of sexual activity or sexual harassment or retaliation is tolerated at Rockville Correctional Facility.

**Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy #: 04-03-105 Response to Staff Emergencies
- ✓ Rockville Correctional Facility Organizational Chart
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 02-04-101 The Disciplinary Code for Adult Offenders
- ✓ Indiana Department of Correction Organizational Chart
- ✓ Superintendent MEMO – Administrative Procedure #02-01-115 – May 2, 2016
- ✓ Facility Directive – Implementation of Policy 02-01-115, Sexual Abuse Prevention (September 28,2015)
- ✓ Email: IDOC Organizational Structure Changes
- ✓ NIC – PREA Audit Process and Instrument Overview Certificate of Completion
- ✓ NIC – PREA Coordinators’ Roles and Responsibilities Certificate of Completion

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

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

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

**Summary:**

The Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, IV. Zero Tolerance for Sexual Abuse and Sexual Harassment, requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision must be included to ensure that the agency/organization maintains zero tolerance for sexual abuse



and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment. The Pre-Audit Questionnaire (PAQ) indicated that the agency has 2 contracts for the confinement of offenders that the agency entered into with private entities or other government agencies on or after August 20, 2012. The PAQ stated that all of the agency contracts for the confinement of offenders contained requirements that the contractor adopt and comply with all of the DOJ PREA Standards and also that they will allow the Indiana Department of Corrections to monitor compliance. Two contracts were provided for review. The contracts contained requirements that the contractor adopt and comply with all Adult Prison and Jails PREA Standards established by the United States Department of Justice.

#### Interviews:

A previous interview with the agency's contract manager confirmed that when the agency contracts with an outside entity for the confinement of inmates the contracts contain a requirement that the vendor comply with the PREA Standards/Policies. Additionally, he stated that compliance is monitored through actual 'on-site' monitors.

#### Documentation Reviewed:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Vender Contract ID#: 0000117904 – The GEO Group, Inc.
- ✓ Contract Amendment #9: EDS#D120-6-008
- ✓ Vender Contract ID#: 0000066318 – Community Education Centers
- ✓ Contract Amendment #2: EDS#D12-1-046A
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention

#### Standard 115.13 Supervision and monitoring

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

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#### Summary:

Staffing at the Rockville Correctional Facility is predicated upon the designed Facility capacity of 600 beds. The facility direct care staffing is based on Facility Rated Capacity. The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing with the use of video monitoring, to protect Rockville Correctional Facility offenders against abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies in the log books.

The 2016 Staffing Plan Review was a multipage document containing a narrative report addressing each of the items required by the PREA Standards, a Vacancy/Staffing Report, IDOC Master Roster Post Analysis, an 18 Month Vacancy Rate Document and a Staffing Determinations Memo. The report indicated a thoughtful and serious process for evaluating staffing needs to ensure offenders and staff are safe. Custody posts are determined by the IDOC Master Roster Post Analysis. The staffing review report stated that the superintendent, custody supervisor, a lieutenant and shift supervisors monitor the posts to ensure safety and security issues are being met.

A memo stated that weekly meetings with department heads are conducted to discuss staffing adjustments to ensure offenders have proper supervision and access to programs and services.

Especially impressive was the detail to which the Superintendent went to document the depth and scope of the facility staffing plan review. The Facility uses the American Correctional Association Standards and the principles of the Indiana Justice Model as best correctional practices. The Annual Review stated that there have been no judicial findings or other findings of inadequacy from internal or external oversight bodies.

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

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

Unannounced rounds are documented. Upper management from Sergeants up to and including Superintendent make unannounced PREA rounds. When conducting unannounced rounds staff indicated that they look into each room and check doors to make sure they are locked during rounds. Staff talk to offenders during their rounds through the dorms and ask questions to see if there are any PREA issues. Staff make rounds in all dorms, the kitchen, gym, library, education areas, visitation, etc. Samples of documented rounds were provided for review. Staff should be sure, during those rounds, to check areas where there are more blind spots or impediments to viewing such as the food services area.

#### **Interviews:**

The Superintendent, in an interview, related that the PREA Committee reviews the staffing plan and make their assessments in January of each year. Because she has served on the DOC staffing assessment teams in the past she is especially knowledgeable of how to determine the need for additional staff as well as how to deploy the staff she has to manage her populations safely. She indicated the PREA Team would consider each of the items required in the PREA Standards when assessing the staffing plan annually. Posts, she related, are color coded to prioritize posts that may be closed when staffing is diminished. Various upper level staff were interviewed to determine if unannounced rounds are being conducted and if so how they are conducted. The major related he conducts unannounced checks of medical and segregation daily and 2-3 living units a week. Some of the checks are made at night and documented in the logbook. Other upper level staff also conduct unannounced rounds as well and document them in the logs.

#### **Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Superintendent MEMO – Average Daily Population (June 1, 2016)
- ✓ Master Roster and Post Analysis – January 2016

- ✓ Log Book Page
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Unannounced Rounds

**Standard 115.14 Youthful inmates**

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

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**Summary:**

Indiana Department of Corrections Policy 01-08-101, Youth Incarcerated as Adults, VI. Classification, identifies the facilities where youthful offenders are to be assigned. Rockville Correctional Facility is not listed as one of the facilities that will house youthful offenders.

No youthful offenders were observed during the audit, either on the tour at other times when moving about the prison.

Documentation indicated that there were no youthful offenders at the prison during the on-site audit.

**Interviews:**

The Superintendent related that if she received any information that she was receiving a youthful offender she would make immediate notification to avert receiving the youthful offender and if one did come that inmate would be transferred immediately to a facility that could maintain sight and sound separation.

**Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy 01-08-101 – Youth Incarcerated as Adults (page 3)
- ✓ Superintendent Memo: Youthful Offenders

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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#### Summary:

Indiana Department of Corrections Policy 02-01-115, Sexual Abuse Prevention, XIV., Limits to Cross-Gender Viewing and Searches prohibits the Rockville Correctional Facility from conducting cross-gender strip or cross-gender visual body cavity searches of residents except in emergency situations or when performed by medical personnel. According to PRE-Audit Questionnaire (PAQ), during the audit period there were no cross-gender strip or cross-gender visual body cavity searches. IDOC Policy 02-02-101, Searches and Shakedown, VII. Opposite Gender Offender Pat Search B., requires that when a staff member determines that exigent circumstances exist, a pat search of an adult female is necessary, and a staff member of the opposite gender is not available, staff are required to securely escort the adult female to an area where a same gender staff member is available, or relievable, to conduct the pat search. Opposite gender pat searches of an adult female is 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. Staff are required to follow the techniques/procedures for opposite gender pat searches contained in the approved lesson/training plans developed and presented by the Division of Staff Development and Training. The facility provided samples of training documents to confirm training that staff receive in conducting cross gender pat searches and searching transgender and intersex offenders in a professional manner. If such a search is conducted it must be documented by completing and submitting an Incident Report to the Custody Supervisor or designee.

Reviewed documentation indicated that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

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

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

Facility procedures require inmates to dress in the restroom areas. Restrooms afford privacy and showers are equipped with shower curtains.

Reviewed IDOC Policy and provided post orders require officers of the opposite gender to announce their presence on the housing unit.

#### Interviews:

Forty of 47 interviewed inmates related that they are never naked in full view of staff. Three others said they were naked in full view of staff when changing clothes in the dorm area which is against the rules. Three inmates stated in the shower/restroom area they were viewed when the officer showed up unannounced. Twenty-four of 47 stated that staff announce their presence when entering the housing units and restroom areas while 19 said some of the staff do and some don't and four said they never announce their presence. All of the interviewed staff stated that they announce their presence when entering the unit as well as when entering the shower/restroom area conducting their rounds.

#### Documentation Reviewed:

- ✓ Policy #: 02-03-101 – Searches and Shakedown
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Security Skills Evaluation – Staff Development & Training
- ✓ Log Book Pages

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

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

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**Summary:**

Indiana Department of Corrections Policy requires that the Rockville Correctional Facility establish procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Facility PREA Coordinator provided a copy of a contract between the Indiana Department of Corrections and Language Training Center, Inc. to provide Interpreter/Translator Services. This contract provides the following: in person Spanish, in person non-Spanish, in person American Sign Language, over the phone interpretive services Spanish and non-Spanish as well as remote interpreting for all languages. Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, VII. Offender Education Program, requires that information be provided to offenders who are Limited English Proficient and who may have other disabilities (including hearing or visual impairment, psychiatric or learning disabilities) be provided assistance to ensure effective communication of the department’s PREA policy and procedures for reporting assaultive sexual behavior. This policy prohibits the use of interpreters or readers unless there would be a delay in obtaining an effective interpreter that could compromise the offender’s safety, the performance of first responders or the investigation of the inmate’s allegations.

The Sexual Assault Prevention and Reporting Information Brochure is written in Spanish and in English and PREA Posters are written in Spanish and in English.

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

The Facility PAQ indicated that the use of inmate interpreters, inmate readers, or other types of inmate assistants is limited except in limited circumstances where an extended delay would jeopardize an offender’s safety and well- being is prohibited. There have been no instances during the past twelve (12) months requiring interpretive services. A laminated

Interpretive Services Contact sheet instructing staff how to access interpretive services was provided for review. It simply contained the contact information staff would need in order to access a variety of professional interpretive services.

**Interviews:**

Staff consistently reported that they would not utilize an inmate interpreter to translate except in “emergency” situations and most staff were aware that the agency would secure an outside professional interpreter.

**Documentation Reviewed:**

- ✓ Purchase Agreement with the State of Indiana QPA #13314 – In-Person Interpretive Services
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Policy #: 00-02-202 – Offenders with Physical Disabilities
- ✓ Adult Male and Female Disability Codes and Definitions
- ✓ Sexual Assault Prevention and Reporting Brochure
- ✓ Posters (English and Spanish)

**Standard 115.17 Hiring and promotion decisions**

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

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

**Summary:**

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

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

State policy requires the facility, before it hires any new employees who may have contact with offenders, complete a criminal background record checks and 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 PREA Audit Report

investigation of an allegation sexual abuse before hiring. Policy also requires that criminal background records checks be completed on current employees every 5 years.

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

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

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

A sample of PREA Questions were reviewed and the questions asked there are actually asked in two different places. Additionally, thirty-five background clearances were reviewed. Documentation was also provided to indicate that annually, driver's licenses are checked.

The Superintendent provided the auditor with a list of all employees hired after June 1, 2015. The list indicated the hire date for the employee as well as the background check dates. Also a listing was provided for contractors indicating their hire dates and background check dates.

The Superintendent also provided a list of employees who were employed for longer than six years to confirm their background check dates. A sample of 50 were reviewed.

Approximately 50 sampled background packages were also reviewed to determine if these staff had completed background checks. One staff had a background check that documented he was on a sex offender registry. The facility provided documentation that this individual was not the same individual as the one who was on the sex offender registry. It was recommended that the facility document these occasions and place documentation of how the facility reconciled the reported information in the background check package anytime a situation like this occurs in the future.

#### **Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Indiana Department of Correction –Reason for Background Check
- ✓ Policy # 04-03-102 – Human Resources
- ✓ Review NCI and IDACS Checks
- ✓ Mandatory Pre-Service PREA Questions
- ✓ State of Indiana HRM Detail Staffing Report Position and Employee Totals
- ✓ Mandatory PRE-Interview Questions
- ✓ Executive Director of PREA Compliance

- ✓ Prison Rape Elimination Act Release of Information
- ✓ Prison Rape Elimination Act Questionnaire for Prior Institutional Employers
- ✓ Background Release Form Disclosure and Consent

**Standard 115.18 Upgrades to facilities and technologies**

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

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

**Summary:**

The Indiana Department of Corrections requires that the facility, when making a substantial expansion or modification to existing facility, include installed or updated video monitoring systems, electronic surveillance system, or other monitoring technology to be PREA compliant. Rockville Correctional Facility did not provide documentation of any expansion or modification within the last 12 months.

**Interviews:**

The Superintendent indicated, in an interview, that there have been no upgrades or expansions to the facility during the past 12 months. Additionally, she reported that there were no upgrades to the cameras however the server was upgraded enabling clearer viewing.

**Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Letter: No Expansion or Modifications
- ✓ Letter: Updated the Servers in 2015

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

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



- Does Not Meet Standard (requires corrective action)

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

**Summary:**

The Rockville Correctional Facility is responsible for conducting administrative sexual abuse investigations including offender-on-offender sexual abuse or staff sexual misconduct. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation, investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members prior to completing investigations of sexual abuse/assaults. The facility’s Internal Affairs staff conduct the investigation of the incident. The facilities use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has access to investigators who are also certified peace officers. These investigators have completed the IDOC Investigator Training Curriculum lasting three weeks, the NIC Specialized Training for Investigations in Confinement Settings, SART Training and they attend the Police Academy to secure their “peace officer” status giving them “arrest” powers.

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

The Terre Haute Regional Hospital has been identified as the hospital providing forensic nurse examiners who would conduct forensic exams for the Rockville Correctional Facility offenders. The facility provided a memo from the Director of Emergency Services and Forensic Exams from the Terre Haute Regional Hospital confirming the services the hospital would provide relative to forensic exams conducted by forensic nurse examiners.

If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. SART Team members receive advocacy training. Additionally, the Department of Corrections has a contract with the Indiana Coalition Against Domestic Violence. The reviewed contract confirmed these duties for the contractor: 1) Employ or contract with a victim advocate meeting training and qualifications necessary to serve incarcerated victims of sexual violence by providing crisis intervention and case management services. The individual will have knowledge of victim-centered trauma, informed service delivery and experience working with victims who have experienced trauma. 2) Provide emotional support services to IDOC offenders in accordance with PREA Standard 115.53, regardless of the timing of the disclosure, either through facility referral or by direct request from the offender. 3) Provide follow-up services, crisis intervention contacts, resources and referrals to victims of sexual abuse in IDOC facilities, as resources allow. Arrangements for phone calls with an offender will be made by the facility PREA Compliance Manager with the approval of the Superintendent. 5) Maintain confidentiality statutes upon receiving a request for victim advocacy support services.

A forensic nurse examiner is available at the Terre Haute Regional Hospital

## Interviews:

An interview with one of the contracted “Corizon” nurses indicated that the facility medical staff’s responsibilities in an incident of sexual assault would be to “keep an eye on them”, and take care of any immediate injuries requiring first aid, get the victim to the hospital and follow-up with orders from the hospital. She stated that the facility medical staff do not conduct forensic exams but uses the Regional Hospital where there are forensic examiners.

## Documentation Reviewed:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Memo: Terre Haute Regional Hospital provide SAFE/SANE Services (Corizon)
- ✓ IDOC Staff Presents Sexual Assault Evidence Protocols
- ✓ Facility Security Levels and Approved Abbreviations
- ✓ Off Site Medical, Hospital, And specialty Care Referrals
- ✓ HCSD – Sexual Assault
- ✓ Vendor #: 0000065008 Indiana Coalition Against Domestic Violence
- ✓ Community Partnership Agreement for Support and Resources

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

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

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

## Summary:

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

Indiana Department of Corrections Policy 00-01-103, The Operation of the Office of Internal Affairs, IX., Investigating Sexual Abuse and Sexual Harassment, B.1., requires “a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment”. Policy also identifies when an investigation begins, the roles of the investigators and evidence and case reporting procedures. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation investigators arrange and conduct victim, suspect and witness interviews and perform all other duties normally associated with their respective duties. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members prior to completing investigations of sexual abuse/assaults. The facility’s Internal Affairs staff conducts the investigation of the incident. The facilities use a uniform evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has access to Internal Affairs investigators, one of whom is also a certified peace officer.

The PAQ indicated that there were 28 allegations of sexual abuse and sexual harassment reported during the audit period and none were referred for criminal investigation.

#### **Interviews:**

Interviews with randomly selected staff as well as with specialized staff confirmed that this facility takes allegations of sexual abuse and sexual harassment seriously. Every staff stated they are trained to take everything seriously, including suspicions. They stated they would accept a report from any source at any time and treat it just like any allegation of sexual abuse or sexual harassment. Staff also knew that Internal Affairs would conduct investigations. Interviews with two internal affairs investigators confirmed the investigation process. Both staff were very knowledgeable of investigations and both have had significant experience in conducting them.

#### **Documentation Reviewed:**

- ✓ Policy #: 02-01-115 Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Indiana Department of Corrections Online Services (Website)
- ✓ Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- ✓ Report of Investigations (ROI)
- ✓ Sexual Incident Reports

#### **Standard 115.31 Employee training**

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

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

**Summary:**

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

Between trainings the facility provides employees with refresher information in their yearly in-service. This training includes current policies regarding sexual abuse and harassment.

The PAQ indicated that 225 staff currently employed were trained or retrained on the PREA requirements. The facility provided a sample of Staff Acknowledgment of Receipt of Training "Sexual Assault Prevention" Forms indicating staff were trained in the Department Policy 02-01-115, Sexual Abuse Prevention and understood the PREA Training that they received. Staff are also acknowledging that they have received Department of Corrections Brochure, "Sexual Assault Prevention" and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting if they had not already received them. They are also acknowledging the Department's Zero Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders. Staff are warned that any person who commits any sex act while on duty and/or while in a Department facility or office with or in the presence of an offender shall be terminated and that the Department will pursue prosecution. The facilities provided additional acknowledgment statements for review during the on-site audit.

In addition to the training documents provided in the flash drive the facility provided training reports for an additional 50 custody staff as requested. Too, additional training reports for contracted service workers, in addition to what had been uploaded into the flash drive, were provided to document contractor training.

Staff interviews with both custody and supervisory staff indicated that not only have they been trained in PREA but that they have been exposed to it enough that they have retained the information. The training these staff have received also demonstrates the value the administration puts in a trained staff and also the value they put on the sexual safety of the inmates.

Training rosters for 46 custody staff confirming training in Custody Security Skills that includes "Pat Down" searches were provided as requested.

Training rosters, with training dates dating back to May 2015 and possibly prior, documenting Transgender Searching documented training for approximately 244 or more staff were provided to the auditor at the on-site visit.

