

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

Interim       Final

**Date of Report**    8/9/2019

**Auditor Information**

<b>Name:</b> Latera Davis	<b>Email:</b> laterad2@gmail.com
<b>Company Name:</b> Just4 Consultants	
<b>Mailing Address:</b> PO Box 1105	<b>City, State, Zip:</b> Grayson, GA 30017-9998
<b>Telephone:</b> 404-457-8953	<b>Date of Facility Visit:</b> May 13, 2019

**Agency Information**

<b>Name of Agency:</b> Indiana Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> Governor of Indiana	
<b>Physical Address:</b> 302 W. Washington Street		<b>City, State, Zip:</b> Indianapolis, IN, 46204	
<b>Mailing Address:</b> 302 W. Washington Street		<b>City, State, Zip:</b> Indianapolis, IN, 46204	
<b>Telephone:</b> 317-233-6984		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> "We promote public safety by providing meaningful, effective opportunities for successful re-entry".			
<b>Agency Website with PREA Information:</b> <a href="http://www.in.gov/idoc/2832.htm">http://www.in.gov/idoc/2832.htm</a>			

**Agency Chief Executive Officer**

<b>Name:</b> Robert E. Carter Jr.	<b>Title:</b> Commissioner
<b>Email:</b> RoCarter1@idoc.in.gov	<b>Telephone:</b> 317-232-5705

**Agency-Wide PREA Coordinator**

<b>Name:</b> Bryan Pearson	<b>Title:</b> Executive Director of PREA
----------------------------	--

<b>Email:</b> BPearson@idoc.in.gov		<b>Telephone:</b> 317-232-5288	
<b>PREA Coordinator Reports to:</b> James Basinger		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 21	
<b>Facility Information</b>			
<b>Name of Facility:</b>		Rockville Correctional Facility	
<b>Physical Address:</b>		811 W. 50 N. Rockville, IN 47872	
<b>Mailing Address (if different than above):</b>		Click or tap here to enter text.	
<b>Telephone Number:</b>		765-569-3178	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> “ We promote public safety by providing meaningful, effective opportunities for successful re-entry”.			
<b>Facility Website with PREA Information:</b> <a href="http://www.in.gov/idoc/2401.htm">http://www.in.gov/idoc/2401.htm</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Julie Stout		<b>Title:</b> Warden	
<b>Email:</b> jstout@idoc.in.gov		<b>Telephone:</b> 765-569-3178	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Autumn Wyres		<b>Title:</b> Program Coordinator 3	
<b>Email:</b> AWyres@idoc.in.gov		<b>Telephone:</b> 765-569-3178	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Mike Natalie		<b>Title:</b> Health Care Administrator	
<b>Email:</b> Michael.natalie@wexfordindiana.com		<b>Telephone:</b> 765-569-3178	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 600		<b>Current Population of Facility:</b> 1171	
<b>Number of inmates admitted to facility during the past 12 months</b>			1699

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1092	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1581	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		90	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-75	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		2.76 years	
Facility security level/inmate custody levels:		All except those sentenced to death	
Number of staff currently employed by the facility who may have contact with inmates:		230	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		78	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
<b>Physical Plant</b>			
Number of Buildings: 22		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		5	
Number of Segregation Cells (Administrative and Disciplinary):		24	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility has 272 cameras operational with a facility-wide camera upgrade/addition scheduled for the near future. The facility has a master control post, restrictive housing control post, and master location post. The facility has still and pan-tilt zoom cameras.			
<b>Medical</b>			
Type of Medical Facility:		Infirmary-13 beds-full time physician	
Forensic sexual assault medical exams are conducted at:		Terre Haute Regional Hospital	
<b>Other</b>			

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	178
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	4

## Audit Findings

### Audit Narrative

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

Rockville Correctional Facility, part of the Indiana Department of Corrections (IDOC), agreed to participate in a Prison Rape Elimination Act (PREA) audit, conducted by a probationary auditor (Latera Davis) and Certified DOJ audit team member (Adam Barnett). Audit team members representing contracted provider, Diversified Correctional Services (Robert Lanier).

Site Review Location: The site review for this audit took place at Rockville Correctional Facility (RCF) located at 811 W. 50 N. Rockville, IN 47872. The facility is located in the middle section of the state. The audit team conducted pre-audit work prior to arrival at the facility. Pre-audit work included but not limited to: review of the Pre-Audit Questionnaire (PAQ), documentation review on the agency secure file upload site, email correspondence, and telephone calls.

A certified PREA audit was conducted at Rockville Correctional Facility (RCF) located in Rockville, Indiana on May 13 – 15, 2019. Rockville Correctional Facility is operated by the Indiana Department of Corrections. Rockville Correctional Facility hereinafter may be referred to as facility. It should be noted that, the IDOC refers to “inmates” as “offenders”, therefore “inmates” and “offenders” will be used interchangeably through this report.

The auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, facility walk thru, practice, interviewed staff, inmates, and local and national advocates to make determinations for each standard.

### Pre-onsite Audit Phase

Posting: On 4/1/2019, the probationary auditor provided the audit notice to the Department of Correction (IDOC) PREA Coordinator (PC), with instruction to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. Photos were sent to the probationary auditor on 4/1/2019 and 4/15/2019, indicating that the facility posted the notices in English. The auditor received photos of the time-stamp posted notices, located in common areas. The auditor received communication from one offender on April 3, 2019. Subsequently the offender was interviewed during the onsite facility visit.

Pre-Audit Questionnaire (PAQ): In order to prepare for the audit process, pre-kick off email correspondence occurred with the agencies PREA Coordinator (Bryan Pearson) on 2/20/2019. As the probationary auditor reviewed the materials provided by the facility, she collated documents that were outstanding on the Issue Log. When completed she had telephonic and email correspondence, to include a log attachment, with the PREA Compliance Manager (PCM) and facility Investigator to receive

documentation required to fill remaining informational gaps. The agencies PREA Coordinator identified that the agency will utilize a secure cloud-based site (Syncplicity) to upload documents.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. The completed Pre-Audit Questionnaire (PAQ) was submitted on 4/13/2019. Additional documentation received included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials were also provided. The lead probationary auditor in consultation with the audit team reviewed all the documentation submitted by the facility and prepared a list of issues based on the evidence provided. An issue log was prepared noting any concerns or problems with documentation and requesting additional information or response by the facility prior to the on-site review.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the Syncplicity site; to include both the agency and the facility policy and procedures, agency mission statement, daily population report, schematic/layout for the facility, and the last final PREA Audit Report. The facility was provided a list of requested documents for onsite review. As the probationary auditor reviewed the materials provided by the facility, the content/documents were organized and any outstanding issues/concerns were addressed via telephonic and email correspondence, with the agency PREA Coordinator (PC) and facility PREA Compliance Manager (PCM). It should be noted that a list of random and special categorized offenders was provided prior to the on-site review.

Website Review: Prior to the onsite portion of the audit, the probationary auditor conducted a website review of IDOC and RCF. The reviewed content included but not limited to: PREA website (overview and reporting), prior PREA audits, and prior sexual abuse and victimization reports.

Site Review Preparation: April/May 2019, the auditor provided the Warden, PCM, and PC with email notification regarding the team's upcoming site visit. A conference call was conducted on 4/22/2019 at 12:00PM EST enabling the probationary auditor to interact with the agency PREA coordinator and Rockville Correctional Facility warden and PCM. The audit process was discussed as well as specific plans for the Rockville Correctional Facility onsite audit. The probationary auditor described her status with the PRC oversight during the probationary audit process, in completing the audit, along with the audit goals and expectations.

Prior to the onsite portion of the audit, the probationary auditor was made aware that the facility did not house youthful offenders at any time. Email communication was sent to the Warden, PCM, and PC requesting the following information in preparation for the site review:

- Staffing Plan/Documentation of deviation for the staffing plan-completed
- Annual Reviews
- Logs of exigent circumstances for cross gender pat down searches
- Staff training logs
- Written materials used for effective communication about PREA w/inmates' w/disabilities or limited reading skills.
- Documentation of staff training on PREA complaint practices for inmates' w/disabilities
- Documentation of investigators who have completed specialized investigative training
- Documentation of MH and Medical staff that have completed specialized training
- Screening instrument used to determine risk for victimization

- Documentation of use of screening information to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates with a high risk of being sexually abusive
- Sample inmate grievances (on-site will review general grievances filed)
- Inmate handbook (on-site will review)
- Documentation of notifications of abuse will confined at another facility (if applicable)
- Facility institutional plan (coordinated plan)
- Retaliation reports (all investigation files, last 12 months)
- Documentation when segregated housing was used to house inmates who have alleged to have suffer sexual abuse (if applicable.)
- Sample of investigations of alleged sexual abuse complaints completed by the agency.
- Sample of investigations of alleged sexual abuse complaints completed by outside agency
- Sample of documentation of any substantiated or unsubstantiated complaints.
- Sample of documentation of notifications.
- Sample records of terminations, resignations, or other sanctions against staff—allegations of sexual abuse or sexual harassment—within the last 12 months. –may request to review more SH while on site)
- Reports of sexual abuse of inmates by contractors or volunteers
- Sample records of disciplinary actions against inmates for sexual conduct with staff
- Sample records of disciplinary actions against inmates for sexual conduct against other inmates (need substantiated abuse or harassment allegations)
- Documentation of sexual abuse incident reviews
- Sexual abuse reports
- Incident Mapping Report
- Unannounced Rounds Documentation
- A summary of all incidents within the past 12 months (log)
- All Transgender evaluations completed in the last 12 months.
- Rosters
  - Inmate
  - Youthful resident roster (100% documentation) (If applicable)
  - Notice of auditor post-English/Spanish (received)
  - Residents w/disabilities
  - Residents who are limited English proficient (LEP)
  - LGBTI residents (100% documentation)
  - Residents in segregated housing (PREA related)
  - Residents who reported sexual abuse
  - Residents who reported sexual victimization during risk screening
  - Staff Roster (100%)
  - Specialized staff list
  - Staff Personnel (Documentation)
  - Inmate Documentations
  - List of Contractors who have contact with Inmates
  - List of Volunteers who have contact with Inmates
  - PREA Reassessments (all SA cases)

## On-Site Audit Phase

### Team Composition/Entrance

The audit team consisted of the probationary auditor (Latera Davis) and DOJ certified auditor (Adam Barnett). On 5/13/2019 at approximately 8:30 am. The audit team arrived at the facility to conduct an entrance meeting with the facility Warden and her leadership team, along with beginning the onsite process (physical plant inspection and interviews). Leadership team consisted of:

- Julie Stout, Warden
- Stacey Milner, Deputy Warden/Operations
- Autumn Wyres, Caseworker/PREA Coordinator
- Gini Sampson, Unit Team Manager/PREA Coordinator
- Major Randy Smith, Custody Supervisor

### Entrance Meeting

The entrance meeting served as initial introductions and onsite logistics with the facility leadership. The probationary auditor reiterated her status with PRC oversight during the probationary audit process, along with the audit goals and expectations. If necessary, the general purpose of corrective action with timelines and milestones was established. The probationary auditor discussed her status and expectations for submission of the interim report. The probationary auditor and DOJ Certified auditor Adam Barnett, provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The team also established a process to make corrections on site and if necessary, post onsite follow up.

Upon conclusion of the entrance, the audit members were provided offender and employee documentation to review. Offender and staffing list were also provided allowing the audit team was able to make randomized selection of interview participants. Rockville Correctional Facility, officers' work 12 hours shifts. The audit team provided the facility with a list of random and specialized staff and random and special category offenders who would be interviewed.

On day one the audit team conducted the physical plant site inspection along with staff and offender interviews. It was requested that when the auditor paused to speak to an inmate or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.

On day two, the audit team broke into two groups; completing the remaining interviews and file review. Upon completion of assigned tasks, audit team members returned to the assigned conference room to discuss site observation, informal and formal interviews, file review, and necessary corrective actions.

Day 3 served as the close out conference.

Interviews: Informal interviews were ongoing throughout the course of the site review, as the probationary auditor and team member conducted conversations with offenders and staff with whom they had casual and spontaneous contact (for example, during the physical plant inspection, offenders were queried in the housing units if opposite gender announcements were made regularly; if they had privacy while toileting and showering; and how to make a report if needed). Additionally, staff at their job sites were asked about PREA awareness and knowledge.

For the formal interviews, members of the audit team selected names of individuals who would be interviewed, and facility staff prepared the offenders and staff members for interview in a staged manner. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements communicated with the interviewing audit team member recording responses by hand or typed.



On the first day of the onsite audit there were 1185 offenders and 226 staff reported at the facility. Staff interviews were based on who was at the facility on the days of the audit, varying staff shifts, and positions/roles held. The audit team members split up the interviews of specialized and random staff along with required inmate interviews.

Over the three days onsite, 35 interviews were conducted with staff that have specialized roles and responsibilities were conducted. It should be noted that this also includes staff that have dual role responsibilities. The interviews were conducted privately in several different meeting rooms and the protocols used included but not limited to: contractors, incident review team, mental health, screening staff, security first responder, special investigator, agency head, staff who supervise offenders in isolation, agency contract administrator, Director of Contractors, Director of Volunteers, HR staff, intake, nonmedical staff who conduct strip searches, PREA Coordinator, two intermediate or higher level staff, facility warden, investigators, medical staff, staff who monitor for retaliation, SANE nurse, and two volunteers. The two contractors chosen for interview also served as higher level medical and mental health staff for the facility. The Volunteers selected for interviewing were based on availability during the onsite audit phase. The RCF has 98 volunteers and 80 contractors.

Along with the specialized staff, 14 random staff were interviewed. Random staff were chosen by retrieving a list of staff, choosing staff from every shift, including new and more tenured staff. Random inmates were chosen, by selecting various offenders based on age and race one each housing unit. A separate list of targeted offenders was provided prior to the onsite audit. A total of 19 targeted offenders were identified and interviewed. There are no youthful offenders (under 18 years of age) incarcerated at the facility, which was confirmed based upon site review. It was also reported that there no offenders segregated for risk of sexual victimization; which was confirmed through staff and offender interviews, as well as site review by audit team members.

The lead probationary auditor was largely responsible for the interviews with the RCF management, including the Warden and PCM. The Agency PREA Executive Director and Regional Manager were both onsite during the review and able to meet in person with the probationary auditor at RCF. The audit team worked with the facility to make the interview times most conducive to manage routine scheduling needs. The interviews were conducted primarily in an empty office or staff offices, as available.

Based on inmate sampling prerequisites, the baseline for interviews was established at 22 random and 20 targeted offenders. The sampling strategy included the selection of offenders from every living unit which included selection of targeted offenders within the sample of participants. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the inmate's knowledge of PREA and reporting mechanisms available to them at Rockville Correctional Facility. It should also be noted that many of the targeted offenders at the facility also reported having a history of prior victimization during risk screening. All identified transgenders and reported LGB, LEP, and disabled offenders were interviewed.

Category of Offenders	Number of Interviews
Random Offenders (1185)	22
Targeted Offenders (309)	19
Inmate Letter/Interviewed	1
<b>Total Offenders Interviewed</b>	<b>42</b>
<b>Breakdown of Targeted Offenders Interviewed</b>	

Youthful offenders (0)	0
Offenders with a physical disability (7)	3
Offenders who are blind, deaf, or hard of hearing (0)	
Offenders who are LEP (Spanish) (3)	
Offenders with a Cognitive Disability (0)	
Offenders who identify as LGB (0)	2
Offenders who identify as Transgender or Intersex (2)	2
Offenders Who Reported Sexual Abuse that occurred at the facility (19)	6
Offenders Who Reported Sexual Victimization during risk screening (278)	6
Inmate in Segregated Housing for Sexual Victimization (0)	0
Category of Staff Interviewed *** it should be noted that some interviews conducted duplication of the same staff.	
Random Staff (189)	14
Specialized Staff (77)	30
Agency Head (1)	1
Facility Director	1
PREA Coordinator	1
PREA Compliance Manager	1
Total Staff Interviewed	
<b>Breakdown of Specialized Staff</b>	
Agency Contract Administrator	1
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds	3
Medical Staff	1
Mental Health Staff	1
Non-medical staff involved in cross gender searches (if applicable)	NA
Contracted Victim Advocacy Organization	1
Volunteers who have contact with Offenders	2
Contractors who have contact with Offenders	2
Criminal Investigators	1
Administrative Investigators	1
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise offenders in segregated housing	1
Designated staff member charged with monitoring retaliation	1
First Responder's security staff	4
First Responders non-security staff	2
Intake Staff	3
Grievance Officer (not available during onsite audit)	0
Incident Review Team	2
Volunteer Coordinator	1
HR Staff	1
SANE Staff	1

Site Review: The audit team conducted a comprehensive site review of the facility. The audit team was provided a map of the facility prior to the onsite review. The RCF is comprised of 22 buildings, five of

which are housing units. The facility site visit included visiting all locations where inmates had access onsite and could be present. The Warden, PC, PCM, Deputy Warden-Operations, Major and Unit Team Manager all participated in escorting the audit team throughout the facility during the inspection.

During the site review, the team members inspected the following:

- Administration building (1)
- Offender services building (1)
- Offender housing/dormitory style (5)
- Building used for parenting (1)
- Receiving building (1)
- Storage building (2)
- Maintenance building (1)
- Industries building (1)
- Laundry building (1)
- Garage (1)
- Checkpoint (1)
- Warehouse (1)

It should be noted that the receiving building, storage buildings, maintenance building, industries building, laundry building, and garage are all located in an area designated as the night zone. The facility shuts this area off from 6:00pm until 6:00am by a gate. The warehouse is located outside of the perimeter fence and serves as the checkpoint site between the two fences in the night zone area and monitors traffic in and out of the facility. All areas had camera monitoring except for two storage buildings. While conducting the site review, multiple blind spots were identified in the night zone. While access to the area is limited during the shut hours, there was also limited cameras on the walkways and in some of the buildings. Since this area does not maintain direct 24 security surveillance or staffing, there is potential vulnerabilities with limited cameras throughout the night zone.