The multiple training reports for custody staff, a separate report to document non-custody staff having received their training, training reports to document contract staff receiving their PREA training and the ability of staff to articulate so clearly and confidently information related to PREA, including the zero tolerance policy, reporting and first responding but also to know that interpretive services are available so they would not have to rely on bilingual staff or inmates to interpret, and their knowledge of other topics confirms this standard should be rated exceeds.

**Interviews:**

Staff reported a training process that included new employee orientation and training, SART training, Annual In-Service Training and training anytime a policy changes. Randomly selected staff consisting primarily of custody staff were so confident in their responses in their interviews it was evident that they had been trained and not only trained but trained so

much that they retained a lot of information about PREA that is not normally seen in staff interviews. Too, the staff in supervisory roles working with the Superintendent were also equally confident in what they knew about PREA. The PREA Compliance Manager, who only very recently was designated as Compliance Manager, had learned her job and was articulate about it and about a variety of PREA Topics.

**Documentation Reviewed:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ IDOC Staff Development & Training Power Points
- ✓ New Employee Training Process – Agenda – Adult Facility Staff
- ✓ On-The-Job Training Program (OJT Performance Evaluation Log Phase)
- ✓ OJT Module Performance Checklist
- ✓ Staff Acknowledgement of Receipt of Training and Brochures
- ✓ Rockville Correctional Facility Aramark PREA Completion Report
- ✓ Staff Development and Training In service Schedule
- ✓ Training Report Forms Mandatory Pre-Service PREA Questions
- ✓ PeopleSoft – Learning Plan Transcript

**Standard 115.32 Volunteer and contractor training**

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

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

**Summary:**

The facility has a policy and procedures requiring that volunteers and contractors who have contact with offenders have been trained on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response. The PAQ indicated that Rockville has 183 volunteers and contractors who have been trained and notified of the facility’s zero-tolerance policy. The facility provided documentation confirming that the volunteers and contractors understand the training they received by signing the Volunteer and Contractor Receipt of PREA form.

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

The facility contracts services from Interagency Crew, Education, Medical and Food Services. The auditor randomly reviewed the Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention."

**Interviews:**

Interviewed contractors related the PREA information they received. They stated they undergo the same training as an employee.

**Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Policy #: 01-03-103 The Development and Delivery of Community Involvement Program
- ✓ IDOC Staff Development & Training Power Points
- ✓ Volunteer Annual In-Service Training Schedule 2013-2014
- ✓ Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention"
- ✓ Mandatory Pre-Service PREA Questions
- ✓ Facility Standardized In-Service 2013-2014
- ✓ Page from Volunteer Handbook 2015

**Standard 115.33 Inmate education**

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

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

**Summary:**

Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention VII. Offender Education Program, requires that inmates are provided oral and written information regarding the following: the Zero Tolerance Policy for any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and treatment and counseling available to offenders who are victims of sexual assault. Policy requires that this information is

provided in a manner easily understandable for offenders. Offenders are required to receive the brochure created by the Department advising the offender of the potential dangers of sexual conduct and the Department's Zero Tolerance for such behavior. The brochure, entitled, Sexual Assault Prevention and Reporting provides information on the Zero Tolerance Policy, Treatment and Counseling, Tips for Prevention, what should be reported, staff/volunteer/contractor sexual misconduct, how to protect the evidence and how to report. Staff are required to supplement this information by giving the inmate facility specific information.

The offenders at Rockville Correctional Facility receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Documentation provided to the auditor prior to the on-site visit indicated that the information is given in an age appropriate fashion. Fifty (50) examples of signed acknowledgement forms entitled: "Acknowledgment of Receipt of Training and Brochures "Sexual Assault Prevention" dating from November 2015 through May 2016 were reviewed.

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

The facility maintains documentation of resident participation in PREA education sessions by having the offenders complete the sessions and the counselor documents the training by entering it into the PeopleSoft data system. The facility also ensures that relevant information about PREA is continuously and readily available or visible through posters, inmate handbook, and PREA Pamphlets.

Sever-five (75) OREA Offender Education Program Acknowledgment Statements were provided for review. This document affirms that inmates have been provided information regarding PREA and the facility's sexual abuse prevention plan. They also acknowledge zero tolerance for all forms of sexual conduct and their right to reside in an environment that is free from any and all forms of sexual abuse and harassment. It further acknowledges being familiar with the various methods of reporting.

#### **Interviews:**

Forty-six of 48 interviewed inmates stated they had been told about the facility's rules against sexual abuse and sexual harassment as well as their right not to be sexually abused or sexually harassed and to report it and their rights not to be punished for reporting. 26 of the 48 stated they received that information either the day they were admitted or the next day while 18 reported they received it 2-3 days after admission. Several stated they just did not remember. They were able to report ways to report and most stated they would either tell a staff or a relative or use the hotline.

#### **Documentation Reviewed:**

- ✓ Policy #02-01-115 Sexual Abuse Prevention
- ✓ Inmate Posters (English and Spanish)
- ✓ Sexual Abuse Report on JPay Kiosk
- ✓ Sexual Assault Prevention, Investigation, Victim Support and Reporting Information Brochure Receipt
- ✓ Offender Education Program Acknowledgement
- ✓ Additional Services for Victims of Sexual Abuse (Indiana Coalition Against Domestic Violence)

- ✓ PREA Education information (50 files Reviewed)
- ✓ Posters in all Building
- ✓ OCMS Progress Notes
- ✓ Student Brochure Information
- ✓ Inmates Acknowledge Statement of PREA Video
- ✓ Emergency Notification
- ✓ Offender Orientation Checklist with PREA Intake Information

**Standard 115.34 Specialized training: Investigations**

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

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

**Summary:**

Indiana Department of Corrections Policy 00-01-103, The Operation of the Office of Investigations and Intelligence, IX, Investigating Sexual Abuse and Sexual Harassment, requires that the Rockville Correctional Facility’s Investigators (also referred to as Internal Affairs Investigators) are trained in conducting sexual abuse investigations in confinement settings. Documentation was provided to confirm that the investigator has completed specialized training through the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in A Confinement Setting. Topics required in the specialized training for investigators includes, Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative actions and criteria and evidence to refer a case for prosecution. In addition to the specialized training provided through the NIC, the Indiana Department of Corrections provides a one-week training course for investigators. Those investigators who have arrest powers have also completed the Indiana Law Enforcement Academy. Investigators also are required to receive Special Assault Response Team training.

The investigator’s training included general training provided to all employees pursuant to 115.31.

**Interviews:**

Interviews with an investigator and the chief investigator at Rockville confirmed that they are both experienced in conducting investigations. Both related they have the legal authority to investigate criminal allegations as well as administrative and one of the investigators has arrest powers. Each was able to articulate how they would proceed with an investigation and the steps they would take, carefully documenting each step.



**Documentation Reviewed:**

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

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

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

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

**Summary:**

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

**Reviewed Documentation to determine compliance:**

- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ IDOC Staff Development & Training Power Points
- ✓ Adult Medical/Behavioral Staff In-Service Training Schedule 2015-2016
- ✓ PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- ✓ Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”

- ✓ Statement of Acknowledgement – Staff Development and Training
- ✓ Prison Rape Elimination Act 2012 & Corrections Training Manual (Corizon)
- ✓ Indiana Online Licensing
- ✓ MOU – Regional Hospital

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

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

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

**Summary:**

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

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

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

The auditor randomly reviewed over 50 Sexual Violence Assessment for Adults, Potential Victim Factors, Potential Aggressor Factors, Adult SVAT Questionnaire and Offender Prison Intake Case Plan. In addition to the randomly reviewed assessments, the auditor also reviewed reassessments. All of these were conducted in compliance with IDOC Policies.

The facility provided a computer generated roster of the inmates at the facility with the dates of their 30 day reviews.

**Interviews:**

An interview with a staff who conducts the victimization screening confirmed the process as outlined in policy. The staff related that inmates are normally screened within 24 hours of admission unless they come in on Friday after which it would be Monday. She related that she considers a variety of factors in conducting an assessment including considering such factors as age, size, build, conduct, past 5 years abuse history, mental and physical development as well as any other information that may be in the Offender Information System that is relevant.

**Documentation Reviewed:**

- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Adult SVAT Questionnaire (Files Reviewed)
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool (Files Reviewed)
- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- ✓ Policy #: 01-04-101 – Adult Offender Classification
- ✓ Offender Information System: Offender Flags/PREA Aggressor Likely
- ✓ Identifying LGBTI Offenders
- ✓ Case Notes (Notes Reviewed)
- ✓ Superintendent Memo: Completed SVAT reviews
- ✓ Adult Offender Classification form
- ✓ Sexual Assault Assessment Tool
- ✓ Potential Aggressor Factors

**Standard 115.42 Use of screening information**

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

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

**Summary:**

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all offenders safe and free from sexual abuse. Policy requires offenders at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other inmates safe, and only until an alternative means of keeping all inmates safe can be arranged.

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

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

The Pre-Audit Questionnaire indicated that during the past 12 months there were no Rockville Correctional Facility offenders at risk of sexual victimization who were placed in isolation.

**Interviews:**

Continuing the interview with the staff conducting victimization screening she related that information from the victimization screening (SVAT) goes to classification who determines the most appropriate housing. She also related that to ensure classification notices, staff note "flags" on the front of the SVAT and whether or not the inmate wants to see medical or mental health.

**Documentation Reviewed:**

- ✓ Policy #: 02-01-115 Sexual Abuse Prevention
- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Adult SVAT Questionnaire
- ✓ Potential Aggressor Factors
- ✓ Sexual Violence Assessment Tool
- ✓ Offender Information System
- ✓ Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- ✓ Review re-assessment screening reports

- ✓ Executive Directive #16-21 – Transfer Assessments
- ✓ Policy #: 01-04-101 – Adult Offender Classification
- ✓ Screening Tool for Victims of Human Trafficking
- ✓ Current Offenders Likely PREA Victims/Predators

**Standard 115.43 Protective custody**

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

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

**Summary:**

Indiana Department of Corrections Policy requires that offenders at high risk for sexual victimization are not to be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

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

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

**Interviews:**

The Superintendent stated that she would not place an individual alleging sexual abuse in segregated housing for protection unless she refused to let staff know who the alleged perpetrator is because staff would have no idea who they would be protecting her from.

**Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Policy 02-01-115 Sexual Abuse Prevention

**Standard 115.51 Inmate reporting**

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

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

**Summary:**

Rockville Correctional Facility encourages offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct or staff/offender harassment to report the incidents. The facility has established procedures allowing for multiple internal ways for inmates to report privately to officials regarding sexual abuse and sexual harassment; retaliation by other inmates and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The facility has provided the following ways for inmates to report sexual abuse and sexual harassment or retaliation:

1. Verbally
2. To friend, a staff member or someone the offender trusts
3. Utilizing the Grievance Process
4. JPay – Kiosk System (Indiana Ombudsman Bureau)
5. Calling toll free to the ICADV hotline (dialing #66) Sexual Assault Hotline
6. Indiana Coalition Against Domestic Violence (Write to)
7. Anonymously
8. Third Parties
9. Executive Director of PREA Compliance: Email Civil Immigration Detainer (Date: May 17, 2016)
10. Superintendent Memo: Additional Access to Report Abuse Externally

Offenders are provided information encouraging them to report any incidents of sexual abuse or sexual harassment as well as how they can report it. During intake/orientation they are provided a brochure entitled “Sexual Assault, Prevention and Planning”. This brochure clearly states what should be reported and how they can report it. This information is also provided to the offenders through posters and notices posted throughout the facility. These include the “Sexual Abuse Report on J Pay” notice posted on the walls next to the phones and/or Kiosk. The Department of Corrections Ombudsman has been added to each offender’s contact list. Offender’s simply click on that contact and email the Ombudsman. The notice also advises the offender that the report will then be forwarded to the facility who will contact the offender to begin an investigation. The notice also advises that an anonymous report may be made to the Ombudsman by writing the Ombudsman at the address provided on the notice. Offenders are encouraged to make their report to the PREA Compliance Manager, an Internal Affairs Investigator (OI), Unit Team Staff, Shift Supervisor or an officer at the facility. The notices advise the offender that making a report to them enables the facility to provide immediate assistance when an offender is in

imminent risk of harm. Offenders are also able to report allegations of sexual abuse or sexual harassment utilizing the grievance system. Staff receiving verbal reports is required to document them immediately and not later than the end of the shift.