The Rockville Correctional Facility is a medium security facility, that also serves as the intake facility for all adult female offenders. As identified by the facility and observed during the site review, the housing unit is as follows:

- Dorm 1: PLUS Therapeutic Community (Total 128)
- Dorm 2: Admissions and Orientation/RDU (Total 272/60 beds)
- Dorm 3: General Population on 1/2/CLIFF Therapeutic Community on 1/2 (Total 272)
- Dorm 4: General Population (Total 272)
- Dorm 5: General Population (Total 272)
- Restrictive Housing: 24 Single Cells
- Infirmary: 13 (two bays with 6 beds each/1 negative pressure room)

It should be noted that during the site observation, one offender was in medical isolation, for the health of the offender, therefore the audit team did not visit that room. While inspecting the facility dorms, it was observed that each dorm is divided in half. Offenders living on one half of the housing unit are not allowed to travel to the other half of the housing unit. Housing units are managed by two correctional officers. Dorm 2 (intake) is usually housed with three officers, due to the placement of the diversion unit.

The audit team inspected facility doors, restrooms, and office areas. The areas were consistently secured and locked. The team informally engaged offenders and staff, asking PREA-related questions about the agencies zero tolerance policies, procedures, and safety considerations. The team members noted placement and coverage of video monitoring and technology, along with surveillance cameras, and made

observation of potential blind spots. Inspections of bathroom and shower areas were conducted, with particular observation of possible cross-gender viewing. When reviewing the video camera system, there were no cameras that have direct viewing of the inmate's toilet.

In the housing units, the offender phone system was tested to ensure they were actively working and had a dial tone; which demonstrated active and in order. The PREA audit notices along with IDOC PREA posters were posted throughout the facility. The IDOC recently switched from JPAY to GTL (tablets). Offenders reported that the new tablet limits their ability to make PREA related reports directly to the Ombudsman. They can still write a letter, but the JPAY system allowed them to send emails. The following reporting process was observed on the units: PREA information posters (English/Spanish), contact information for the Ombudsman, Indiana Coalition Against Domestic Violence posters, and #80 on the offender phones. When randomly testing the phone lines, the audit team members were able to readily access the IDOC internal hotline.

The audit team also observed male staff entering the female housing units making the announcements; however, many of the female residents reported that they do not consistently hear the announcements. However, the female offenders reported that staff consistently make announcements when entering the shower or restroom area. It was observed that the set-up of the housing units and the many offenders on the housing units that utilize their headsets, announcements may not always be heard. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both offenders and staff. Logs were reviewed, as well as any other documentation that would assist with determining compliance.

The audit team was able to observe a portion of the offender intake/orientation process. The offender intake/orientation process at RCF is offender/peer lead. Two offenders educate the new offenders on the facility rules, PREA related forms, watch a PREA video, and sign have all necessary documents signed. Informal interviews occurred with the offenders during the intake/orientation process. Seven offenders were receiving the education, and provided the audit team with details of the PREA related information discussed. One of the peer leaders has served in this role for eight years, and the other eight months. If there is an offender who has a disability or limited English proficient intake staff will coordinate with a translator and if possible, read and explain the PREA education material to the offender. The Offender Education Acknowledgement form has a identifier for those offenders who may require a translator.

As previously noted, RCF serves as the intake/orientation facility for all female offenders assigned to IDOC. Many of the offenders do not stay past 30 days. If an offender is assigned to the facility, they will go through another intake/orientation process.

The restrictive housing unit, is the only unit that utilizes the Guard One system. There is a medical exam room located within restrictive housing. The room has blinds; however, they were not fully functional, providing full viewing access to the medical room. During the post-audit phase the blinds were fixed.

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

Locations with concerns during the tour:

1. Dorms 3-5: have blind spots in lower and upper level rooms that are used for quiet rooms and laundry. The location of the rooms, limits the direct view of security staff station and non-visible to cameras.
2. Chow Hall/Kitchen: several blind spots identified, where offenders would not be visible via cameras or mirror placement. More specifically, there is an area on the backside of the kitchen

that has double entry doors and a walkway without the direct placement of security staff, the location of offenders or staff would not be observed.

3. The restrictive housing unit, is the only unit that utilizes the Guard One system. There is a medical exam room located within restrictive housing. The room has blinds; however, they were not fully functional, providing full viewing access to the medical room.

The PREA audit requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Information Request	Response
Indiana Coalition Against Domestic Violence for Victim Advocacy	4/14/19	Interview conducted with Mrs. Terri Noone (260) 402-6034.
Justice Detention International (JDI)	5/7/19 @ 1:52 pm.	5/7/19 @ 5:44pm. Email correspondence indicated that JDI had not received any information on RCF.
RAINN	5/7/19 @ 1:55pm	No response

The auditor asks the advocacy organizations the following questions:

1. How many SAFE or SANE referrals made in the last 12 months? 0
2. Can the inmate remain anonymous, upon request, when making a report? Yes
3. Who do you notify at the facility regarding the report? Facility PREA Compliance Manager
4. How many reports have the organization received in the past 12 months for advocacy services?  
0
5. How many offenders reported sexual abuse and/or sexual harassment? 0

According to the Indiana Coalition Against Domestic Violence for Victim Advocacy, the organization had not received any calls/correspondence from Rockville Correctional Facility.

### Documentation Review and Sampling

Documents Reviews: During the site review, documentation review included but not limited to the audit teams review of: personnel files, training records, offender intake, screening, and education records; along with sexual abuse/harassment investigations, grievances and any other related documents that covered the prior 12-month period. The documentation review process was covered by the probationary auditor.

#### Records Review

Name of record	Total # of records	# sampled and reviewed
Staff personnel records	230	25
Volunteers and contractor personnel record	178	14
Training files/documentation/records (staff, contractor, volunteer)	408	39
Medical/mental health records (victims)	390	46
Offender contact after report SH/SA and intake screening		

Intake files (offender education/SVAT)	1699	45
Grievance forms (all complaints)	22	22
Investigation records	69	69
Incident Reports (all, include non PREA related)	466	389

### Investigation Records

\*\*\*It should be noted that any SA/SH Grievances are not reviewed by the grievance process, if received automatically sent for an investigation.

	<b>Sexual Abuse</b>		<b>Sexual Harassment</b>	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Hotline	1	0	2	0
Ombudsman	1	0	8	1
Grievances	0	0	0	0
Reports to Staff	14	2	37	2
Anonymous, 3 <sup>rd</sup> party	1	0	0	0
Reports by Staff	0	0	0	0

Grievances: Per IDOC policy and procedure, the grievance process is to provide a mechanism for every offender to express complaints and topics of concern for the efficient and fair resolution of legitimate offender concerns, as well as for the facility and Department management to be better informed and able to fulfill the Department's mission and goals. The PREA related issues would not typically be filed by grievance process, but instead as an incident report to be investigated as a PREA allegation. The auditor conducted a thorough review of all grievances to determine if PREA related concerns were expressed through the grievance process and if so, to determine if the facility appropriately responded. Through review of documentation, interviews with staff and offenders, it was determined that there were no additional PREA-related investigations or grievances filed during this period that had not been provided to the auditor.

Informational Consolidation: The audit team members met frequently throughout the three days to consolidate information and ensure that the interviews, documentation reviews, and facility observations supported compliance determination for the required PREA standards. The team met onsite and offsite to discuss findings. When additional information was requested to establish compliance, the management team was responsive and made every effort to deliver documentation. The facility staff was receptive to identified areas of concern during the facility site inspection along with noted concerns in documentation review.

### **Exit Briefing**

The audit team conducted an exit meeting on 5/15/2019 at which preliminary findings of the review were discussed with the facility executive team. The attendees, an addition to the IDOC Regional Director Melody Turner, participated in the exit briefing. During the exit, the probationary auditor provided a list of identified non-compliant items and described how these related to the standard provisions. For resolution of issues following the exit, the probationary auditor indicated that outstanding issues should be provided to her with proof of practice through photographic evidence or written documentation upon completion via electronic communication.

## **Post-Onsite Audit Phase**

Upon return from the onsite phase of the audit, the probationary auditor and the agency PREA Coordinator agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the agency PREA Coordinator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies.

Communication with the IDOC PREA Coordinator and designated facility staff begin immediately (5/16/2019) upon the conclusion of the onsite audit. Communication was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process both the Interim and Final Reports.

Audit Section of the Compliance Tool: The probationary auditor continued to review documentation and interview notes gathered while onsite and compile information to enter into the audit portion of the compliance tool. Detailed information from the audit interviews were integrated into relevant sections of the standards. In order to ensure all standards were thoroughly analyzed, the probationary auditor proceeded standard by standard, determining compliance or non-compliance.

Interim Audit Report: The probationary auditor completed entry of data into and determination of standard compliance on the Audit Compliance Tool, and began writing of the Interim Report. The Interim Report included reference to policies and procedures, agency and facility reports, and supplementary documentation provided by the facility and during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit. The probationary auditor incorporated evidence gathered onsite and through documentation review as proof for the final conclusion of whether the facility exceeded, met, or did not meet the standard of review.

Upon submission of the Interim Report the facility was assessed to have exceeded one (1) standard, met forty (43) standards, and required corrective action for one (1) standard.

The Interim Report was uploaded to the PREA Training and Resource Center for review on June 12, 2019 and directed to the PREA Resource Center (PRC) for audit feedback. The probationary auditor received the Interim Report back from the PRC on June 24, 2019.

## Final Audit Report:

### **Facility Characteristics**

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

### Facility Demographics

- Rated Capacity: 600
- Actual Population on First Day: 1185
- Average Daily Population for the last 12 months: 1269

- Security/Custody Level: Medium (all but those sentenced to death)
- Gender: F
- Number of Positions: 444
  - o Custody (189)
  - o Administration (50)
  - o Program Positions (27)
  - o Volunteer (98)
  - o Contractors (80)

### Facility Description

The Rockville Correctional Facility is a medium security adult female facility located on approximately 52 acres, one-mile northwest of Rockville, Indiana. The facility began its existence as a radar base for the U.S. Air Force in the early 1950's, it was deserted approximately 10 years later when its mission ended, and was resurrected by the Department of Correction as a juvenile male facility In 1970. In 1992, after moving through stages from young juveniles, to older juveniles, to co-ed with adolescent males and adult female offenders on the same grounds, to adult females alone, the facility became the largest female facility in the Indiana Department of Corrections.

The 1995 Indiana General Assembly approved the Department's plan to rebuild the Rockville Training Center, as it was called then, to fit its new mission as a 600-bed facility for females. Following a master plan completed in 1990, the State Office Building Commission began the design and construction process in 1995. Over the course of the next three years, 23 structures were demolished, 5 were converted to stand alone heating systems and upgraded in other ways, 13 new buildings were constructed, and the whole of the facility's infrastructure was replaced.

There is a total of 22 buildings within the facility proper and 2 residences. Dorm 1 houses 128 offenders participating in our PLUS Program. Dorms 2, 3, 4 and 5 are virtually identical in configuration with Dorm 2 being the prototype for the other three. Dorm 2 houses 272 offenders and serves as the intake unit for the Department of Correction female population. Dorm 3 houses Recovery While Incarcerated (RWI) participants. Dorms 4, and 5 have a capacity of 272 each and house general population. The facility segregation unit, Secure Quarters, houses 24. The building contains two ranges, each with 12 single cells. Dorm 2 was constructed in 1993 and the rest of the offender housing was completed in 1997. The facility is a customer of the Town of Rockville for both water and sewage services. REMC provides electrical service to the facility. Vectren and Energy USA provide natural gas to the facility.

Rockville Correctional Facility has a master control post, restrictive housing control post, and master locations post. The facility has 8 pedestrian/vehicle gates, 1 perimeter maintenance access vehicle gate, and 4 perimeter maintenance access pedestrian gates. There are three checkpoint booths.

The population consists of medium risk offenders; however, can house all levels except those sentenced to death. Rockville Correctional Facility, serves as the first entry point into IDOC for all female offenders. When initially intake, offenders enter and initial offender intake process. Within two hours the offender is placed on admissions and orientation unit, for approximately 30 days. Admissions and orientation could take less than or more than 30 days. If offenders are assigned to the Rockville Correctional Facility, they will participate in another intake orientation process and assigned a bed within the facility population.

Offenders are offered a variety of services and programs:



### Facility Complex Services

- Dining
- Visitation
- Recreation
- Academic
- Vocational Education
- Social Services
- Library Services
- Religious Programming
- Case Management
- Medical Care
  - Dental
  - Mental Health
- Offender Work Programs

### Facility Centralized Services

- Laundry
- Food Production Kitchen
- Infirmary
- Summary of Inmate Services and Programs
- Purposeful Living Units Serve (PLUS)
- Vocations:
  - Master Student IN2wk
  - Culinary Arts
  - Building Maintenance
  - Business Technology
  - Cosmetology
  - U.S. Department of Labor:
    - Aramark IN2Work
    - PEN Products
  - ADOPT (Animals Depending On Prison Time)
  - Substance Abuse
  - Outpatient Phases
  - NA/AA
  - Clean Lifestyle is Freedom Forever (CLIFF)
  - Education:
    - Test Assessing Secondary Completion
    - Literacy Skills
    - OCU College Certificate Program/WorkIN
    - OCU Correspondence Programs
- Parenting
- SOMM (Sex Offender Management and Monitoring)
- Thinking for a Change
- Dialectical Behavioral Therapy
- Anger Management
- Domestic Violence
- Various Bible Studies and Worship Services

- Celebrate Recovery
- Healing for Damaged Emotions/Walking the 12 Steps with Jesus Christ
- Dealing with Grief/Loss
- Kairos Women Taking Charge (A Pre-Release Program)
- Transitional Information Package Services
- Successful Transition and Re-entry Training

## Summary of Audit Findings

**Number of Standards Exceeded:** 1

### Training and Education

- 115.33 Inmate education

**Number of Standards Met:** 44

### Prevention and Planning

- 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.12 Contracting with other entities for the confinement of inmates
- 115.13 Supervision and monitoring
- 115.14 Youthful Inmates
- 115.15 Limits to cross-gender viewing and searches
- 115.16 Inmates with disabilities and inmates who are limited English proficient
- 115.17 Hiring and promotion decisions
- 115.18 Upgrades to facilities and technologies

### Responsive Planning

- 115.21 Evidence protocol and forensic medical examination
- 115.22 Policies to ensure referrals of allegations for investigation

### Training and Education

- 115.31 Employee Training
- 115.32 Volunteer and contractor training
- 115.34 Specialized training: Investigations
- 115.35 Specialized training: Medical and mental health care

### Screening and Risk of Sexual Victimization and Abusiveness

- 115.42 Use of screening information
- 115.43 Protective custody

### Reporting

- 115.51 Inmate reporting
- 115.52 Exhaustion of administrative remedies
- 115.53 Inmate access to outside confidential support services
- 115.54 Third-party reporting

### Official Response Following an Inmate Report

- 115.61 Staff and agency reporting duties
- 115.62 Agency protection duties
- 115.63 Reporting to other confinement facilities
- 115.64 Staff first responder duties

- 115.65 Coordinated response
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.67 Agency protection against retaliation
- 115.68 Post-allegation protective custody

Investigation

- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.73 Reporting to inmates

Discipline

- 115.76 Disciplinary sanctions for staff
- 115.77 Corrective action for contractors and volunteers
- 115.78 Disciplinary sanctions for inmates

Medical and Mental Care

- 115.81 Medical and mental health screenings: history of sexual abuse
- 115.82 Access to emergency medical and mental health services
- 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

- 115.86 Sexual abuse incident reviews
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, and destruction

Audits and Corrective Action

- 115.401 Frequency and scope of audits
- 115.403 Audit content and findings

**Number of Standards Not Met:** 0

Screening and Risk of Sexual Victimization and Abusiveness

- 115.41 Screening for risk of victimization and abusiveness

**Summary of Corrective Action (if any):**

One (1) standard exceeded compliance requirements. Forty-three standards demonstrated substantial compliance and complied in all material ways with the standards for the relevant review period. There was one standard provision that required corrective action in order to come into compliance prior to closure of the current audit. There is a total of 43 standards for adult prisons and jails.

At the time of the site tour the following standard provisions were non-compliant and required corrective action:

**115.41(f):** While the offender population reports that their sexual safety is an ongoing consideration and important to RCF in the determination of housing and placement decisions, documentation for timely completion of the Follow-up SVAT within 30-days compliance, was found to be not consistently implemented. Forty-five files were reviewed, and it was found that 10 were not in compliance with the standard. Corrective action has been implemented. In order to demonstrate compliance with this standard the facility is requested for a ninety (90) day time period (June through August 2019) they shall provide scanned copies by email to the auditor of:

1. A list of all newly admitted offenders whose length of stay was thirty (30) days or greater from June 1, 2019 through July 31, 2019.
2. Proof of SVAT completion within Follow-up timeframes (30 days).

**Completed Corrective Action:**

The facility provided the auditor with documentation demonstrating compliance with the requirements of standard 115.41 (f); Screening for Risk of Victimization and Abusiveness (SVAT). The standard requires that within a set period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

On August 5, 2019 the RCF provided the auditor with a list of all newly admitted offenders whose length of stay was 30 days or greater from June 1, 2019 through July 31, 2019; along with requested SVATs for those offenders.

As indicated the following documents were reviewed:

1. A list of all newly admitted offenders whose length of stay was thirty (30) days or greater from June 1, 2019 through July 31, 2019.
2. Proof of SVAT completion within follow-up timeframes (30 days).

Upon review of 95 SVAT reports it is found that RCF is compliant with meeting the requirements of standard 115.41 (f). The RCF provided evidence that offenders who stay at the facility for at least 30 days are receiving the reassessment screening for risk of victimization and abusiveness. All 95 files reviewed showed a reassessment completion date within 30 days of the initial screening/intake.

<b>PREVENTION PLANNING</b>
----------------------------

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

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

**115.11 (a)**

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

**115.11 (b)**

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

### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall *Compliance* Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Rockville Correctional Facility Organizational Chart
  - c. Rockville Correctional Facility (RCF) Organizational Chart
  - d. Facility Directive 0-08 Implementation of policy 02-01-115, "Sexual Abuse Prevention", dated 9/2/16
  - e. NIC PREA Audit Process and Instrument Overview training (3)
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager

### Findings (By Provision):

**115.11 (a).** Rockville Correctional Facility (RCF) is part of the Indiana Department of Correction (IDOC); which is made up of multiple adult and juvenile state facilities. The IDOC has policy that governs all facilities. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), pages 1-2, section II, states that the "Department of Correction is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors,

contractual staff, visitors, or official visitors and offenders whether committed by staff, volunteers, contractual staff, visitors, or other offenders.”