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

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

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

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

This standard deservedly is rated “exceeds” because a review of the reported incidents supported the fact that inmates are being educated in multiple ways to report both internally and externally. Reviewed documentation indicated that reports were made to staff, “through an overheard conversation”, through an informal grievance, to the Ombudsman, and through the TIPS line. The most frequent method was to tell a staff however the documentation demonstrated the variety of ways inmates reported.

**Interviews:**

Forty-eight (48) inmates who were interviewed related a number of ways to report however the most common was to report it to staff followed by reporting it to a relative such as a husband, parents or another relative. Inmates also named the hotline as a way of reporting as well.

**Documentation Reviewed:**

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

## Standard 115.52 Exhaustion of administrative remedies

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

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

### Summary:

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

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

Executive Directive #16-20, April 8, 2016 States what when receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff is required to immediately forward the grievance, or any portion of the grievance alleging the risk to the Superintendent who will take immediate corrective action. The Superintendent is required to forward the emergency grievance to the Executive Assistant, who provides an initial response within 48 hours of the offender filing the grievance. The Superintendent also forwards the grievance to the Department's Offender Grievance Manager, who issues the final Department decision within five (5) calendar days to the offender who filed the grievance. The initial response and final Department decision will document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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

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

The grievance process is included in the Offender Handbook.

### Interviews:

The grievance officer, in an interview, related that if a grievance is a PREA grievance it will automatically go straight to the Superintendent who takes immediate action. She related that then the Superintendent has two days to get back with the



Grievance Officer regarding the outcome of her investigation and decision. He also related that there have been no PREA related grievances during the past 12 months.

**Documentation Reviewed:**

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Executive Directive # 13-82 from the Agency Commissioner
- ✓ Executive Directive # 16-20 from the Agency Commissioner
- ✓ Policy # 00-02-301 – Offender Grievance Process
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Indiana Ombudsman Bureau Pamphlet
- ✓ External Sexual Abuse Reporting Flyer
- ✓ J-Pay System
- ✓ Inmates Boxes

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

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

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

**Summary:**

The Rockville Correctional Facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

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

The facility provides offenders with reasonable and confidential access to their attorneys and/or legal representation.

Indiana Department of Corrections Policy requires facilities to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse.

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

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

Information is provided to residents and it is posted prominently in the facility.

**Interviews:**

Inmates were not aware of the services of the Indiana Coalition Against Domestic Violence. The information has been provided and is readily available should an inmate need those services.

**Documentation Reviewed:**

- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Pre-Audit Questionnaire Adult Prisons & Jails
- ✓ Additional Services for Victims of Sexual Abuse
- ✓ Vender ID #: 0000065008 Indiana Coalition Against Domestic Violence Agreement
- ✓ Community Partnership Agreement
- ✓ Consular Notification and Access (Civil Immigration Information) Two Consular Notification Books

**Standard 115.54 Third-party reporting**

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

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

**Summary:**

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

## Interviews:

Staff are aware that third parties are one of the ways sexual abuse may be reported to them. Staff, in their interviews, stated they would take all reports, regardless of how they received them, seriously and treat them like any other report of an allegation of sexual abuse or sexual harassment. They stated that they would immediately report it to their supervisor and then follow up with a written report prior to the end of the shift. Inmates are aware of third party reporting and stated that they would either tell a staff or a family member.

## Documentation Reviewed:

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

## Standard 115.61 Staff and agency reporting duties

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

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

## Summary:

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

third party and anonymous reports, to the facility's Internal Investigators. Policy also requires that staff report all verbal statements and document them by the end of the shift.

The staff at Rockville understand very well the importance of vigilance and keeping their inmates sexually safe insofar as possible. The Superintendent's expectation is that staff will report everything, including suspicions, reports, knowledge and allegations to their immediate supervisor immediately.

**Interviews:**

Interviews with both randomly selected and specialized staff indicated that staff take allegations seriously and that they would report any suspicion as well as any allegations. Interviews confirmed that the staff are serious about sexual safety for their inmates. Too, they understood that their job is to report and to let the investigators decide the validity or merit to any allegation or report.

**Documentation Reviewed:**

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

**Standard 115.62 Agency protection duties**

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

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

**Summary:**

Indiana Department of Corrections Policy and Procedures requires that as soon as staff learn that an offender is subject to substantial risk of imminent sexual abuse, they take immediate action to protect the offender by housing unit reassignment or other measures to protect the inmate.

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

**Interviews:**

Staff, when posed with the question of what actions they would take if an inmate was in substantial risk of imminent sexual abuse, related that they would take it seriously and immediately take actions to keep the inmate safe and report it to their supervisor. Most indicated they would keep the inmate with them until a supervisor was on the scene to make decisions from there. Several said they would take her to segregation. The Superintendent indicated that an inmate victim would not be involuntarily placed in segregation unless they refused to name the alleged perpetrator. The facility would have no idea of how to protect the inmate without knowing who the perpetrator is alleged to have been.

**Documentation Reviewed:**

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Pre-Audit Questionnaire Adult Prisons & Jails

**Standard 115.63 Reporting to other confinement facilities**

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

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

**Summary:**

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

The PAQ indicated that there were four allegations that the facility received indicating that a resident was abused while confined at another facility.

**Interviews:**

The Superintendent indicated she would treat that allegation like any other allegation and ensure it was reported and investigated.