As discussed, “The purpose of this policy and administrative procedure is to establish guidance for staff and offenders regarding the prevention of sexual assaults and those actions to be taken in cases of alleged sexual conduct by staff or offenders, including the establishment of a coordinated, multi-disciplinary team to respond to incidents of sexual abuse to ensure victims receive the medical and support services needed and that investigators obtain evidence to substantiate allegations and hold perpetrators accountable.”

Page 2 of the policy indicates that sexual activity between staff, volunteers, contractors, visitors, official visitors, and offenders is strictly prohibited. IDOC, Policy and Administrative Procedure, Sexual Abuse Prevention, 02-01-115 (pgs. 2-6) provides clear definition for the reader regarding terms of prohibited behaviors including but not limited to sexual harassment, sexual abuse, sexual assault, sexual contact, nonconsensual sexual act, and voyeurism. The policy states that cases of sexual abuse and sexual harassment will be investigated, and upon investigation, intervention will be provided and all appropriate disciplinary actions will be taken, up to criminal prosecution.

Additionally, the facility provided a directive, 0-08 Implementation of policy 02-01-115, “Sexual Abuse Prevention”, dated 9/2/16, which outlined the process of which the facility will implement the agencies zero tolerance policy. The directive spans from prevention of sexual abuse/sexual harassment, detection of sexual abuse/sexual harassment, and responding to sexual abuse/sexual harassment. The directive provided a general summary of the implementation strategies outline in the policy.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.11 (b).** The IDOC employs an upper level, agency wide PREA Coordinator, Bryan Pearson. According to the IDOC Organizational Chart, the PREA coordinator reports to the Executive Director of Adult Facilities. The PREA coordinator has direct oversight of 21 PREA compliance managers throughout the state. The PREA coordinator, is a full-time position, responsible for the: development, implementation, and oversight of PREA standards at all of the assigned facilities. Regular interactions occur via email, conducting training via classroom, or webinar.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.11 (c).** According to the RCF organizational chart, Autumn Wyres (PREA Compliance Manager), reports directly to the facility Warden. When conducting the interview, the PCM reported that she has ample time to perform her duties.

According to the PAQ, the PREA compliance manager has sufficient time and authority to coordinate the facilities efforts to comply with PREA standards. The PREA compliance manager was interviewed during the on-site portion of the audit and further confirmed sufficient time to complete the day to day tasks of the PREA related job responsibilities. The facility provided evidence of three staff who completed the NIC PREA Audit Process and Instrument Overview training. Two additional staff serve as back up PCMs.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

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

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

**115.12 (a)**

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

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.

- b. Pre-Audit Questionnaire (PAQ)
  - c. Confinement Contracts (7 provided)
  - d. Contract PREA audits (5 provided)
2. Interviews:
- a. Agency Contract Administrator

**Findings (By Provision):**

**115.12 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 6), requires that all agencies and organizations that house offenders committed to the Department, to include county jails, group homes, and private contractors; are made aware of the Departments' policy on zero tolerance of sexual abuse and sexual harassment. This section of the policy also indicates that when contracts are prepared with agencies and organizations that house offenders of IDOC, a provision shall be included to ensure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment.

The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into seven contracts since the last PREA audit; conducted June 22-23, 2016. All contracts required contractors to adopt and comply with PREA standards. On page 2 of Amendment 9 for contracts provide PREA language stating that contractors will comply with the Prison Rape Elimination Act of 2003 and will all applicable PREA standards, state policies related to PREA and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating, any form of sexual abuse within State Facilities/Programs/Offices owned, operated, or contracted. 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.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.12 (b).** An interview with the Agency contract administrator confirmed that the PREA verbiage and requirements are included in all contracted programs housing Indiana offenders. In collaboration with the PREA coordinator the agency ensures that all necessary contracts have the PREA language embedded into the contracts; applying to new or renewal contracts. The agency contract administrator indicated that in conjunction with the agency PREA coordinator, the IDOC, PREA compliance results are completed for each contract entered into agreement within the past 12 months.

On (pp.2-3) of Amendment 9 for contracts, states that Contractors will acknowledge that in addition to "self-monitoring requirements", the state will conduct unannounced or announced, compliance monitoring to include "on-site" monitoring. The contract further states that failure to comply with PREA standards and state policies may result in termination of the contract. The IDOC provided PREA audits for five contracted sites to review.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**



## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/216\_.
  - b. RCF Staffing Plan (2019-2017)
  - c. RCF 2018 Sexual Assault Prevention Program Report (Annual Review)
  - d. RCF Deviation Memo
  - e. RCF Unannounced Rounds Report
  - f. RCF Shift Roster
2. Interviews:
  - a. Warden
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Intermediate or Higher-Level Staff

### Findings (By Provision):

**115.13 (a).** The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. Rockville Correctional Facility provided policies, annual staffing plans, memos, annual reports, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.

According to interviews with Warden, PREA Coordinator, and the PREA Compliance Manager, and documentation review; when the facility calculates adequate staffing levels and determining the need for video monitoring, they considerate the following as stated in the standards:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings of inadequacy from Federal investigative agencies;
- Findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;

- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

The RCF currently has 444 positions assigned to its manning table, 189 custody, 50 administrative, 27 Program Positions, 80 contractors, and 98 volunteers. The RCF provided a report showing the average daily number of inmates (1269) on which the staff plan was predicted; over the last 12 months.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.13 (b).** Staffing at the Rockville Correctional Facility is predicated upon the average daily number of inmates (1269). The facility direct care staffing is based on the 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 supplemented 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 it in the log books.

A memo was submitted on 6/4/19, indicated that the facility has not had to deviate from the staffing plan in the last 12 months. During the onsite interview, the Warden, further supported that there have been no deviations from the plan. It was also stated that if there is a modification it has to be notified up the chain of command; emergency notifications would occur if the facility had to go on lockdown.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.13 (c).** The facility indicated in their response to the PAQ that at least once a year, the facility/agency, with the PREA Coordinator will review the staffing plan to see whether adjustments are needed. The RCF *Staffing Plan* (s) indicates that the facility in consultation with the PREA Coordinator, shall assess, determine, and document whether adjustments are needed to the staffing plan. The assessment will take place in January of every year or more as deemed necessary. The annual staffing plan will determine if adjustments are needed in:

- The staffing plan,
- The deployment of monitoring technology,

The allocation of agency/facility resources to commit to the staff plan to ensure compliance with the staffing plan.

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.13 (d).** The facility indicated in their response to the PAQ that the facility requires the intermediate-level or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on

all shifts. Staff shall be prohibited from alerting other staff members that supervisory rounds are occurring.

The RCF provided copies of shift rosters throughout the year, showing where staff were placed throughout the facility along with a monthly account. Staff interviews and documentation indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Three facility staff who are considered higher-level or intermediate, which included the Warden, reported that unannounced rounds are conducted and are documented in red in the log book. When asked "How do you prevent staff from alerting other staff that you are conducting unannounced rounds" it was reported that; staff don't know when its done, only the major is notified and its stated on POST orders that says you cannot notify when rounds are conducted. The warden reported that she will change the pattern or route of her rounds, so staff cannot predict her location.

The facility provided documentation of unannounced rounds, which the rounds cover all shifts to included night and different timeframes. Upon review of the unannounced rounds, it was determined that the log was very brief and did not detail what was observed during the unannounced rounds. The policy prohibits staff from alerting other staff when unannounced rounds are conducted.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

**115.14 (b)**

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

**115.14 (c)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Findings by Provision:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Youthful Inmates Sentenced as Adults* policy, 01-04-102.
  - b. Pre-Audit Questionnaire (PAQ)
  - c. RCF Inmate Roster

**115.14 (a-c).** This standard does not apply, Rockville Correctional Facility does not house offenders under the age of 18 years old. The Youthful Inmates Sentenced as Adults policy, (pg. 3), indicates that the counties will deliver youth incarcerated as adult offenders to a designated Division of Youth Services facility. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), states that a youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside the housing unit, facilities shall maintain sight and sound separation between youthful offenders or provide direct supervision when youthful offenders have sight, sound, or physical contact.

The PREA Audit: Pre-Audit Questionnaire indicated in the past 12 months, the number of housing units to which youthful offenders was assigned is zero. Upon review of the inmate roster, there were no offenders under the age of 18 housed at RCF.

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**

**No corrective action is recommended for this standard.**

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

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

**115.15 (d)**

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. IDOC Policy and Administrative Procedure, *Searches and Shakedowns* policy, 02-03-101 (08/01/2016)
  - c. IDOC, Policy and Administrative Procedure, *Health Services for Transgender Offenders*, 3.01A (05/01/2018)
  - d. IDOC Policy and Administrative Procedure, *Transgender and Intersex Offenders* policy, 02-01-118 (04/01/2019).



- e. Facility Directive 0-08 Implementation of Policy 02-01-115, "Sexual Abuse Prevention"
- f. General Staff Development and Training Forms
- g. Memo Staff Plan Deviations
- h. Guidance in Cross-Gender Pat Down Searches Training Material/Searches of Adult Female Offenders and All Juveniles
- i. Pat Frisk and Modified Frisk Search Lesson Plan
- j. PREA Training (Transgender) Staff training summary and roster report

2. Interviews:

- a. Random Staff (14)
- b. Inmate Interviews (42)
- c. Transgender/Intersex Inmates (2)

**Findings (By Provision):**

**115.15 (a).** The facility indicated in the PAQ, that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. The facility further indicated that no cross-gender strip or visual body cavity searches had been conducted in the 12 months preceding the onsite audit. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 20), states that "no facility shall conduct cross-gender strip searches or cross-gender visual body cavity searches except in emergency circumstances or when performed by medical personnel. All cross-gender strip searches conducted during emergency circumstances shall be thoroughly documented and provide justification for the search".

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.15 (b).** The RCF reported in the PAQ that it does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances; and the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities. It was also reported that there were zero pat-down searches of female inmates that were conducted by male staff; and zero pat down searches of female inmates conducted by male staff that did not involve exigent circumstances.

The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility does not conduct cross-gender pat-down searches of offenders, except in the event of exigent circumstances. That being said, the facility indicated that no cross-gender pat-down search had been conducted in the 12 months preceding the audit, including during exigent circumstances.

Fourteen security staff, representing staff from all shifts were interviewed. All of the interviewed staff reported that if female staff are not available to conduct pat down searches of female offenders, the facility does not restrict offenders' access to programs or out of the cell opportunities. Forty-two offenders were interviewed. One hundred percent of the offenders reported that they have never been unable to participate in activities outside of their cell because female staff was unavailable to conduct pat-down searches.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.15 (c).** The facility indicated in their response to the PAQ that policy request that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The IDOC, Policy and Administrative Procedure, *Searches and Seizures*, 02-03-101 (dated 08/01/2015), states that “when a staff member determines that exigent circumstances exist, a pat search of an adult female or juvenile offender is necessary, and a staff member of the same gender is not available, staff shall securely escort the adult female or juvenile offender to an area where a same gender staff member is available, or relievable, to conduct the pat search” (pg. 6). The policy further states if a staff member is not available, then an opposite gender staff may perform the search; and such searches should only occur if they believe in their professional judgement that a “delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility” (pg. 6). Any strip search conducted by the opposite staff member must be documented on an incident report and submitted to the custody supervisor or designee.

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.15 (d).** As indicated in the PAQ, the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, along with policies and procedures that require staff of the opposite gender to announce their presence when entering a resident housing unit. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016) is evidence of policy that would be in alignment with PREA Standard 115.15(d) (pg. 20). More specifically, the facility directive 0-08 Implementation of Policy 02-01-115 “Sexual Abuse Prevention” states that “male staff shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit in which they are assigned at the beginning of the shift” (pg. 5).

The RCF, has a procedure in place, requiring the announcement of male staff as they enter the housing units; at the beginning of their shifts. This practice is consistent with IDOC policies and procedures. All announcements are to be logged in the unit log book. During the physical plant observation, the audit team observed some male staff entering the female housing units not making the announcements. It was further clarified that said announcements are made at the beginning of the shift and evidence of documentation in the log book was provided. During the site observation, there was indication that cross-gender announcements were documented. Documentation was noted in red ink.

Observations of restrooms and showers, during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to provide a little privacy even in an open bay dormitory style pod or dorm. Fourteen security staff, representing staff from all shifts, was interviewed. One hundred percent of staff interviewed indicated that cross-gender pat searches were not permissible. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches and searches of transgender and intersex inmates in a professional and respectful manner.

The auditor had opportunity to view offender and staff interactions. There was also ample time to observe the nature and quality of offender supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both offenders and staff. Informal interviews occurred with offenders in all housing and programming locations. Offenders reported that sometimes

they do not hear staff announce their presence, because they are often in their rooms, with headphones on.

One hundred (100%) of the staff reported that inmates can dress, shower, and toilet without being viewed by staff of the opposite gender and that male presence on housing units is announced. Forty-two inmates were interviewed. Twenty-five out of forty-two inmates reported that the presence of male staff is announced when they are entering the housing unit day-room. Seventeen inmates stated that they did know because they have ear plugs in their ears when watching TV. One hundred percent of offenders reported that male staff announced their presence when entering the showers or bathroom areas. All of the offenders reported that no one can see them when they are showering, using the toilet, or changing clothes. It is the facility practice that inmates must be dress while in their living areas and must change their clothing in the shower or bathroom areas.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.15 (e).** The IDOC, Policy and Administrative Procedure, *Searches and Seizures*, 02-03-101 (dated 08/01/2015), prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the offender's genital status is unknown, it shall be determined during conversations with the offender, record review, or a broader medical examination conducted in private by a qualified medical practitioner (pg. 8). The IDOC Policy and Administrative Procedure, *Transgender and Intersex Inmates*, 02-01-118 (dated 04/01/2019), states that, when an offender self-identifies as a gender other than that assigned at birth and the offender's genital status is unknown, the status shall be determined during the medical intake reception screening process by reviewing available medical records or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner during the Intake Health Appraisal (IHA)".

The IDOC, Policy and Administrative Procedure, *Health Services for Transgender Offenders*, 3.01A (dated 05/01/2018), (pg. 3), during the medical appointment, the determination of the genital status (if previously unknown or previously diagnosed as ambiguous) shall be a part of the individualized assessment of the offender's physical characteristics and the offender's health service's needs. This assessment may assist with housing assignments to provide the safest and most secure environment for the offender, the offender population, the Department, and Department staff.

Per the PAQ, no searches or physical examination of a transgender or intersex offender for the sole purposes of determining the offender's genital status occurred at RCF in the past 12 months. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches; however, most of the staff could not recall receiving specialized training on searches of transgender and intersex inmates in a professional and respectful manner.

The facility had two identified transgender offenders, and staff reported that they are not allowed to search to determine genital status. Interviews with both transgender offenders reported that they are not placed in a housing area only for transgender or intersex inmates; The offenders stated that they have no reasons to believe that they were strip searched for the sole purpose of determining they genital status. Inmate stated that they do have private to change cloth in the shower areas.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.15 (f).** As reported in the PAQ, RCF trained 100% of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Staff are trained (Pat, Frisk, and Modified Frisk Searches Lesson Plan) on an annual basis. The facility provided a general copy of the agencies cross gender and transgender pat search training. The IDOC utilizes its designed training curriculum along with a guidance created by the MOSS Group and posted on behalf of the National PREA Resource Center. Additionally, a summary completion report for contract and RCF staff was provided; indicating all staff that completed the transgender search training in the last year. Below is a summary of completion:

- Aramark (6)
- Televerde (4)
- Non custody (71)
- Interagency (1)
- Education (8)
- Corizon (34)
- Custody (127)

Fourteen security staff, representing staff from all three shifts, was interviewed. One hundred percent of staff interviewed indicated that cross-gender pat searches were not permissible. One hundred percent of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches; however, most of the staff could not recall receiving specialized training on searches of transgender and intersex inmates in a professional and respectful manner.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**

**No corrective action is recommended for this standard.**

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

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

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

**115.16 (b)**

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (dated 08/01/2016).
  - b. IDOC Policy and Administrative Procedure, *Offenders With Physical Disability* policy, 00-02-202 (dated 01/01/2018)
  - c. Telephonic Interpretation Contract (Language Interpretive Services)
  - d. Using QPA Interpreter Telephonic and In Person Account Memo
  - e. Sample use of QPA Interpreter
  - f. Offender Education Program Documentation example
  - g. PREA Posters (English/Spanish)
  - h. Adult Offender Handbook (English/Spanish)
  - i. Sexual Assault Prevention and Reporting brochure
2. Interviews:
  - a. Agency Head Designee/PREA Coordinator
  - b. Targeted Offender Interviews

## Findings (By Provision):

**115.16 (a).** The Indiana Department of Correction requires Rockville Correctional Facilities to 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 IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention, 02-01-115 (dated 08/01/2016)*, (pg. 9), section Offender Education Program, establishes procedures to provide disabled inmates equal opportunity to participate and benefit from all aspects of the agencies PREA policies and standards.

The IDOC, Policy and Administrative Procedure, *Offenders/Students with Physical Disabilities, 00-02-202 (dated 01/01/2013)*, the Department shall provide staff, offenders/students, and visitors access to: qualified staff or other persons familiar with the challenges faced by persons with physical and/or mental impairments; programs designed to educate and assist offenders/students with disabilities; and all legal requirements for the protection of offenders/students with disabilities (pp. 2-3).

Indiana Department of Corrections Policy 02-01-115, *Sexual Abuse Prevention, 02-01-115 (dated 08/01/2016)*, 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 (pg. 9). Policy also requires that “accommodations shall convey all written information verbally to offenders with limited reading skills or who are sight impaired.

Interviewee with the Agency Head Designee/PCM reported that each facility has multiple options for interpreters. Each facility has a braille copy of the offender PREA brochure. The RCF also has a QPA for telephonic interpreter service and in person sign language if needed. The staff that provide the PREA education have access to classification codes that can identify visual or learning disabilities as well as limited English proficiency.

One disabled inmate was interviewed and reported feeling safe at the facility, and was provided information regarding sexual abuse and harassment. The disability did not hinder the inmate from receiving information consistent with the random sample of inmates interviewed. The facility identified two offenders whom English was a second language. While conducting interviews both offenders reported that they were able to understand English and did not additional support to communicate PREA related material. It should be noted that, it was the observation of the auditor conducting the interview with one of the LEP offenders, that she struggled to understand English; and when asked, she refused the assistance of an interpreter.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.16 (b).** The policy indicates that inmate education shall be in a manner that is easily understandable to the offenders. Offenders with English Language Proficiency (LEP) or disabilities shall be provided assistance to ensure that effective communication of the Department’s Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. The Facility PREA Coordinator provided a copy of a contract between Indiana Department of Corrections and Language Learning Training Centers, Inc. to provide Interpreter/Translator Services in Spanish and other languages. This contract provides over

the phone interpretive services Spanish and non-Spanish services and American Sign Language services.

Rockville Correctional Facility, reported that there has been no use of a QPA for PREA related education or incidents. As previously stated, the one targeted offender with disabilities and/or inmates who are limited English proficient (LEP), reported feeling safe at the facility; and did not need supportive services in order to understand PREA related material. However, the facility did provide documentation indicating that one offender utilized a Spanish speaking staff to interpret offender education material.

Rockville Correctional Facility (RCF) had posters located throughout the facility in Spanish and English, providing information on reporting to the Indiana Coalition Against Domestic Violence. The RCF *Adult Offender Handbook* and sexual assault prevention and reporting brochure, contains PREA related information to prevent, detect, and respond to sexual abuse and sexual harassment is provided in English and Spanish.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.16 (c).** Rockville Correctional Facility prohibits inmates as serving for interpreters for each other. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that offenders shall not be used as 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 (pg. 9).

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 wellbeing is prohibited. There have been no instances at RCF where inmate interpreters, readers, or other types of inmate assistants were used to interpret or translate during this audit period.

One hundred percent of the interviewed security staff reported that resident interpreters are not allowed. As previously discussed, two offenders who were identified as LEP were interviewed. Both offenders reported being provided information in English and Spanish. One interviewed LEP offender did not want to utilize an interpreter however they had very limited application and understanding of the English language. Site review information was consistent with facility reports as there were no (0) individuals identified who appeared to be non-English monolingual, or require full language assistance.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.17: Hiring and promotion decisions**

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



#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016)
  - b. IDOC Policy and Administrative Procedure, *Human Resources* policy, (-3/01/2-15)
  - c. IDOC Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff* policy, 04-03-103, (12/01/2012)
  - d. RCF Request for Information, PREA Investigations Example (1)
  - e. List: Staff Hired in the last 12 months
  - f. List: Staff last background checks
  - g. RCF Personnel Records
2. Interviews:
  - a. Human Resources Administrator

**Findings (By Provision):**

**115.17 (a).** The facility indicated in their responses to the PAQ that the facility does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in the paragraph (a)(2) of this section.

In reviewing the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the agency shall not shall not enlist the services of any volunteer, intern, or contractor, who may have contact with offenders, who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or, has been civilly or administratively adjudicated to have engaged in the activity as described in A and B of the policy (pg. 8).

Additionally, the IDOC has a pre-employment form, *Request for Information Prison Rape Elimination Act (PREA) Investigations*, that is asked of formal institutional employers to verify any history of PREA related investigations. Upon verification that there was an allegation of sexual abuse of sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files. A review of 25 staff, 14 volunteer/contract personnel files; demonstrated that RCF is in compliance with this policy.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.17 (b).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The IDOC, Policy and Administrative Procedure, *Human Resources*, 04-03-102 (dated 03/01/2015, ), (pgs. 11-12), has a process in place for other correctional agencies to verify any history of a current or former employee relative to sexual abuse or sexual harassment involving the former staff, the request shall be forwarded to the Department's Executive Director of Human Resources. It was reported by the PCM, that RCF has not received a request from another facility to verify any history of a current or former employee relative to sexual abuse or sexual harassment.

The IDOC has a pre-employment form, *Request for Information Prison Rape Elimination Act (PREA) Investigations*, that is asked of formal institutional employers to verify any history of PREA related investigations. Upon verification that there was an allegation of sexual abuse or sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files. There was one employee file reviewed whereas the facility requested and reviewed prior institutional disciplinary reports to verify an employment for an employee.

The facility uses "Mandatory Pre-Interview Questions" in addition to the PREA Questions for applicants. The Mandatory Pre-Interview Questions ask the following; "Have you engaged in sexual abuse in a prison, jail, lock up community confinement facility, juvenile facility, or other institution; have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, have you been civilly or administratively adjudicated to have engaged in the activity described in number 1 and 2 above; have you ever had a substantiated finding of sexual harassment of an offender, resident or student in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?". If an employee omits material information regarding sexual misconduct or provides materially false information the Department will consider that as possible grounds for termination.

The probationary auditor interviewed Human Resources staff during the onsite visit. The interviewee indicated that they consider any prior incidents or sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The final analysis of the evidence indicates the facility does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. Based on this analysis, the audit finds the facility meets standard.

**115.17 (c).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policy requires that before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In reviewing the IDOC, Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff*, 04-03-103 (dated 12/01/2002), (pg. 11), states that before the facility hires any new employees who may have contact with offenders, to complete a criminal background record check consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse before hiring. Policy also requires that criminal background records checks be completed on current employees every four years. Criminal record checks will include:

- Criminal history background check
- Driver's license checks and fingerprinting
- Sex offender registry check
- Employment verification, educational verification, license verification, and in appropriate cases Children Protective Services check, DIANA® screen, in limited cases, credit history check, or any screen or check deemed necessary by the facility appointing authority or designee).

An interview with the Human Resources Administrator, indicated that when conducting criminal record background checks consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. Such actions are also taken for contractors. All employers and contractors at RCF receive a background and criminal record check using Indiana Data and Communications Systems (IDACS) and Sex Offender Registry (BRADA). Contracted staff only receive an IDACS check.

According to the PAQ, in the last 12 years, the facility has hired 48 staff who may contact with inmates who have had criminal background checks. A review of a sample (12) personnel files of staff who were hired in the last 12 months, documented that Rockville Correctional Facility conducted the above referenced background checks. In total the probationary auditor reviewed 39 files (staff/volunteers/contractors) where background and re-background checks were completed.

The final analysis of the evidence indicates the facility requires that before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. The facility exceeds this portion of the provision, as background checks are conducted every 3 years.

**115.17 (d).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility does perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the Department on contract who have direct contact with offenders.

The contractors, volunteers, and interns, are also required to review and sign a Mandatory Pre-Service PREA Question document addressing any prior sexual abuse in a correctional setting. In the past 12 months there were 30 contracts for services where criminal background record checks were conducted on all staff covered in the contract who may have contact with inmates. A review of 10 contract files reflects that such forms are completed and signed.

An interview with the Human Resources Administrator stated that when conducting criminal record background checks, RCF performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired contracted employees. Such information is retained in the contracted employee personnel file.

The final analysis of the evidence indicates the facility does perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents in practice. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.17 (e).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), requires criminal background records check, in accordance with Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct for Departmental Staff," before enlisting the services of any staff who may have contact with offenders (*pg. 6*). Additionally, the department shall also ensure that criminal background records checks are conducted at least once every four years on current staff who may have contact with offenders.

When interviewing the human resources staff during the onsite audit, it was reported that the background checks are conducted on employees and contractors every three years at RCF. They conduct, state and federal checks; utilizing the following systems: IDCAS and BRADA. The facility also imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. As current employees they are required to report any arrests in writing within five days. Interviewee responses were in alignment with the standard.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. The facility exceeds this portion of the standard, as background checks are conducted every three years.

**115.17 (f).** The IDOC, Policy and Administrative Procedure, *Human Resources*, 04-03-102 (dated 12/01/2002), (*pg. 12*), addresses that Mandatory Pre-Service PREA Questions, will be asked during the interview portion for promotion, demotion, or transfer process all applicants/employees who may have contact with offenders. The RCF, utilizes the *Mandatory Pre-Service PREA Questionnaire*, evidence in review of 39 personnel files. The questionnaire allows employees to complete a self-evaluation. Upon completion of the questionnaire, applicants must affirm accuracy and duty to disclose. This policy is in alignment with the intent of the standard.

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.17 (g).** The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that per policy material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In reviewing the IDOC, Policy and Administrative Procedure, *Information and*

*Standards of Conduct for Departmental Staff, 04-03-103 (dated 12/01/2002)*, if an employee omits material information regarding sexual misconduct or provides materially false information the Department will consider that as possible grounds for termination (pg. 12).

The IDOC, Policy and Administrative Procedure, *Human Resources, 04-03-102 (dated 12/01/2002)*, addresses that Mandatory Pre-Service PREA Questions, will be asked during the interview portion for promotion, demotion, or transfer process all applicants/employees who may have contact with offenders (pg. 12). Upon review of 39 personnel files, it was found that staff are required to review and sign that they understand the consequences for inaccuracies and untruthfulness.

The final analysis of the evidence indicates the facility considers material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Both the Pre-Employment Questionnaire and facility policies provide evidence to compliance with the standard. Based upon the evidence and analysis, the auditor finds the facility meets standard 115.17 (g).

**115.17 (h).** As previously discussed, the IDOC has a pre-employment form, *Request for Information Prison Rape Elimination Act (PREA) Investigations*, that is asked of formal institutional employers to verify any history of PREA related investigations. Upon verification that there was an allegation of sexual abuse of sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer.

The RCF provided an example, in which they have requested PREA related information from other facilities. Such forms are documented and held in the employee personnel files. Interviewed HR staff confirmed that the facility will provide information on employment hired and released dates and other basic information; and can provide detailed information on a former employee substantiated allegation of sexual abuse or sexual harassment, upon receiving a request from an institutional employer. The HR area, will coordinate with investigations to verify that there are not any pending investigations or incidents in the system.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. The facility goes above and beyond the requirements of the standard by conducting background checks every three years.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.18: Upgrades to facilities and technologies**

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

**115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. Staffing Plan (2019-2017)
2. Interviews:
  - a. PREA Coordinator/Agency Head designee
  - b. Administrative Assistant 1
  - c. Warden

### Findings (By Provision):

**115.18 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 20), addresses the standard requirements that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ)



that the facility has not made substantial expansions or modifications to existing facilities since the last PREA audit.

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.18 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), further states that the facility will consider how technology will enhance the ability to protect inmates; when installing or updating video monitoring, electronic, or surveillance monitoring systems (pg. 20). The facility reported in the PAQ that they have installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

While it was reported in the PAQ that the facility did not make substantial expansions or modifications to existing facilities since the last PREA audit; the facility warden reported that new cameras and mirrors were installed based on the recommendation of the last PREA audit to address identified blind spots. During the onsite review, it was also identified by the Warden that additional cameras and/or mirrors are needed to enhance the overall safety and security to reduce potential areas of vulnerability in the facility.

Current operations and practices meet the requirements of this provision. The proof documentation provided supports compliance. However, it should be noted that additional blind spots were identified during the onsite inspection.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Recommendation:** Develop a plan to address potential areas of vulnerability in the facility. Identified areas of concern:

1. Dorms 3-5: have blind spots in lower and upper level rooms that are used for quiet rooms and laundry. The location of the rooms, limits the direct view of security staff station and non-visible to cameras.
2. Chow Hall/Kitchen: several blind spots identified, where offenders would not be visible via cameras or mirror placement. More specifically, there is an area on the backside of the kitchen that has double entry doors and a walkway without the direct placement of security staff, the location of offenders or staff would not be observed.
3. The restrictive housing unit, is the only unit that utilizes the Guard One system. There is a medical exam room located within restrictive housing. The room has blinds; however, they were not fully functional, providing full viewing access to the medical room.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).

- a. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016)
- b. Indiana Coalition Against Domestic Violence, Inc. (ICADV) Contract
- c. Additional Services for Victims of Sexual Abuse Form (Spanish/English)
- d. Investigative File (69)

2. Interviews:

- a. PREA Compliance Manager
- b. Interviews: Inmates who Reported Sexual Abuse
- c. Random Staff
- d. SANE/SAFE Staff

**Findings (By Provision):**

**115.21 (a).** The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. The IDOC, Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), addresses the protocols for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions (pgs. 10-14). The policy covers in all aspects of the investigation, detailing the initial contact with the victim, the forensic examination process, gathering and preserving direct and circumstantial evidence, and if applicable referral for prosecution.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that "sexual abuse reports shall be investigated by the facility's Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Superintendent to conduct administrative investigations" (pg. 23). The RCF utilizes on site investigators to conduct administrative and criminal investigations. If the offender (s) or victim (s) have left the facility, the facility can contact outside law enforcement for further investigation. The outside law enforcement identified is the Indiana State Police.

During the on-site audit, 14 random staff were asked, "Do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse?" One hundred percent of the interviewed staff, were aware of the agency's protocols. A majority of the staff were able to describe the process and steps required to protect physical evidence; which included securing the area, protecting the physical evidence, not allowing the victim to shower or brush teeth, and immediately seeking medical attention. One-hundred percent of the interviewed staff could articulate immediate notification to the supervisor, as the first process to protect any usable evidence. The same staff were asked, "Do you know who is responsible for conducting sexual abuse investigations?" Most of the staff could clearly articulate the internal investigator that conducted PREA interviews by names. The staff had limited knowledge or information if an outside entity could conduct PREA investigations.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.21 (b).** The facility indicated in their responses to the Pre-Audit Questionnaire that the protocol is developmentally appropriate for youth but was not adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and

authoritative protocols developed after 2011. The protocol is appropriate, and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. It should be noted that the facility does not house Youth/Adolescents.

When interviewing the SANE staff at hospital, it was reported if an offender is in need of a forensic medical examination, the facility will bring the offender to the emergency room. It was also reported that if for any reason she is unavailable, the facility could take the offender to another hospital. However, the SANE staff is on-call, and the facility will call prior to bringing the offender to the emergency room.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.21 (c).** The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that inmates would be transported to Terre Haute Regional Hospital for SANE/SART examination. The facility also indicated that there have been no exams performed by SANE/SAFEs during the past 12 months and one exam was performed by a qualified medical practitioner.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), indicates that "Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation" (pg. 25). The RCF provided a memo stating that "during the previous 12 months no offender has been taken to the hospital for a forensic exam by SANE/SAFE nurse". Review of investigative files and other supportive documents provided by the facility reflect no forensic medical exams were conducted during this period.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.21 (d).** The facility indicated in their responses to the Pre-Audit Questionnaire that the RCF attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member. The facility documents efforts to secure services from rape crisis centers. The RCF provided agreements for collaborative services with the Indiana Coalition Against Domestic Violence.

The agreement for collaborative services with the Indiana Coalition Against Domestic Violence stated they would provide emotional supportive and referrals as needed, to IDOC adult offenders and juvenile students. services to accompany and support through the forensic medical examination process and investigatory interviews. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), indicates that the facility will have available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member (pgs. 27-28).

The IDOC has a Sexual Assault Response Team (SART), it is “a multi-disciplinary team developed to provide services to victims of sexual assault in conjunction with victim advocates, forensic examiners and prosecutors to aid in successful prosecution of perpetrators”. Sexual Assault Response Team members are trained to provide emotional support and accompany victims through the investigative process upon request. They have also been trained to assist with referrals to Medical, Crisis intervention and other resources as needed or request by the victim”. The warden and PCM reported that the facility has not had to implement services of the SART team.

Six interviewed offenders who disclosed that they have reported to authorities, either in person or in writing, that they had been sexually abused or harassed while at the facility. Two offenders stated that the allegation of harassment happen over two years ago and they did not want to talk about it; therefore, interviewed as random. One targeted offender stated that she was not a victim of sexual abuse. One offender stated that she did not want to talk about it, she was getting released within 4 days. The offender involved in the one allegation of sexual abuse that was substantiated, was transferred to another facility. The Warden reported that they have found in the best interest to move the offender to another facility when allegations involve a staff member.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.21 (e).** The facility indicated in their responses to the Pre-Audit Questionnaire that the facility would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The RCF provided, IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 27), and the agreement for collaborative services with the ICADV as documentation.

Interviews with the PREA compliance manager further confirmed that the IDOC/RCF has a contract with the Indiana Coalition Against Domestic Violence to ensure inmates are provided access to an organization that can provide victim advocacy services. The PREA compliance manager further reported that the contract was identified by the state through a RFP process.

Six interviewed offenders disclosed that had reported to authorities, either in person or in writing, that they had been sexually abused or harassed while at the facility. Four offenders stated that they reported harassment. One inmate identified being a victim of sexual abuse; and one stated that she no longer wanted to talk about it, as she was getting released in four days.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.21 (f).** N/A-the IDOC and RCF is responsible for administrative and criminal investigations.

**115.21 (g).** N/A—the IDOC and RCF is responsible for administrative and criminal investigations.

**115.21 (h).** For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

**Corrective action:**

**No corrective action is recommended for this standard.**

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

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

**115.22 (a)**

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

**115.22 (b)**

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

**115.22 (c)**

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

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

- 2. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016)
  - c. New Employee Training Agenda
  - d. Sexual Abuse/Harassment Investigation Outcome Offender Notification Samples (69)
  - e. Investigations (69)
- 3. Interviews:
  - a. PREA Coordinator/Agency Head Designee
  - b. Investigative Staff

**Findings (By Provision):**

**115.22. (a).** The RCF, reported in the PAQ that facility ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), outlines employee responsibilities for reporting allegations of sexual abuse, staff designated as first responder duties, along with the agencies stance that all allegations of sexual abuse and sexual harassment will be thoroughly investigated (pg. 6). The IDOC, Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), requires “a prompt, thorough and objective investigation of sexual abuse and/or sexual harassment” (pg. 11).

In the PAQ, the facility reported 68 allegations of sexual abuse and sexual harassment were received during the past 12 months. It was also reported that all 67 resulted in administrative investigations. Upon review of files, there were 69 identified cases. It appears that the facility did not include the two substantiated cases in the PAQ portion that asks number of administrative investigations. However, said cases were identified in other sections of the PAQ; and provided by the facility overview of investigations.