**Documentation Reviewed:**

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

## Standard 115.64 Staff first responder duties

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

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

### Summary:

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

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

If the abuse occurred within a time period that still allows for the collection of physical evidence, first responders should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

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

The PAQ indicated that there were 28 allegations that a resident was sexually abused reported during the past 12 months. Of these reports there were three occasions in which staff were notified within a time frame that still allowed for the collection of physical evidence

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

### Interviews:

Every staff who was interviewed was able to articulate the actions they would take as first responders. Staff stated they would immediately separate the victim from the perpetrator, report it to their supervisor, seal off the crime scene and instruct both the victim and perpetrator not to shower, bathe, change clothes, brush their teeth or use the restroom. They

also indicated that the SART Team would respond to the scene and take over evidence collection and protection of the scene. They also related that the victim would be taken for forensic exam and the collection of forensic evidence.

**Documentation Reviewed:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent Memo: Sexual Abuse – May 2, 2016
- ✓ Superintendent Memo: Non Security Staff First Responder – May 2, 2016
- ✓ Sexual Incident Reporting System
- ✓ Incident Reports
- ✓ Facility Sexual Assault Response Team (SART)
- ✓ First Responders Power Point #17 Training
- ✓ SART Training Team

**Standard 115.65 Coordinated response**

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

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

**Summary:**

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

## Interviews:

Interviews indicated that the SART team has received specialized training to perform their responses to sexual assaults. All interviewed staff, including medical and mental health were aware of their individual roles in responding to allegations of sexual abuse.

## Documentation Reviewed:

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse
- ✓ Facility Directive 14-56 Sexual Abuse Prevention – 02-01-115
- ✓ Sexual Abuse Incident Review Form
- ✓ Facility Sexual Assault Response Team (SART) – February 4, 2016
- ✓ First Responders Power Point #17 Training
- ✓ SART Training Team

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

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

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

## Summary:

Employees at the Rockville Correctional Facility are state employees. They are not members of a union and can be removed from the facility, placed on administrative leave or sanctioned in accordance with IDOC personnel policies, procedures and rules. This facility is not involved in collective bargaining.

## Standard 115.67 Agency protection against retaliation

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



- Does Not Meet Standard (requires corrective action)

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

**Summary:**

The Rockville Correctional Facility protects offenders and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.

The Superintendent of this facility takes retaliation seriously and has designated two staff members to monitor retaliation, one staff who will monitor retaliation against staff members and another staff member who will monitor retaliation against inmates. These dual roles evidence the seriousness with which the facility takes the effects of potential retaliation.

The facility employs multiple protective measures against retaliation and include the following:

1. Housing changes or transfers for victims or abusers
2. Removal of alleged staff or offender abusers from contact with victims
3. Emotional support services for offender and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

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

There is a process that requires monitoring for retaliation at least 90 days following a report of sexual abuse. The facility monitors the conduct and treatment of inmates and/or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff.

Rockville Correctional Facility has two retaliation monitors, one for monitoring retaliation against inmates and one who will monitor retaliation against a staff. Issues related to suspected or actual retaliation are discussed in the monthly PREA Meetings.

**Interviews:**

The retaliation monitor explained her process for monitoring retaliation. She related that she will receive an email from internal affairs investigators alerting her that they have received a report or allegation that an inmate has been sexually assaulted or sexually harassed. At the point, she stated that she goes ahead and meets with the inmate to see if they are or have experienced any retaliation or issues from anyone for reporting. Making notes about that meeting, the monitor stated she meets with the inmate every 15 days however she instructs the inmate to report any retaliation or issues during the interim periods between checks. She related that based on an allegation of retaliation she would consider moving them and notifying internal affairs. She related that she would look at who their friends and who the friends of the alleged perpetrator were and ensure that they are not put in rooms together, even with friends of the alleged perpetrator. Inmates would be monitored for at least 90 days and beyond as needed. Another SVAT would be conducted as well to determine the vulnerability of the alleged victim and abuser and housing changes or other protective measures would be taken to attempt to ensure the safety of the inmate.

**Documentation Reviewed:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ PREA Retaliation Monitoring Sheet
- ✓ Offender Information System – Current Locations
- ✓ PREA Retaliation Monitoring Form
- ✓ Report of Investigations

**Standard 115.68 Post-allegation protective custody**

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

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

**Summary:**

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

The Pre-Audit Questionnaire indicated that during the past twelve (12) months there was one offender who alleged being in a substantial risk of being sexually abused. Documentation indicated she was held in involuntary segregation from between one – 24 hours and that it was documented that there were no other alternative means of housing her that would ensure she was protected.

**Interviews**

The Superintendent in an interview related that she would not want to place an inmate in involuntary segregation for her protection unless the inmate refused to name the alleged perpetrator. In that situation, the facility would have no idea who they were protecting her from. Alternative means of protection would be considered as a first option and the inmate would be housed in another dorm. Internal affairs would talk with her and mental health would see her and the best plan for her protection would be developed.

**Documentation Reviewed:**

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

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Involuntary Segregation Unit forms

**Standard 115.71 Criminal and administrative agency investigations**

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

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

**Summary:**

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

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

A review of the investigations completed during the past twelve (12) months confirmed that Rockville Correctional Facility takes allegations seriously and that they take their investigations seriously.

Investigations were reviewed. The format for incident reports included Sexual Incident Reports, a description of the offense, report of the incident, interviews, statements, investigation, including camera review and conclusions. The PAQ indicated that there were no allegations of conduct that appeared to be criminal that was referred for prosecution during the audit period.

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

**Interviews:**

An internal affairs investigator related that he initiates an investigation and if it is an emergency he begins immediately. If it is not an emergency the investigation may be initiated between 2-5 days depending on the severity of the allegations. He indicated that he looks at the background of the suspect and the victim and reviews their records while at Rockville as well as conduct that may be documented in the Offender Information System. If video is available he reviews the video, considers any physical evidence, takes statements from witnesses, interviews the suspect and victim and then looks at the totality of the evidence to make a determination.

**Documentation Reviewed:**

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

**Standard 115.72 Evidentiary standard for administrative investigations**

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

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

**Summary:**

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

**Interviews:**

The internal affairs investigator related that the standard internal affairs uses in making a determination that an allegation is substantiated is a preponderance of the evidence.

**Documentation Reviewed:**

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

- ✓ Reports of Investigations

### Standard 115.73 Reporting to inmates

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

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

#### Summary:

The Rockville Correctional Facility, following an investigation into an offender’s allegation of sexual abuse suffered in the facility, informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using Sexual Abuse/Harassment Investigation Outcome Offender Notification.