<b>Allegation</b>	<b># Received</b>	<b># Investigated</b>	<b># referred for criminal investigation.</b>
<i>Sexual abuse and sexual harassment allegations</i>	69	68	1

An interview with the PREA coordinator/agency head designee, indicated that every report of possible sexual abuse or sexual harassment received at a facility, receives an administrative investigation. If there



appears to be criminal violation then an Investigations & Intelligence officer will conduct the investigation. Only staff that have attended training for sexual abuse investigations are assigned to investigate, PREA related cases.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.22 (b).** The IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), indicates that the *Intelligence Sexual Abuse and Harassment* reports shall be investigated by the facility's Investigations and Intelligence staff (pg. 6). The IDOCs policy regarding the referral of sexual abuse and sexual harassment allegations for criminal investigation is published on the Agency website. This auditor visited the website in February of 2019 and confirmed the policy was both public and available.

During the previous 12-month period there was 69 allegations of sexual abuse and/or harassment that were received. Investigation was completed in all of these cases, with findings of two substantiated, 128 unsubstantiated, and 39 unfounded. One of the substantiated investigations met the standard for criminal referral for prosecution. The criminal case is currently pending. Upon further review, the probationary auditor found that the investigations were thorough, well documented, and followed the agency PREA protocols.

Two investigative staff were interviewed. Both investigators reported that allegations of sexual abuse and sexual harassment are investigated internally. One investigator reported that all internal investigators are also correctional peace officers. It should be noted that the facility PCM is also a trained investigator; however, she only investigates sexual harassment related cases. Allegations of sexual abuse are investigated by internal investigation staff. When interviewing offenders, several offenders reported that individuals will falsely report and target other offenders that they do not like or that have a history of being sexual perpetrators.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.22 (c).** N/A—A separate entity is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at RCF.

**115.22 (d).** The auditor is not required to audit this provision of the standard.

**115.22 (e).** The auditor is not required to audit this provision of the standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

### 115.31 (a)

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

### 115.31 (b)

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

### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act)
  - c. Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" (40)
  - d. Detailed Employee Training Records (25)
  - e. General Training Log-In Service (133)
  - f. Sexual Abuse Prevention and Reporting Brochure (Offender and Staff)
  - g. Offender Handbook
2. Interviews:
  - a. Random Sample of Staff (14)

#### Findings (By Provision):

**115.31 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), stated that all new employee orientation and annual in-service training shall include the following components:

- The Agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Offenders’ right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Staff Development and Training curriculums were evaluated by the probationary auditor and contained all items indicated above.

The PAQ indicated that 100% staff currently employed were trained or retrained on the PREA requirements. The RCF provided the entire record of all staff and their trainings. Upon completion of training must sign a 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. 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 facility provided additional acknowledgment statements for review during the on-site audit.

<i>Time Frame</i>	<i>Annual Inservice</i>
3-1-2018 to 3-30-2019	131 Staff Completed

Interviews with all staff, including randomly selected staff (14), confirmed that they received PREA Education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the security staff reported being knowledgeable of the topics they had been trained in. The staff could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to inmates. Over half of the staff, stated that they could not recall receiving training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). Staff reported that they received PREA related training in pre-service and annual in-service.

Through random interview with 14 staff and review of 25 training records, the auditor confirmed that RCF staff had been trained on the above defined components. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.31 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), indicates that “all training shall be tailored to the gender of the offender population at a given facility”. The facility reported in the PAQ that training is tailored to the gender of the inmates at the facility any staff reassigned to RCF from another facility received training upon their entry into the facility

The IDOC lesson plans, were written specifically for female and male offenders, as well as youth, and are provided appropriately for the designated facility. The female offender lesson plan was provided at the facility, as female offenders are housed at RCF. Proof of practice was evident in the training lesson plan and random staff interviews also substantiated receipt of PREA gender specific training upon initial employment prior to post reporting.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.31 (c).** The PAQ indicated that 141 of the RCF staff currently employed were trained or retrained on the PREA requirements. The *PREA Staff Development and Training Curriculum* was reviewed with staff on an annual basis at in-service training, per the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7). Random staff interviews (14) and confirmation from the PCM indicated that as part of the annual training staff were provided with a PREA informational brochures to keep.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.31 (d).** The PAQ indicated that facility requires employees who may have contact with inmates to document, via signature, that they understand the training they received. Staff signature was provided on the PREA Training Documentation Form in the employee Personnel file. Upon review of personnel and training files, it was observed that staff sign a 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. As part of the signature process the employees acknowledged they understood the material presented and had the opportunity to have any of their questions answered regarding the IDOC PREA training.

During the onsite documentation review of 25 employees randomly sampled, all files had current training documentation on file. The training records reviewed, provided evidence that the facility consistently conducts annual training to staff, and there was adequate documentation of employee signature verifying the employee’s comprehension of the training.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Recommendation:**

While the facility provided evidence of staff completing the required PREA trainings, several staff could not recall the specifics of engaging LGBTQI offenders; therefore it is recommended that the facility conduct a refresher training on the specific topic.

**Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

**115.32 (b)**

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

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act)
  - c. Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
    - i. Contractor
    - ii. Volunteers
  - d. Contract and Volunteer training records (14)
2. Interviews:
  - a. PREA Compliance Manager
  - b. Volunteer Coordinator
  - c. Volunteers (2)
  - d. Contractors (2)

**Findings (By Provision):**

**115.32 (a).** According to the PAQ, all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), indicates that “training in the detection and response to sexual behavior shall be made a part of the volunteer, intern and contractor orientation training and annual in-service training” (pg. 8).

Upon review of the IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act), volunteers and contractors are trained consistent with all direct care level staff. Additionally, volunteers/interns/contractors receive handouts, brochures and material consistent with staff training and informational material.

The RCF provided a sample of 10 contracted staff and four volunteer, Acknowledgement and Receipt of Training Brochure “Sexual Assault Prevention”, signed statements. During the onsite phase of the audit, additional contracted and volunteer acknowledgement statements were reviewed. Two interviewed contractors and two interviewed volunteers further supported receiving training in their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure.

The RCF mental health and medical staff are contracted. The specialized training required by this provision is incorporated in the IDOC PREA training. The training practice of providing IDOC supported PREA training to all contractors and volunteers was confirmed by documentation review, as well as during interviews with the volunteer coordinator, volunteers and contractors.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.32 (b).** The IDOC Staff Development and Training Curriculum (Prison Rape Elimination Act) provided included the IDOC's zero-tolerance of sexual abuse and sexual harassment, as well as how to report such incidents. Each volunteer, intern, or contractor is provided a copy of the same brochure staff receive related to sexual abuse detection, prevention, and reporting. It was reported in the PAQ that 178 volunteers or contractors who have contact with inmates, have been trained on the agencies policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Interviews with volunteers (2) and contractors (2) confirmed that they had received PREA trainings through the facility. Each were able to articulate the Agency's zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report such incidents.

Two volunteers interviewed reported that they attend training every year in a classroom setting. The training covered things like; how to report, what to report, hotline number for offenders, signs to look for if someone is being abused, being respectful to LGBTI offenders, boundaries, interactions with offenders, and definitions of sexual abuse and sexual harassment. When interviewing the facility volunteer coordinator, it was further reiterated that all volunteers are trained at orientation on the agencies zero tolerance policy to sexual abuse and sexual harassment. The facility provided a blank copy of the volunteer eLearning Module test.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.32 (c).** As reported in the PAQ, RCF maintains documentation confirming that volunteers/contractors understand the training they have received. the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), documentation will be maintained to confirm that volunteers and contractors understand the training they received (*pp.* 7-8). Upon receipt of PREA training and related brochure, the individual signs and dates an Acknowledgement of Receipt of Training and Brochures – Sexual Assault Prevention Form. By providing a signature on this form the volunteer or contractor acknowledged their understanding of the material presented in the PREA training provided and the opportunity to have had their questions related to this material answered.

Documentation review consisted of evaluation for 10 contractors and four volunteers for which Acknowledgement of Receipt of Training and Brochures – Sexual Assault Prevention signed forms. In all cases reviewed the appropriate documentation of training records were available and dated within appropriate timeframes.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.33: Inmate education**

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

**115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No



- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Rockville Correctional Facility Directive
  - c. Signed Offender Education Statements (39)
  - d. Signed Rockville Correctional Facility-Orientation Statements (45)
  - e. PREA Posters (Spanish/English)
  - f. IDOC Adult Offender Handbook (Spanish/English)
  - g. PREA Inmate Brochure
  - h. Sexual Abuse Report to Ombudsman Process (Spanish/English)
2. Interviews:
  - a. Intake Staff (3)
  - b. Random/Target Sample of Inmates (42)
3. Onsite Observation
  - a. Intake Process (7)

### Findings (By Provision):

**115.33 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 8-9), requires that offenders are provided verbal and written information regarding the following:

- The Zero Tolerance Policy of 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.

Per the PAQ, 1659 inmates were admitted during the past 12 months received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. One hundred percent of the inmates were reported to have received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

The intake process at RCF, is multi-leveled. Rockville Correctional Facility serves as central intake and orientation facility for all female offenders who initially enter the prison system. The first intake process occurs when offenders are transported by the local jail to the facility. During the walk through, the interviewed intake staff reported that offenders will remain in this area to get searched, showered, and issued clothes; along with receiving the initial PREA related information. The intake staff reported that they will go over PREA and ask if they have ever been abused physically or sexually. If they say yes, then we will immediately notify medical or mental health.

The second level of intake occurs when they are placed on the orientation unit. Within 24 hours assigned to the RCF long term placement; trained offenders provide the initial orientation training. While conducting the onsite observation, the probationary auditor was able to observe the peer lead (offender) orientation process. The offenders reviewed the video with new intakes along with having on documents of acknowledgement signed again. The probationary auditor asked the new intakes to describe what information there were given, and all acknowledged their understanding of the facilities zero tolerance policies.

The third level occurs if the offenders are assigned permanent placement at the RCF facility. If so, the facility will treat placement into general population as a new intake and orientation. Offenders, again are provided information about the facilities rules against sexual abuse and sexual harassment.

Forty-two offenders were interviewed. Approximately 80% of the inmates reported that they recall receiving information upon intake and orientation regarding sexual abuse and harassment. The information was provided to them in a handbook and they watched a video, the first day housed at the facility. Some of the inmates reported that have been detained at the facility for over 12years, so they can't recall what information was provided or they did not pay attention to what they were given. Intake records of 45 offenders entering the facility in the past 12 months; corroborated that offenders received the sexual abuse and sexual harassment education at intake.

A review of the appropriate documentation, interviews with offenders and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.33 (b).** According to the PAQ, 1659 inmates that were admitted in the facility during the past 12 months, who's length of stay was for 30 days or more received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 9), stated that the offender education program should be completed within 7 days of intake or transfer.

Three interviewed intake staff reported that offender education occurs within 24 hours at RCF. They typically try to complete on the same day. Orientation is held every weekday. The probationary auditor

observed that offenders conduct the orientation, for offenders who are permanently assigned to RCF. The staff and peer orientation leaders will sit down and meet with each individual offender and go over the signed *Offender Education Program* and the *Rockville Correctional Facility Orientation Statement*, acknowledgement statement.

At the orientation session, the offenders sign the *PREA Offender Education and RCF Orientation Forms*. These acknowledgement forms state that they understand the Agency's zero tolerance policy towards sexual abuse and sexual harassment, and have been provided with various methods to report victimization. Approximately 80% of the interviewed inmates reported that they recalled receiving information upon intake and orientation regarding sexual abuse and harassment. The information was provided to them in a handbook and they watched a video, the first day housed at the facility. Some of the inmates reported that have been detained at the facility for over 12 years, so they can't recall what information was provided or they did not pay attention to what they were given. All the inmates were aware of the PREA hotline, however a majority of them did not know who the calls were going to. Approximately two inmates could not recall if they were informed about their right to not being sexually abused or harassed for reporting sexual abuse or harassment and their right to not be punished for reporting.

Intake records of 45 offenders entering the facility in the past 12 months corroborated that inmates received the sexual abuse and sexual harassment education at intake. A review of the appropriate documentation, interviews with appropriate staff and offenders; and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.33 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 8-9), 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 Abuse Prevention and Reporting* provides information on the Zero Tolerance Policy, what should be reported, how to report sexual abuse and sexual harassment, treatment and Counseling, and tips for Prevention. Supplemental information is also provided to the offender during intake, providing additional services for victims of sexual abuse. The additional services provided information on the Indiana Coalition Against Domestic Violence (ICADV).

The offenders at RCF received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The intake staff ensures that current and transferred offenders have been educated on the agency's zero tolerance policy on sexual abuse or sexual harassment by providing information via video; the *Offender Handbook*, and *Sexual Abuse Prevention and Reporting* brochures. The interviewed intake staff reported that they ensure current inmates, as well as those transferred from other facilities have been educated on the agency's zero tolerance policy on sexual abuse and sexual harassment by reviewing the PREA orientation documents with them; and ensuring the sign acknowledgement. Additionally, four interviewed offenders who were housed at the facility prior to the implementation of PREA reported that they were given PREA related educational information sometime in 2013.

Documentation provided to the auditor prior to the on-site visit indicated that the information is given in an age appropriate fashion. Multiple examples of signed acknowledgement forms (45) were reviewed. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.33 (d).** As indicated in the PAQ, inmate PREA education is available in formats accessible to all inmates, includes those that are: limited English proficient (LEP), Deaf, Visually Impaired, otherwise disabled, limited in their reading skills. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 9), states that “the presentation of this information shall be in a manner that is easily understandable to the offenders. Staff shall determine if an offender is in need of accommodations by reviewing the offender’s mental health, education and classification records in addition to interviewing the offender”. Additionally, the policy states that offenders who are LEP or have other identified disabilities will be providing assistance to ensure that they are appropriately receiving and able to understand the information.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. One interviewed LEP offender reported that she was provided information in English and Spanish. When reviewing files of one LEP offender, it was found that the facility documented the provision of providing information to an offender in Spanish.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.33 (e).** As reported in the PAQ, the agency maintains documentation of offender participation in the PREA education sessions. Documentation of offender participation in the PREA comprehensive education sessions is available per policy and facility procedures in the offender files. Offender files were reviewed to assure fidelity with this documentation. One percent of the files reviewed, indicated that offender education and acknowledgement was properly documented.

Overall the facility is in compliance with the provision.

**115.33 (f).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), indicates that PREA information, such as posters, offender handbooks, and brochures in English and Spanish must be continuously available throughout the prison. The policy further instructs facilities to display posters where they can be seen by staff, visitors, and offenders in English and Spanish.

Based on site review, the PREA materials (including posters, inmate handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. They were also visible throughout the facility buildings, including the visiting room. Offender and staff noted during interviews that posters and additional PREA resources were evident in multiple locations throughout the facility.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**  
**No corrective action is recommended for this standard.**

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

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

### 115.34 (a)

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

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016).
  - b. IDOC Staff Development and Training, Sexual Assault Response Team Curriculum:
    - i. *Sexual Assault Evidence Protocols*
    - ii. *Conducting Sexual Assault Investigations*
    - iii. *Sexual Assault Response Team Overview*
    - iv. *Staff Sexual Misconduct*
    - v. *Victim Advocacy*
  - c. PREA Specialized Investigations Training Certificate (3 staff)
2. Interviews:
  - a. Investigative Staff (2)

### Findings (By Provision):

**115.34 (a).** As indicated in the PAQ, agency policy requires that investigative staff are trained in conducting sexual abuse investigations in confinement settings. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 14), supports the standard in that "all investigators shall receive training in conducting sexual abuse investigations in a confinement setting and attend SART training prior to completing investigations of sexual abuse/assaults".

The IDOC and RCF has a process in place where designated staff members are considered first responders. The first responders, conduct initial assessments of the investigation. Due to the nature and extent of their involvement with the investigative process, policy indicates that SART members are required to received specialized training for the treatment and investigation of sexual assault victims. It further states that investigators must be trained as SART team members prior to completing investigations of sexual abuse or sexual assaults. It should be noted that RCF has never activated the SART team response.

Rockville Correctional Facility provided training certificates for two criminal and one administrative investigator. The PCM, serves as the administrative investigator, only investigating allegations of sexual harassment.

During interview, the facility Investigators were able specify specialized training received. One investigator reported receiving the IDOC Sexual Assault Response Training and also receiving the only NIC specialized investigator training. When further probed, both investigators discussed the training

addressing how to conduct both administrative and criminal sexual abuse and sexual harassment investigations, interviewing techniques, crime scene protection, Miranda and Garrity; along with chain of command, and when to request outside support or additional assistance.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.34 (b).** The RCF provided evidence of the IDOC Staff Development and Training Curriculum for Investigative staff (*Sexual Assault Evidence Protocols, Conducting Sexual Assault Investigations, and Moss Group PREA Specialized Investigations Training Program*). The IDOC Policy and Administrative Procedure, Investigations and Intelligence, 00-01-103 (dated 09/01/2016), (pgs. 11-12), states that investigators shall include: 1.) Interviewing sexual abuse victims; 2.) Proper use of Miranda and Garrity warnings; 3.) Sexual abuse evidence collection in confinement settings; 4.) Criteria and evidence required to substantiate a case for administrative action; and 5.) Criteria and evidence required to refer a case for prosecution. The interviewed (2) investigators reported receiving training on said topics. It was also reported that the required criteria to substantiate a case is 51%.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.34 (c).** As indicated in the PAQ, the agency maintains documentation showing that investigators have completed the required trainings. The PAQ also, indicates that four RCF staff have completed the required training. While conducting the onsite audit, it was reported that there are three staff who can conduct investigations. The PCM is trained to conduct administrative investigations. Two onsite investigators conduct the administrative and criminal investigations. The facility provided evidence that the three investigators completed specialized training in 2014.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

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

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No



- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Annual Wexford Training Overview (28)
  - c. Prison Rape Elimination Act and What Healthcare Providers Need to Know
2. Interviews:
- a. Medical Staff
  - b. Mental Health Staff

### Findings (By Provision):

**115.35 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 6-7), requires that all staff, including contracted medical and mental health, complete both new employee orientation and annual in-service training. The training lesson plan provided to this auditor addressed how to detect signs of sexual abuse, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and whom to report allegations of sexual abuse/harassment and the roles and responsibilities of the Sexual Abuse Response Team (SART).