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

Documentation was provided that indicated that inmates are consistently being notified of the outcome of investigations as required.

#### Documentation Reviewed:

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

### Standard 115.76 Disciplinary sanctions for staff

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

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

**Summary:**

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

The Pre-Audit Questionnaire reported that there were no staff from the facility who were terminated for violating agency sexual abuse or sexual harassment policies during the audit period.

**Interviews:**

Staff indicated that if an allegation is levied against a staff member the staff member would be placed on administrative leave and not allowed back into the facility until the investigation had been completed. Following the investigation, if the allegation is sustained, the presumptive sanction is termination.

**Documentation Reviewed:**

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Report of Investigations

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

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

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

**Summary:**

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

**Interviews:**

If a contractor was alleged to have been involved in sexual abuse of an inmate the contractor would be removed from the facility grounds and investigated. If the charges were substantiated, the Superintendent would contact the staff person’s

regional, terminate the services of the contractor, put the contractor on a statewide gate closure and report the incident to any applicable licensing bodies. If it was a volunteer, the police would be contacted, terminate the volunteer and put them on a statewide gate closure as well.

**Documentation Reviewed:**

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ List of Volunteers
- ✓ List of Medical Staff Contractors

**Standard 115.78 Disciplinary sanctions for inmates**

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

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

**Summary:**

Offenders, at Rockville Correctional Facility, are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in inmate on inmate sexual abuse. 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.

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

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

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

**Interviews:**

The Superintendent related that the offender would be disciplined as allowed in the disciplinary code and sanctions could include segregation and loss of time and if needed, transfer out of the facility.

**Documentation Reviewed:**

- ✓ Policy # 02-01-115 – Sexual Abuse Prevention

- ✓ Major Offenses (s) Codes – Adult Disciplinary Process
- ✓ Indiana Department of Correction Disciplinary Process for Adult Offender Brochure
- ✓ Policy # 02-04-101 – The Disciplinary Code for Adult Offenders
- ✓ Report of Conduct State Form 39590

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

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

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

**Summary:**

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

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

The PAQ indicated that 100 % of offenders reporting prior victimization were offered a follow up with medical or mental health. The PAQ also documented that 100% of all perpetrators who disclosed during screening or afterwards were offered a follow-up with medical or mental health.

**Interviews:**

Interviews with mental health and other staff confirmed that if an inmate alleges prior sexual victimization, she is offered a follow-up with mental health and that that the inmate has the right to refuse the services.

**Documentation Reviewed:**

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



- ✓ Sexual Violence Assessment Tool Adult
- ✓ Potential Aggressor Factors
- ✓ Transfer Documentation

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

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

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

**Summary:**

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

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

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

In addition to inmate victims of sexual abuse being seen by medical immediately and provided crisis intervention the SART Team members trained as advocates would provide support to the victim as well.

The Terre Haute Regional Hospital would be the facility providing emergency treatment services as well as forensic exams. A memo from the Forensic Program Manager /Emergency Department Manager documented that the hospital has specially trained forensic nurses or SANE nurses on staff 24/7 to care for victims of sexual assault.

**Interviews:**

Interviewed medical and mental health staff confirmed that inmates who are victims of sexual abuse would be seen immediately and provided services. Medical’s role would be to address any acute medical issues, advise inmates not to take any actions that would contaminate or degrade the evidence and arrange transportation for the inmate to the hospital for a forensic exam. Mental health would provide crisis intervention and supportive services to the victim.

**Documentation Reviewed:**

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

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

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

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

**Summary:**

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

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

**Interviews:**

See above interviews.

**Documentation Reviewed:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Sexual Assault Manual (Indiana Department of Correction Health Services Division)

**Standard 115.86 Sexual abuse incident reviews**

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

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

**Summary:**

The PREA Committee at Rockville Correctional Facility reviews sexual abuse or sexual harassment incidents following an investigation. The team meets monthly and consists of upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health staff.

The PAQ indicated that there were nine criminal and/ or administrative investigations of alleged sexual abuse completed at the facility, during the audit period, excluding only unfounded incidents.

Documentation was provided to indicate that incident reviews of all substantiated and unsubstantiated incidents are reviewed by the PREA Committee as required by the standards.

**Interviews:**

Members of the incident review committee described the process for reviewing incidents of sexual abuse following investigations. They indicated they would review and dissect the incident, looking for “common threads”, trying to determine the motivation of the alleged perpetrator/perpetrator. Corrective actions may include changing the placement of a camera. The PREA Committee meets monthly to discuss all PREA related issues as well as complying with standards.

**Documentation Reviewed:**

- ✓ PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
- ✓ Policy # 02-01-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- ✓ Rockville – PREA SART Meeting
- ✓ Sex Abuse/Harassment Investigation Outcome Offender Notification
- ✓ Sexual Abuse Incident Review
- ✓ SART

**Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**Summary:**

The Rockville Correctional Facility collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions. The standardized instrument is the Indiana Department of Corrections Sexual Incident Report System (SIRS). A set of definitions is included in the policy. In addition, the facility using the DOJ Form SSV-Survey of Sexual Violence Incident Report as their standardized instrument and definitions. The facility aggregates incident based sexual abuse data at least annually.

The Rockville Correctional facility maintains data on sexual abuse and sexual harassment and reports that data as required within the Department of Corrections as well as using it as an internal management tool.

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

**Interviews:**

Staff reported that monthly the facility submits a monthly report of investigations to DOC. Additionally PREA Data is sent to the agency PREA Executive Director and comparison reports are completed to compare statistics to determine if incidents are increasing or decreasing.

**Documentation Reviewed:**

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

**Standard 115.88 Data review for corrective action**

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

- Does Not Meet Standard (requires corrective action)

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

**Summary:**

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

**Interviews:**

See above. Information, according to staff is always used to assess what the facility could have done differently and to determine if there are trends or other common threads that would indicate the need for any corrective action.

**Documentation Reviewed:**

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

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

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

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

**Summary:**

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

**Documentation Reviewed:**

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

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

*Robert Lanier*

July 5, 2016

Auditor Signature

Date