As reported in the PAQ, 28 medical and mental health staff who work regularly at the facility, have received the training required by policy. This represents 100% staff completion. Based upon interviews with medical and mental health staff, each was able to provide evidence of training to support their knowledge and understanding to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting documentation responsibilities. It should be noted that the training suggests that the preservation of evidence will be referred to the SART team, and that the local hospital conducts the SANE evaluations.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.35 (b).** The RCF does not conduct forensic medical examinations. Interviews with the medical and mental health staff, further confirmed that they are not trained to conduct such examinations. Forensic medical examinations are contracted for provision at Terre Haute Regional Hospital; therefore, the facility staff does not receive training in conducting forensic examinations.

A review of the appropriate documentation relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.35 (c).** The medical and mental health staff at RCF are contracted by Wexford. The facility maintains training records of the contracted medical and mental health staff. A sample of medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard. Wexford providers receive a module entitled: *Prison Rape Elimination Act and What Healthcare Providers Need to Know* as part of their Medical and Mental Health specialized training. The training focuses on the following:

- Describe Acts Prohibited by PREA
- Recognize signs of sexual assault
- Explain the role of healthcare provider when a sexual assault is reported
- Verbalize how to report a sexual assault
- Demonstrate correct documentation of the sexual assault
- Identify the PREA Officer at their facility

- Discuss referrals and follow up care for the sexual assault victim

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.35 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 6-7), requires that all staff, including contracted medical and mental health, complete both new employee orientation and annual in-service training. This PREA training is comprised of the lesson plan mandated for agency employees to take at orientation and in-service training. The training included all 10 components of 115.31a.

A review of the appropriate documentation review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

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

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *The Establishment, Maintenance and Disposition of Offender Records* policy, 01-04-104.
  - c. Screening and Risk Assessments (45)
  - d. Point of Entry Sexual Assault Questionnaire (4)
  - e. Sexual Violence Assessment Tool (SVAT) Instructions
  - f. Facility Directive 0-08 Implementation of policy 02-01-115, "Sexual Abuse Prevention", dated 9/2/16
2. Interviews:
  - a. Staff Responsible for Risk Screening (1)
  - b. Random Sample of Inmates (42)
  - c. PREA Coordinator
  - d. PREA Compliance Manager

**Findings (By Provision):**

**115.41 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 15-16), requires staff to conduct a comprehensive screening of offenders upon entry into an IDOC facility. A comprehensive assessment is achieved through interviews and review of offender's records. The assessment will attempt to determine "whether the offender may be a potential sexual aggressor or potential sexual assault victim". Such assessments will be conducted within 24 hours of intake. This process is also required if an offender is transferred from another IDOC facility. Since RCF serves as the official intake and orientation for all female offenders assigned to the IDOC, there is a multi-level intake process. Upon initial arrival at the facility, a point of entry sexual assault questionnaire is completed, gathering the following identifiable information:

- Name
- Date
- Facility/County Jail received from
- During your current incarceration have you ever been sexually assaulted or sexually harassed by staff or offenders
- Are there any physical or emotional signs of trauma?
- If yes, can you recall names of offenders/staff involved and what action occurred after the incident was reported? Indicate if the incident was not reported.

A memo provided by RCF further indicated that "within 72 hours of admission intake staff shall assess an offender through interviews and reviews of offender's record to attempt to determine whether the offender may be a potential sexual aggressor or sexual assault victim" (pg.4). It also states that the form shall be completed by intake staff and reviewed by the Intake Classification Supervisor. The Intake Classification Supervisor will further be reviewing, making any necessary changes or flags in the offender information system (OIS). Upon release from intake the information shall be used to determine housing, bed, work, education, and programming.

The formal SVAT is completed within said time frames of the offender being moved to the intake and orientation dorm, and again if they are placed in general population. The RCF, Intake Staff Members are responsible for performing the offender screening for risk of victimization and abusiveness. One interviewed staff reported that the *Sexual Violence Assessment Tool (SVAT)*, is the tools used to determine victimization or abusiveness. Such assessments are typically done within 24. It was reported that they vary rarely go over that time frame; unless the offender is in infirmary or ill, but we will still see if they are ok to talk to. According to the SVAT instructions, staff are supposed to use information from the inmate interview along with the offender, in order to complete the SVAT.

Approximately twenty interviewed offenders that were placed at the facility within the last 12 months. A majority of the interviewed offenders recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. These questions were asked upon arrival and during the intake process. The majority of inmates, reported that they have been asked similar questions again since their arrival at the facility, these questions are asked as a part of their annual/review screening.

During the onsite audit, the probationary auditor observed a portion of the intake process. Seven offenders were completing their education and orientation; as a placement at RCF. The offenders reported that they completed assessments when they initially arrived at the facility. While the facility utilizes offenders to complete offender education and orientation, only assigned intake staff complete personal protected information such as the SVAT. Such information is not shared with the offenders who conduct orientation.

**115.41 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 15,17), states that intake shall occur within twenty-four (24) hours of an offender's admission to an IDOC facility. It also states that a new SVAT shall be conducted within 72 hours of an offender who has been transferred from another IDOC facility.

According to the PAQ, 100% of the inmates who entered the facility (1581) within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing inmates within 72 hours of their entry into the facility. A review of 45 offender files, confirmed that offenders are screened within the time frames of this standard.

As previously discussed, the interviewed intake staff assessments are typically done within 24 hours. It was reported by the intake staff that the facility vary rarely goes over that time frame; unless the offender is in infirmary or ill, but the intake staff will still see if they are ok to talk to. Twelve offenders interviewed were placed at the facility within the last 12 months. Ten interviewed offenders recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual within 72 hours of arrival at the facility.

**115.41 (c).** The Rockville Correctional Facility utilizes the IDOC *Sexual Violence Assessment Tool-Adults (SVAT)* to conductive an objective screening. The tool can be duplicated, seeking to achieve a response from any offender completing the assessment. The questionnaire is designed to elicit a response that would best determine if a victim is at risk of being a victim of sexual abuse or sexually abusing behavior. The SVAT considers 9 of the 10 risk criteria as listed in 115.41 (d). The IDOC/RCF does not house offenders detained solely for civil immigration purposes; therefore, the questionnaire does not explicitly ask such question. The offender is asked questions, relative to their perception of vulnerability. During the onsite audit, the probationary auditor, observed the intake officer going over the assessment tool with the offenders.

A review of the appropriate documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.41 (d).** The intake screening tool (SVAT) used by RCF considers: (1.) whether the inmate has a mental, physical or developmental disability; (2.) The age of the inmate; (3.) the physical build of the inmate; (4.) whether the inmate has previously been incarcerated; (5.) whether the inmate's criminal history is exclusively nonviolent; (6.) whether the inmate has prior convictions for sex offenses against an adult or child; (7.) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8.) whether the inmate has previously experienced sexual violence; (9.) the inmate's own perception of vulnerability; and (10.) whether the inmate is detained solely for civil immigration purposes (while there are no offenders at RCF held solely for civil immigration purposes, thus, item 10 is not applicable). The RCF does not house inmates detained solely for civil immigration purposes. All offenders that enter the facility are given the above stated SVAT along with additional intake forms that capture some of the same respective data.

The interviewed intake staff, confirmed that the above referenced items are considered when conducting the initial risk screening. It was also reported that they will assess the state of mind of the offender when completed the form. The intake staff reported that they read the SVAT form, by asking questions, and mark questions accordingly. The interview process is more detailed if the offender answers yes to physical or sexual violence. Additionally, the intake staff stated that they will ask the offender if they would like to have further services for medical or mental health and write how they respond.

**115.41 (e).** The SVAT, used by the IDOC/RCF considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse; when assessing the inmate's risk of being sexually abusive. The interview with the intake staff, further confirmed that prior convictions for violent offenses, prior history of institutional violence and sexual abuse is in the scoring matrix. The SVAT tool, along with the offender's records are used to further analyze and assess risk for sexually abusive behaviors. Additionally, the RCF utilizes said information to classify and house offenders, by assessing the age of the offender, the offenders perception to being a possible victim of sexual abuse, the offenders sexual orientation, .

Based on review of documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.41 (f).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 17), states that "within thirty (30) days of the offender's transfer, staff shall reassess the offender's risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment and complete a new SVAT if needed". Documentation of the 30-day review is located on the bottom of the SVAT form.

The PAQ reported that 100% of offenders completed the SVAT within the follow up mandated time frames. In review of 45 offender files, it was found that 10 offenders did not receive the 30 reassessments within 30 days. While the reassessments were completed, the identified 10 went 1-15 days outside of the required timeframe.

The interviewed intake staff reported that the SVAT is completed within 30 days from the offender's arrival the facility. A majority of random sample of offenders (12) who arrived at the facility in the last 12 months,



reported that they have been asked similar questions again since their arrival at the facility, these questions are asked as a part of their annual/review screening.

Based upon review of offender files, it was determined that reassessments were completed; however, failed to meet the requirement of completion within 30 days from the offender's arrival at the facility.

**115.41 (g).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 17), the policy states that a reassessment can occur at any time due to a "referral request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness". The Facility PREA Committee can change the PREA flag status if deemed appropriate. There was evidence of such incidents, that the Warden conducted further review of the inmate file and recommended a flag status change; placing the offender at another facility.

The interviewed intake staff reported that, they could override their answers if needed, and they can be reevaluated. But the facility also reevaluates every 30 days. That generally occurs in the intake unit. Eight of the 12 random sample of offenders, who arrived at the facility in the last 12 months could recall having a reassessment conducted.

Based on review of documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.41 (h).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), states that "an offender's refusal to provide information to assist with establishing the aggressor/victim likelihood on the SVAT shall not result in disciplinary actions against the offender". No interviewed offenders reported being disciplined for refusing to respond or complete the SVAT. The interviewed staff responsible for risk screening also reported that RCF does not discipline offenders who refuse to respond or complete the SVAT.

Based on review of documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.41 (i).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), indicates that each facility must ensure that proper measures are put in place to limit access to information stated on the SVAT. More specifically the policy states that, each "facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this assessment in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders" (16).

The PREA Coordinator, indicated that the SVAT is deemed confidential and only designated staff may access to the information. The facility PCM, reported that once the case manager completed the inmates risk assessment (SVAT), it gets filed into confidential. Only certain approved staff can obtain a copy of the packet. The staff responsible for risk screening further supported that the information in filled in confidential and is not available to direct care correctional staff.

Based on review of documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**Corrective action:** While reassessments were conducted on all reviewed files, ten of the forty-five reviewed files did not have reassessments completed within the 30-day time frame. In order to

demonstrate compliance with this standard the facility is requested for a ninety (90) day time period (June through August 2019) they shall provide scanned copies by email to the auditor of:

- (1.) A list of all newly admitted offenders whose length of stay was thirty (30) days or greater from June 1, 2019 through July 31, 2019.
- (2.) Proof of SVAT completion within Follow-up timeframes (30 days).

**Completed Corrective Action:**

The facility provided the auditor with documentation demonstrating compliance with the requirements of standard 115.41 (f); Screening for Risk of Victimization and Abusiveness (SVAT). The standard requires that within a set period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

On August 5, 2019 the RCF provided the auditor with a list of all newly admitted offenders whose length of stay was 30 days or greater from June 1, 2019 through July 31, 2019; along with requested SVATs for those offenders.

As indicated the following documents were reviewed:

1. A list of all newly admitted offenders whose length of stay was thirty (30) days or greater from June 1, 2019 through July 31, 2019.
2. Proof of SVAT completion within follow-up timeframes (30 days).

Upon review of 95 SVAT reports it is found that RCF is compliant with meeting the requirements of standard 115.41 (f). The RCF provided evidence that offenders who stay at the facility for at least 30 days are receiving the reassessment screening for risk of victimization and abusiveness. All 95 files reviewed showed a reassessment completion date within 30 days of the initial screening/intake.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Health Services for Transgender Offenders* policy, 3.01A
  - c. Offender Information System (Offender Flags)
  - d. Offender Information System (Current Offenders Likely PREA Victims/Predators)
  
2. Interviews:
  - a. PREA Compliance Manager
  - b. Staff Responsible for Risk Screening
  - c. Transgender/Intersex Inmates (2)

### Findings (By Provision):

**115.42 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), states that “the facility shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive”. Additionally, such decisions should be made on an individual basis to ensure the safety of each offender.

The above-mentioned policy, provides that “offenders who are identified as a ‘likely PREA aggressor’ shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a ‘likely PREA victim.’” Offenders who have been identified as a “likely PREA victim” shall not be housed in the same cell as, or in a bed adjacent, to an offender identified as a “likely PREA aggressor” and may be housed in Protective Custody or other assignment that reduces the likelihood of sexual victimization” (pg. 18).

Per interview with the PCM, as well as intake staff, indicated that housing decisions are made to ensure that victims and predators are not put together. The facility will not place victims and aggressors in the same room. All efforts are made to keep them separated. The Offender Information System (OIS), provides a report, that includes but not limited information that allows for staff to readily know who is PREA victim or PREA aggressor likely. The report also includes the housing assignments of the offenders.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (b).** As stated in the PAQ, Rockville Correctional Facility, makes individualized determinations about how to ensure the safety of each inmate. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), further states that the facility shall make individual determinations to ensure the safety of each offender. When making housing decisions, the intake staff reported that the RCF will not place identified victims and aggressors in the same room.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16), states that the agency shall consider whether to assign a transgender or intersex inmate to a facility for male or female offenders, on a case-by-case basis. More specifically, that the facility must ensure appropriate placement to ensure that the offenders health and safety, and whether a placement would present management or security problems. The policy further states that serious consideration “shall be given to such an offender’s own views with respect to his or her own safety” (17).

The PCM reported that the facility will assess safety based on the SVAT. The facility conducts reviews of transgender offenders every six months. The offender is involved in the review process; and they will go over housing, jobs, and overall see how the offender is doing.

Two targeted offenders interviewed identified as transgender. Overall the targeted offenders reported feeling safe at the facility and that there were no isolated housing areas for LGBTI inmates. One of the targeted interviewed offenders reported that the facility did not ask him questions regarding his safety. The offender also reported that he has no problem with the dorm he lives in and that his counselor asks whether he wants to go to a male facility. He does not want to go to a male facility.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (d).** According to IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 16-17), placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the offender. Decisions will be made on an individualized basis regarding the facility assignment of transgender or intersex offenders.

PCM and interviewed intake staff, stated that placement and programming assignments for transgender or intersex offenders are reassessed every six months or more if needed. If an incident occurs, said inmate (s) would receive another reassessment. Two identified transgender files were reviewed.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (e).** Per the above-mentioned policy, each transgender or intersex offenders' own views with respect to his or her safety shall be given serious consideration. The PCM and the interviewed intake staff, both reported that such consideration is provided to transgender and intersex offenders. As previously discussed, the interviewed staff responsible for risk screenings along with the PCM, reported that transgender or intersex offenders are reassessed every six months. The facility provided evidence of two six-month reassessments of transgender offenders. The contact note described the scope of the conversation response to any identified questions or concerns. One offender sought further assistance with being able to wear boxer shorts; the facility responded and further obliged the request for boxers. An additional request for hormone therapy was referred to medical services.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (f).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 17), states that "transgender and intersex offenders shall be given the opportunity to shower separately from other offenders". The interviewed PCM stated that offenders are given the opportunity to shower separately from other offenders if they make such request. The staff responsible for conducting risk screenings, further stated that the shower area is separated by individual shower curtains, and that she is unaware of any offenders making a request for a separate shower time. The two interviewed transgender offenders, reported that they are able to dress and shower privately.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (g).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), states that, "no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis of such identification or status". This was confirmed through discussion with the PREA Coordinator and PCM, all denied such practice at RCF. From site observation and interviews with targeted inmates, this information was judged to be consistent with policy and report. Additional review of the identified targeted offenders and the facility housing roster; did not appear to have any housing areas perceived or identified as lesbian, gay, bisexual, or transgender. Two interviewed offenders reported that they have never been housed in areas designated for lesbian, gay, bisexual, or transgender offenders.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

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

**115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

**115.43 (c)**

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. RCF Voluntary Placed in Segregation Memo
  - c. Sexual Assault Sexual Harassment Investigations.
  
2. Interviews:
  - a. Warden
  - b. Staff who Supervise Inmates in Segregated Housing



## Findings (By Provision):

**115.43(a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 17-18), states that “offenders at high risk of sexual victimization shall not be placed in involuntary restrictive status housing areas unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers”. The policy further states that the facility should allow for said offender to have access to program, privileges, education, and work assignments to the extent possible. Any restrictions to such programs should be documented. Any placement extending past 30 days, per policy, requires documentation, justifying continued placement.

As reported in the PAQ, no offenders at risk for sexual abuse or sexual harassment who were held/placed in involuntary segregation. A memorandum was provided by the Warden indicated that there have been no voluntary offenders placed in segregation due to their fear of being sexually assaulted in the last 12 months. When interviewing the warden is reported that the RCF does not utilize segregating housing for victims who report sexual abuse or sexual harassment; however only for conduct issues with an offender.

Upon review of the sexual assault/sexual harassment investigations (69), there was one identified case where an offender was placed in restrictive housing upon the conclusion of the investigation. The offender admitted to making a false report of sexual abuse, and was sanctioned consistent with the facility sanctioning standards.

**115.43(b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 18), states that “any adult offender placed in restrictive status housing, for this purpose, shall have access to programs, privileges, education, and work assignments to the extent possible”. It further states that restrictions of any such programming shall be documented.

The staff who supervise inmates in restrictive housing reported that offenders who are at high risk for sexual victimization are not typically placed in segregated housing for protection from sexual abuse or having alleged sexual abuse. Sexual abuse or alleged sexual abuse victims are only placed in segregated housing as a last resort; for their protection. The facility has enough housing units to provide safety for the victim without utilizing segregated housing. In general, when offenders are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they will have access to the following: education and limited privileges. Programs and work opportunities are generally not allowed.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.43(c).** The RCF reported that zero inmates who were at risk for sexual victimization, were placed in involuntary segregated housing. The Warden reported that they can place an offender who is at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; however, they have not had it happen yet. She reported that if it did, they would accelerate the review process. There were no reported offenders who have alleged to have suffered sexual abuse placed in segregated housing.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.43(d).** The RCF, had one incident that resulted in involuntary segregated housing assignment as a result of a PREA allegation. It should be noted that the offender was placed in involuntary segregated housing upon conclusion of an investigation; indicating that the offender made a false report. The offender was not placed in involuntary segregation because of being a victim of sexual abuse, but for making a false allegation of sexual abuse against another offender.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.43(e).** There were no identified cases where the facility placed an offender in segregated housing because they were a victim reporting sexual abuse or sexual harassment. The only identified case, involved an offender who made false report. The recommendation of placement into segregated housing came as a result of the investigation and determination that a false report was made. The offender was disciplined consistent with the IDOC disciplinary procedures. The interviewed staff who supervise offenders in segregated housing, reported that once an offender is assigned to involuntary segregated housing, the facility will review the offender's circumstances every 30 days to determine if continued placement in involuntary segregated is needed. Since the facility has not placed any alleged victims of sexual abuse in involuntary segregation there were no sample reviews to observe.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**  
**No corrective action is recommended for this standard.**

**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

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

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No **N/A**

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301
  - c. Correspondence-Sexual Abuse Report to Ombudsman
  - d. PREA Posters (Spanish/English)
  - e. IDOC Adult Offender Handbook (Spanish/English)
  - f. PREA Inmate Brochure
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Random Sample of Staff
  - d. Random Sample of Offenders

**Findings (By Provision):**

**115.51 (a).** The facility indicated in their responses to the Pre-Audit Questionnaire that they had established procedures allowing for multiple internal ways for offenders to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The RCF, offered IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 21), as documentation.

The agency has a comprehensive PREA Policy 02-01-115, section *Reporting of Sexual Abuse*, states that “staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports. Offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership” (21). The policy further states the requirements of facilities to have multiple methods for offenders to report sexual abuse, sexual harassment, and retaliation for reporting sexual abuse or sexual harassment.

The RCF has multiple processes in place by which offenders may report sexual abuse or sexual harassment; including by not limited to: offender Kiosks, IDOC Sexual Abuse Hotline, Ombudsman address, Indiana Coalition Against Domestic Violence (ICADV), #80 on inmate phones (which is automatically directed to the internal investigations unit. The facility provides the inmates with contact information for the Indiana Coalition Against Domestic Violence (ICADV). The offender education material provides contact information and scope of services that can be provided to the inmate. Additional posters are placed throughout the facility.

After probing, all of interviewed inmates stated that they had multiple ways to report. Most of the inmates reported that the hotline is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member. Several inmates expressed concern, that they could not trust the staff. The interviewed line staff reported that the inmates can privately reporting by using an inmate the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing.

During the onsite tour, the offender phones were checked to ensure they were working properly. It was observed that the phones were active and available for offenders to report sexual abuse or sexual

harassment. A review of the appropriate documentation, interviews with appropriate staff/offenders and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.51 (b).** The facility has provided offenders with the ability to contact a private and public entity outside of the IDOC. The offenders can contact the ICADV hotline and mail, as well as the Ombudsman by mail. Both ICADV and the Ombudsman were responsible to follow up on any allegations of sexual abuse and sexual harassment or retaliation they received while allowing the offender, upon request, to remain anonymous.

During the random offender interviews, the Ombudsman and IDADV were cited as resources to anonymously report sexual abuse, sexual harassment, or retaliation. However, most offenders stated that they understood the purpose of the hotline; however, they did not know what to expect once the hotline was accessed to make a report. Twenty offenders reported that they were unaware, they could make a report without having to provide their name.

The PCM, further articulated the offenders can write the Ombudsman or the ICADV. Family and friends can make a report via the agencies toll free hotline. If a report is made to the Ombudsman or the ICADV. If the Ombudsman is involved, the facility will send a response of receipt of the complaint and investigation findings.

Per facility report and onsite observation, there are no offenders at the facility detained solely for immigration purposes. A review of the appropriate documentation, interviews with appropriate staff/offenders and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.51 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 21), states that, “staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports”. The policy indicates that all reports of sexual abuse or sexual harassment shall be documented on an Incident Report by the end of the shift.

The offender handbook describes multiple means for offenders to report. Such means include: verbally, in writing, anonymously, and from third parties. As previously discussed, the offenders were able to describe being able to make reports verbally, in writing, anonymously, and from third parties.

The interviewed line staff reported that the inmates can privately reporting by using an inmate the hotline number, grievance, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed line staff reported that if an inmate verbally or in writing reports sexual abuse or harassment the allegations are responded to immediately and they would document by the end of the shift.

A review of the appropriate documentation, interviews with appropriate staff/offenders and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.51 (d).** The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. It was also reported that staff are informed of these procedures through policy and training materials. IDOC offered Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), their PREA brochures in English and Spanish, PREA posters in English and Spanish, and IDOC Staff Development and Training/Prison Rape Elimination Act curriculum as documentation.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 23), indicates that “staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager, or the Executive Director of PREA via the IDOC Sexual Assault Hotline”. Staff training material and brochures provides staff with multiple means for privately reporting sexual abuse or sexual harassment.

Interviews with 14 random staff, further support that the RCF has made staff aware of the multiple ways in which staff can make a private report. All were confident that they could report sexual abuse or sexual harassment of offenders in private. The various ways described including but not limited to: writing a letter to the Ombudsman, discussing with the security or medical staff, notifying family or friends, or calling the hotline number.

A review of the appropriate documentation, interviews with appropriate staff/offenders and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.52: Exhaustion of administrative remedies**

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

**115.52 (a)**

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

**115.52 (b)**

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

**115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, dated (10/01/2017)



- b. RCF Grievances (22)
  - c. RCF Summary PREA Grievance Report (0)
2. Interviews:
- e. Random Staff (14)
  - f. Inmates who reported sexual abuse (2)

**Findings (By Provision):**

**115.52 (a).** The agency has an administrative process for dealing with offender grievances regarding sexual abuse and is not exempt from this standard. Per the PAQ, there no PREA-related grievances filled during the reporting period. The RCF provided a monthly summary report, further indicating that there were no sexual abuse or sexual harassment grievances filed.

There were multiple attempts to meet with the grievance officer during the site tour; however, each time, the grievance officer was meeting with multiple offenders. Informal discussion with the Warden and PCM, review of all grievances filled (22) in the last 12 months, along with random and targeted interviews appeared to be consistent with the information provided in the PAQ.

**115.52 (b).** The *Offender Grievance Policy*, subsection *PREA Grievances*, removes all standard time limits to the grievance process related to PREA. Time limits are only applicable to any portion of the grievance that does not allege sexual abuse. The policy further states that “the Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse” (pg. 5). The policy provides guidance, that nothing in this subsection restricts the agency’s ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

In review of the offender handbook, the grievance process in accordance with this standard is properly covered.

**115.52 (c).** The IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, states that “an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident” (pg. 5). Its further stated that the grievance will not be referred to the staff member, of which the complaint is against to respond. As previously indicated, there were no PREA-related grievances that met these criteria during the reporting period.

In review of the offender handbook, the grievance process in accordance with this standard is properly covered.

**115.52 (d).** The IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, requires the Department to issue a final decision based on the merits “of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance” (pg. 5). The policy further states that the 90-day time period shall not include any time that the offender may use to prepare the appeal. The grievance policy indicates that “the Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision” (pg. 5). If there is an extension, the facility is required to notify the inmate in writing of any such extension and provide a date why which the decision shall be made. As there were no PREA-related grievances filed during this time frame, therefore no responses necessitated.

**115.52 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 22), states that “third party reports by family, friends, and other members of the public

can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877) 385-5877". While conducting the onsite review, it was found that contact information was posted in visiting rooms and also identified on the Department's website. The facility had PREA related brochures for visitors located in the visitation area.

The IDOC Policy and Administrative Procedure, *Offender Grievance Process* policy, 00-02-301, also states the allowance of third-parties to file grievances on behalf of the offender. The policy states that "if a third party files such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process" (pg. 6). If an offender declines assistance through a third party, the department shall document the offender's decision.

Upon review of the PAQ, it was noted that there were no allegations in the last 12 months where an inmate declined third-party assistance in filing a grievance of alleged sexual abuse. There was no additional information provided to indicate that there were inmates who declined third-party assistance in filing a grievance. In review of the sexual assault and sexual harassment investigations, there was one allegation of sexual abuse that was reported by a third party/offender. The case was fully investigated, in accordance with PREA standards and agency policies.

During the site review, there was no indication provided through random and targeted offender interviews, no letters received from inmates, and no informal statements made to suggest that third party filings have been ignored and/or not received.

Based on review of documentation, the provision of the standard are met.

**115.52 (f).** The offender grievance policy states that, "when receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Warden" (pg.5). The Warden is then required to take immediate corrective action. "The Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance" (pg. 5). Final decision of the allegations of substantial risk of imminent sexual abuse, shall be issued to the offender within 5 calendar days.

Per the PAQ, there were zero emergency PREA grievances filed in the past 12 months. A comprehensive review of the grievance documents along with interviews while conducting the site review confirmed application of this standard.

**115.52 (g).** The agency *Offender Grievance* policy, states that the facility may elect to discipline an offender for filing a grievance related to sexual abuse when it may demonstrate that said grievance was filed in bad faith (pg. 5). As reported in the PAQ, and information gathered during the site review, no offenders were disciplined for filing grievances alleging sexual abuse.

Based on review of documentation, the provision of this standard were met.

**Corrective action:**

**No corrective action is required for this standard.**

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No N/A
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Offender Education Program Documentation
  - c. PREA Posters (English/Spanish)
  - d. Adult Offender Handbook (English/Spanish)
  - e. Sexual Assault Prevention and Reporting brochure
  - f. Ombudsman Correspondence (10 report)
2. Interviews:
  - a. Random Sample of Inmates
  - b. Inmates who Reported Sexual Abuse

**Findings (By Provision):**

**115.53 (a).** The RCF provides offenders with access to the Indiana Coalition Against Domestic Violence (ICADV) for emotional supportive services related to sexual abuse. Throughout the RCF, the ICADV telephone number (including toll-free, 24/7 access) and address are visible in poster form (available in both English and Spanish) in the inmate housing areas; specifically, near the inmate phone access points. Access and use of the kiosks system were observed during the physical plant inspection. Per the facility PCM, there were no persons detained at the facility for the sole purpose of civil immigration.

Six interviewed offenders were identified as reporting sexual abuse or sexual harassment while at the facility. As previously stated, two offenders reported that the harassment occurred over two years ago and that they did not want to further discuss. One offender denied being a victim of sexual abuse. One offender stated that she was getting out in a couple of days and did not want to discuss. Two additional offenders stated that they were offered follow up mental health services. Such services were provided by facility mental health staff.

**115.53 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 28), states that, “offenders shall be informed of the extent to which any calls and correspondence will be subject to monitoring for mandatory reporting purposes where applicable”. The policy also provides for victim advocate counselors to have access to the offender, by arranging a special visit with the PCM. During intake, the offenders sign the *Medical and Mental Health Duty to Report Acknowledgement* form. More specifically, the verbiage includes limitations to confidentiality in the IDCADV contract. The ICADV posters and handouts, include language about confidentiality and that “phone calls will not be routinely monitored, however can be reviewed for possible disciplinary action if there is suspected abuse or misuse of this service”.

The *Sexual Assault Prevention and Reporting Offender Information Brochure*, not only provides information on the ICADV, but also how to report sexual abuse confidentially to facility staff as well as Departmental Headquarters, and the agency Ombudsman. All offenders receive this brochure upon arrival at the facility. Any mail written to the Ombudsman is treated like legal mail. The offender can seal the envelope in front of staff, once the staff member has inspected that it is free of contraband.

Twenty-five interviewed offenders reported being aware of services outside of the facility for dealing with sexual abuse. Of the 25 only six could articulate what services were available outside of the facility if needed. Offenders stated that there were services available, however, they never had to use the services. After probing, the offenders reported being aware based on their personal experiences prior to being detained and seen information posted in the living units.

A review of the appropriate documentation, interviews with appropriate staff/offenders and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.53 (c).** The agency provided on the PAQ upload a renewed contract, with the ICADV. The contract is set to expire on 9/30/2019. The contract provides for the provision of emotional services to offenders. Per the PAQ, there were zero inmate calls from the RCF directly to the ICADV, in the past 12 months. An audit team member spoke by telephone to the staff member at the ICADV. It was reported that the organization had received zero calls from RCF. However, there was ten documented case, where an offender made a PREA related allegations to the Office of the Ombudsman. All reported allegations were thoroughly investigated.

Based upon review of documentation, the facility met the requirements of the provision.

**Corrective action:**

**No corrective action is required for this standard.**

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. The IDOC, Policy and Administrative Procedure, *Offender Grievance Process*, 00-02-301 (dated 10/01/2017)
  - c. IDOC PREA Website
  - d. Offender Education Program Documentation
  - e. PREA Posters (English/Spanish)
  - f. Sexual Assault Prevention and Reporting brochure
  - g. Ombudsman Correspondence (10)

**Findings (By Provision):**

**115.54 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 22), states that “third party reports by family, friends, and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning (toll free) the IDOC Sexual Assault Hotline at (877) 385-5877”. Postings of this information was confirmed on the Departments’ website by the probationary auditor. Additionally, PREA posters and brochures were made available in the visiting room in both English and Spanish.

The agency policy further allows for PREA grievances to be filled by third parties. The IDOC, Policy and Administrative Procedure, *Offender Grievance Process*, 00-02-301 (dated 10/01/2017), (pgs. 6-7), states that “third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders”. Upon review of the sexual abuse and sexual harassment investigations, there were no identified instances where an offender requested third party assistance with grievance filings; as each interviewed offender was aware of how to make a report on behalf of peer if needed. One interviewed offender, who wrote a letter to the lead auditor, indicated that she has helped other offenders write PREA statements however no one has over responded or spoke to them following the statements. However, it should be noted that it is not the facilities policy to share with other offenders the results of a PREA related allegation.

Based upon review of documentation, interviews with staff and offenders, the facility met the requirements of the provision.

**Corrective action:**

**No corrective action is required for this standard.**

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

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

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

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

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

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

### **The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
2. Interviews:
  - a. Random Sample of Staff (14)
  - b. Medical and Mental Health Staff (2)
  - c. Warden or Designee/PREA Coordinator

### **Findings (By Provision):**

**115.61 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 21-22), requires that "any staff person, volunteer, or contractor that has reason to believe that sexual abuse or sexual harassment has occurred, whether or not it occurred in a Department facility, has a duty to immediately report this information to the Shift Supervisor on duty, PREA Compliance Manager, facility executive staff or the Executive Director of PREA". Reporting also requires staff to immediately retaliation against an offender or staff reporting an incident of sexual abuse or sexual harassment, as well as any staff neglect violation of duty to report that may have contributed to any incidents of retaliation. Contractor (2), volunteer (2); and random staff interviews (14); indicated a clear understanding of the duty to report the above mentioned immediately.

Based upon review of documentation the facility met the requirements of the provision.

**115.61 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg.22), states that "apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the PREA Compliance Manager or staff involved with investigating the alleged incident". One hundred percent of the 14 random staff interviewed reported being aware of the agencies procedure for reporting any information related to an inmate sexual abuse. Interviewed staff could articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, staff hotline number or medical staff.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (c).** Per the above-mentioned policy, medical and mental health staff, are required to report sexual abuse pursuant to 115.61 (a). The policy further states that "if medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their



concerns with the offender and report their suspicions of all incidents of offender sexual assaults that occur in the Department with Investigations and Intelligence staff” (pg. 26).

Based upon review of documentation the facility met the requirements of the provision.

Interviews with medical and mental health staff, indicated that they are fully aware of their duty to report and the limitations of confidentiality. They indicated that upon intake, inmates are provided documentation to sign regarding consent and the limitations of confidentiality prior to initiating treatment. In review of 45 offender files, there was a statement in the offender paperwork indicating limitations of confidentiality.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 22), requires that if the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02103, “The Reporting, Investigation and Disposition of Child Abuse and Neglect.” The RCF does not house offenders under the age of 18. Interviews with the Warden and the PREA Coordinator, supported that there were no investigative reports to have met the criteria for endangered/vulnerable adult status reporting during the reporting period.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 21-22), reports that all incidents of alleged sexual abuse and sexual harassment are reported to be investigated by the facilities Intelligence and Investigations Unit; which also includes any third party and anonymous reports. The RCF had one third party or anonymous reports. Said report was investigated in accordance with PREA and agency-based standards.

During the interview with the Warden, it was confirmed that all reports of sexual abuse and sexual harassment allegations are forwarded to the RCF investigation staff. The facility has three investigators dedicated to investigating sexual abuse and sexual harassment allegations. If someone calls the facility to make a report, the call is immediately forwarded for investigation to the facilities Intelligence and Investigations Unit. The interviewed investigators reported that third party or anonymous reports are investigated the same as any other allegation of sexual abuse or sexual harassment.

Onsite review based upon offender (targeted and random), and staff (specialized and random) interviews, as well as examination of investigations (69) completed indicated that all PREA-related filings during the reporting period were appropriately investigated.

**Corrective action:**

**The above corrective action was addressed.**

**Standard 115.62: Agency protection duties**

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

## 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Investigations (69)
2. Interviews:
  - a. Agency Head
  - b. Warden or Designee/PREA Coordinator
  - c. Random staff

### Findings (By Provision):

**115.62 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 23), states that "when a staff person receives a report from an offender of sexual abuse and/or sexual harassment or threatened sexual abuse, the staff person shall report it to the Shift Supervisor". This may happen by placing the offender in Protective Custody, Administrative Restrictive Status Housing, or any other appropriate action (pg. 23). The RCF reported in the PAQ that the agency had no documented incidents where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

The interviewed agency head designee/PREA Coordinator reported that, the staff would immediately separate the victim from the perpetrator to ensure the offender remains safe. This may involve placing the offender perpetrator in segregation or reassigning the staff away from the offender. If we think a victim cannot be safe in open population, then we will place them in segregation. A facility transfer may also be considered on a case by case basis. The Warden further confirmed that they have not had any instances where an offender was at imminent risk for sexual abuse; however, if so the facility would initiate

protective measures by: evaluate the involved parties and the location of the aggressor to determine best housing decisions.

All the interviewed staff could articulate the response process if an inmate is at risk of imminent sexual abuse. Most of the staff reported that action is taken immediately to address an inmate who is at risk of sexual abuse by immediately notifying the supervisor, separate the victim and perpetrator, and get the victim off the zone and take the victim to medical for follow up services. All of the staff reported that information would only be shared with necessary parties.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**Corrective action:**  
**No corrective action is required for this standard.**

### Standard 115.63: Reporting to other confinement facilities

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

##### 115.63 (a)

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

##### 115.63 (b)

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

##### 115.63 (c)

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

##### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Sexual Assault Annual Prevention Report (2014, 2015)
  - c.
2. Interviews:
  - a. Agency Head/PREA Coordinator
  - b. Warden

**Findings (By Provision):**

**115.63 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that when a Warden or designee receives an allegation that an offender was sexually abused at another facility, the information shall be reported to the head of the facility, in which the alleged abuse occurred. Per the PAQ, there were no allegations of sexual abuse received at RCF which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at RCF during the reporting period.

Based upon review of documentation the facility met the requirements of the provision.

**115.63 (b).** Per policy, the facility head notification shall occur within 72 hours of receipt of the initial allegation. Per the PAQ, there were no allegations of sexual abuse received at RCF which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at RCF during the reporting period. The Warden reported if they received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at RCF, she would start an investigation and send the facility investigator to that site to conduct the interviews.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.63 (c).** Per the PAQ, there were no allegations of sexual abuse received at RCF which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at RCF during the reporting period.

Based upon review of documentation the facility met the requirements of the provision.

**115.63 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 23), states that "the Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedure". Based upon interviews with the Warden, any allegations consistent with the standard, would be investigated. The Warden could not recall any recent incidents of allegations from other facilities; however, since they are

a receiving facility for all new intakes, they have had in the past allegations directly related to the county jail.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**Corrective action:**  
**No corrective action is recommended for this standard.**

### Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Investigation Report Example (19)
2. Interviews:
  - a. Security Staff and Non-Security Staff First Responders (2)
  - b. Random Staff (14)
  - c. Offenders who Reported Sexual Abuse (6)

### Findings (By Provision):

**115.64 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides guidance on the agencies standardized policy for First Responders/Sexual Assault Response Team (SART) in allegations of sexual abuse and sexual harassment. Upon learning of an allegation that an inmate has been sexually abuse, first responders are required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time period that allows for the collection of physical evidence, 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 (*pp. 13-14*).

Per the PAQ, there were 19 allegations of sexual abuse reported in the last 12 months. Of those allegations, there were no instances where first responder protocols had to be activated; as reports were not immediately made after the alleged incident. The Warden reported that since they have not had to activate the first responder team, the facility conducts periodic drills so that staff remain aware of how to respond. There was one identified case, where an offender reported sexual abuse, and upon notification she was immediately taken to the hospital for a forensic exam. While at the hospital the offender retracted the allegation of sexual abuse.

There were six interviewed offenders who reported sexual abuse or sexual harassment. All offenders confirmed that staff responded to their allegations immediately. Interviews were conducted with 14

security staff who may be considered first responders. All the interviewed staff consistently reported that the duties of a first responder to include but not limited to: take immediate action, stay with the inmate, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. Most of the security staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.

It should be noted that through review of investigation files, staff immediately responded to allegations of sexual abuse. Through review of investigation files for allegations of sexual abuse, it appears that appropriate protocols as listed above were followed. Two interviewed offenders who reported sexual abuse or sexual harassment while at the facility, reported that staff responded immediately after the allegation was made.

Based upon review of documentation, interviews with staff and offenders, the facility met the requirements of the provision.

**115.64 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “if the first responder is a non-custody staff, the responder shall request the alleged victim and alleged perpetrator not take any actions that could destroy physical evidence and notify custody staff as soon as possible” (pg. 14). Per the PAQ, there were zero instances where a non-security staff served as the first responder.

During interviews with non-security staff who serve as first responders, it was uniformly clear regarding the responsibility related to responder duties. Such duties included but not limited to: keeping the victim and perpetrator separated, secure the scene, notify PCM and Investigations, and preserve evidence. Based on record review onsite, investigation file review, and interviews with the random staff, PCM, and first responders, the information reported is consistent. Interviews with 2 offenders who reported sexual abuse or sexual harassment, further supported the facilities first responder practices/duties.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**Corrective action:**

**No corrective action is required for this standard.**

**Standard 115.65: Coordinated response**

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Facility Directive 0-08 Implementation of policy 02-01-115, "Sexual Abuse Prevention", dated 9/2/16
2. Interviews:
  - a. Warden

### Findings (By Provision):

**115.65 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that "the Superintendent at each facility shall establish a Sexual Assault Response Team (SART) and a written facility plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff" (pg. 12). The RCF provided a facility directive outlining the institutional place, which addresses the responsibilities of all staff involved in a coordinated response to a sexual assault. The components of the facilities written institutional plan include but not limited to:

- Purpose;
- First Responder Duties;
- SART Activation;
- Notification to the Shift Supervisor shall alert the Superintendent, the Office of Investigations and Intelligence, the Prison Rape Elimination Act (PREA) Compliance Manager, members of the PREA Committee, or other designated staff;
- Medical Responsibilities -including external providers (SANE/St. Franciscan Hospital);
- Investigation and Intelligence Responsibilities;
- Collection of Evidence;
- Victim Support; and
- Monitoring for retaliation

The agency also provided a copy of the IDOC Health Services Division, *Sexual Assault Manual*. The manual provides comprehensive procedures that must be followed in order to identify and preserve evidence for use in prosecution. When interviewing the Warden, the process was further confirmed in that in response to an allegation of sexual abuse; staff are supposed to immediately notify the shift supervisor, immediately investigate, seek follow up medical care with 96 hours, request follow up with medical and mental health, and look at housing options.



Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**Corrective action:**  
**No corrective action is recommended for this standard.**

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

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

#### **115.66 (a)**

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

#### **115.66 (b)**

- Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

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

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

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

#### **The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. PAQ

#### **Findings (By Provision):**

**115.66 (a, b).** Indiana Department of Correction, does not have collective bargaining. This section is not applicable. The facility, thereby, materially meets the provision for this standard.

**Corrective action:** N/A

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

**115.67 (c)**

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Investigations/Monitoring for Retaliation (30)
2. Interviews:
  - a. Agency Head Designee/PREA Coordinator
  - b. Warden
  - c. Designated Staff Member Charged with Monitoring Retaliation
  - d. Inmates in Segregated Housing
  - e. Inmates who Reported a Sexual Abuse (6)

**Findings (By Provision):**

**115.67 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), establishes protective measures for offenders and staff that report sexual abuse or sexual harassment, or that cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff (pg.12). The policy requires that the PREA Committee monitor, include any offender Reports of Conduct, housing or program changes, or negative performance reviews or reassignments of staff.

Based upon review of documentation the facility met the requirements of the provision.

**115.67 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations” (pg. 12).

Interviews with the Agency Head Designee/PREA coordinator, indicated that if an alleged victim or witness claims they are experiencing retaliation we will investigate that report. We will also look at housing unit moves to ensure the offender’s safety or facility transfer if that is deemed necessary from the investigation. If staff express concerns about retaliation, we will investigate and consult HR staff in mitigating the retaliation. This may involve reassignment, discipline or termination depending on the circumstances. The Warden and Designated Staff Member Charged with Monitoring Retaliation, further supported the facilities compliance with the standard and agency policy. It was further stated that they will look at housing, programming, and facility assignment. Monitoring will occur for 90 days, follow up will occur every 15 days. The designated staff member to monitor retaliation, if necessary, a last resort is protective custody. The facility Warden further reported that if it involves a staff, they may look to move the offender to another facility.

The facility reported that no offenders were placed on segregated housing after reporting sexual abuse or sexual harassment. Six offenders who reported sexual abuse/sexual harassment were interviewed. No offenders indicated that they were placed on segregated housing after reporting sexual abuse or sexual harassment.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.67 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the agency will monitor the offender for at least 90 days for possible retaliation associated with reporting sexual abuse or sexual harassment or participating in a related investigation (pg. 12). The policy further states that “In the case of offenders, the monitoring shall also include periodic status checks. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well. A facility’s obligation to monitor shall terminate if the facility determines that the allegation is unfounded” (pg. 12).

The components of the monitoring include, but are not limited to the following:

- 1.) The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 2.) The conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff;
- 3.) Act promptly to remedy any such retaliation;
- 4.) Monitor any inmate disciplinary reports;
- 5.) Monitor inmate housing changes;
- 6.) Monitor inmate program changes;
- 7.) Monitor negative performance reviews of staff; and,
- 8.) Monitor reassignments of staff.

The RCF reported in the PAQ, that there were no incidents of retaliation that occurred over the last 12 months. An interview with the warden and the designated staff who monitors retaliation, indicated that, they will talk to the offender and look for signs that they are being harassed. They will review write ups and take necessary measures to include up to transferring to another facility if necessary. Monitoring last 90 days; with 15-day checkups. It was also reported that monitoring will occur longer if requested.

The RCF conducted monitoring for retaliation review of 30 retaliation monitoring forms. Monitoring for retaliation occurred on all allegations of sexual abuse or sexual harassment that were unsubstantiated or substantiated. In review of the investigation’s files, monitoring for retaliation consistently occurred all cases but those that were unfounded.

Based upon review of documentation, interviews with staff, the facility met the requirements of the provision.

**115.67 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), policy states that “In the case of offenders, the monitoring shall also include periodic status checks. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well” (pg. 12). As previously stated, the Warden reported that several measures are taken to protect inmates and staff from retaliation. Such measures include: looking at housing and mental health services; and transferring an offender to another facility if staff are involved.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.67 (f).** Per policy, the facilities obligation to monitor shall terminate if the facility determines that the allegation is unfounded (pg. 12). Upon file review, there were 39 identified cases where an allegation was unfounded.

Based upon review of documentation the facility met the requirements of the provision.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.68: Post-allegation protective custody**

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Investigation Files (69)
2. Interviews:
  - a. Warden
  - b. Staff who Supervise Inmates in Segregated Housing

**Findings (By Provision):**

**115.68.** As reported in Standard 115.43, IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pgs. 17-18), states that "offenders at high risk of sexual victimization shall not be placed in involuntary restrictive status housing areas unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers". The policy further states that the facility should allow for said offender to have access to program, privileges, education, and work assignments to the

extent possible. Any restrictions to such programs should be documented. Any placement extending past 30 days, per policy, requires documentation, justifying continued placement.

As reported in the PAQ, no offenders at risk for sexual abuse or sexual harassment who were held/placed in involuntary segregation. When reviewing 69 sexual abuse/sexual harassment investigations, there was no indication that an offender was placed in segregated housing to protect an offender who suffered sexual abuse. Interviews with the warden and staff who supervise offenders on segregated housing further supported that RCF has not placed offenders who alleged sexual abuse in segregated housing to protect them; within the last 12 months. It was found that there was one (1) offender moved into protective custody post allegation that was discovered to be unfounded. This offender was judged to be appropriately placed in segregation, as a result of making false reports.

In review of investigation files and interviews with staff, it was found that the facility is compliant with said standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

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

**115.71 (a)**

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

**115.71 (b)**

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

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)



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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *The Operation of the Office of Investigations and Intelligence*, 00-01-103.
  - c. Pre-Audit Questionnaire (PAQ)
  - d. IDOC Staff Development and Training Curriculum, Sexual Assault Response Team Curriculum
  - e. 12-month investigation files (69)
2. Interviews:
  - a. Warden
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Investigative Staff (2)
  - e. Inmates who Reported Sexual Abuse (6)

**Findings (By Provision):**

**115.71 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), and IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016); demonstrate that the department has a comprehensive policy to conduct investigations into sexual abuse and sexual harassment allegations in prompt, thorough, and objective manner. More specifically the policy describes that the investigation shall begin with the activation of the facility Sexual Assault Response Team (SART). Investigations of sexual abuse or sexual harassment allegations shall be completed with the same standards of a prompt, thorough, and objective; including third-party and anonymous reports.

The above-mentioned policies further state that, Investigations shall:

- Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- Interview alleged victims, suspected perpetrators, and witnesses; and,
- Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During interviews with the facility investigators (regarding criminal and administrative investigations), it was reported that PREA-related incidents, necessitate an immediate response. It was also reported that anonymous or third-party reports of sexual abuse or sexual harassment are investigated the same as any other allegation of sexual abuse or sexual harassment.

The 69 PREA-related allegations that were investigated in the 12-month were reviewed:

<b>Allegation</b>	<b>Number</b>	<b>Finding</b>
Sexual Abuse Staff on Offender	0	Unsubstantiated
	1	Substantiated
	1	Unfounded
Sexual Abuse Offender on Offender	8	Unsubstantiated
	0	Substantiated
	9	Unfounded
Sexual Harassment Staff on Offender	0	Unsubstantiated
	0	Substantiated
	3	Unfounded
Sexual Harassment Offender on Offender	20	Unsubstantiated
	1	Substantiated
	26	Unfounded
<b>Total</b>	69	
Referral from Criminal Investigations Staff on Offender	1	Still pending-staff was arrested.

Upon the auditor’s review of the 69 PREA investigations conducted at the facility it was apparent that multiple evidence gathering techniques in order to thoroughly investigate each allegation of sexual abuse and/or sexual harassment (e.g., DNA, interviews from a variety of sources, secondary interviews with key subjects, location of the alleged victim and abuser, telephone and mail conversation reviewed, historical video monitoring, etc.). Each investigation was completed timely. The results of the facility

investigations were also judged by the auditor to have been objective, as the determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, as independently determined based upon evidence gathered.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct” (pg. 24). Per the PAQ, the RCF reported having four specially trained investigators. While conducting the on-site review, it was found that there are three staff are specially trained and responsible for conducting investigations into allegations of sexual abuse and sexual harassment. The specialized investigator training record was provided for three investigators.

During interviews, the facility investigators were able specify specialized training received. One investigator reported receiving the IDOC Sexual Assault Response Training and also receiving the only NIC specialized investigator training. When further probed, both investigators discussed the training addressing how to conduct both administrative and criminal sexual abuse and sexual harassment investigations, interviewing techniques, crime scene protection, Miranda and Garrity; along with chain of command, and when to request outside support or additional assistance.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (c).** Per policy, the facility investigator has been trained specifically on the gathering and preservation of direct and circumstantial evidence. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016) provides that Investigations shall:

- Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- Interview alleged victims, suspected perpetrators, and witnesses; and,
- Review prior complaints and reports of sexual abuse involving the suspected perpetrator (pp. 11-12).

Such evidence may include available physical and DNA evidence, and any available electronic monitoring data (e.g. phone calls, kiosk, cameras). The investigative process may include interviewing of the alleged victim (s), perpetrator (s), and potential witnesses. A comprehensive file review, will include, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigations reviewed, conducted at minimum an interview and review of video footage. Review of investigation files (69) found that the RCF did a good job immediately responding to allegations of sexual abuse or sexual harassment. The facility would immediately separate involved parties no matter the nature of the allegation. Video monitoring and telephone systems were reviewed routinely, as a part of the investigation process

When interviewing the facility investigators, they were able to describe a variety of evidence gathering techniques, and the process by which to proceed toward substantiating an allegation of sexual abuse or sexual harassment. The evidence gathering process include but not limited to: statements (victim/perpetrator/witness), camera footage review; mail review, property search, review prior complaints, housing, collect necessary DNA evidence, review aggressor history, or PREA flags. It was also reported that they will speak to the victim first.

The facility does an excellent job documenting all statements, and correspondence related to the allegation of sexual abuse or sexual harassment. A comprehensive review of the 69 allegations of sexual abuse and sexual harassment; and it was determined that the facility utilized comprehensive interviewing techniques, gathering DNA evidence, evaluating available electronic monitoring data (to include video surveillance and telephonic), as well as researching offenders historical conduct reports, as well as obtaining any usable, physical communications. The facility investigators (2) was judged to have implemented appropriate preservation of direct and circumstantial evidence, and utilize evidence gathering techniques as available to her. As related to all of the aforementioned investigatory processes, including direct and circumstantial, interviews, as well as report reviews, the facility investigator ensured findings of each were documented thoroughly in the investigative case file.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (d).** IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), states that “when the evidence supports criminal prosecution the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution” (pg.12). Interviews with two investigators, reported that they will consult with prosecution prior to conducting compelling interviews because the facility investigators are also criminal investigators.

There were two cases reviewed investigation files provided opportunities to collect circumstantial or direct evidence. In one case, the offender was taken to the hospital for a follow up SANE evaluation. While at the hospital the offender admitted to making a false report. There was one substantiated allegation of sexual abuse involving an offender and a staff. The case was consulted with prosecutors prior to conducting compelling interviews. The staff member was further arrested and transported to the county jail. The case is still pending.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (e).** IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), requires that investigators assess each alleged victim, suspect, or witness on an individual basis and does not determine the individual’s credibility based on their status as an offender or staff member. Additionally, “no facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation” (pg. 12).

Upon interview with the investigators, one reported that an alleged victim, suspect, or witness shall be assessed credible until evidence shows different. by: observing conduct during interviews, consistency of statements, and history of the accused. A second investigator reported that they will review statements and previous allegations. Six interviewed offenders who reported sexual abuse, further stated that they were not required to submit to a polygraph test as a they condition for proceeding with the investigation of such an allegation.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (f).** Per the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), investigative findings shall include a determination to assess staff actions or failures that may have contributed to acts of alleged sexual abuse and/or sexual harassment. Such information shall be documented on a Sexual Incident Report. The report should include but not limited to: a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings.

Sixty-nine investigations occurred in the last 12 months; and all were reviewed by the probationary auditor. The investigations conducted at RCF, were entered into the SIR database. The investigators further elaborated that they would assess staff actions by reviewing video footage, roster showing staff/offender location, statements, or evidence. The investigations conducted at RCF, as submitted to the auditor, conformed to all necessary reporting and documentation of sexual abuse protocol, including entry of each incident into the SIR. Discussion with the facility investigators (2) confirmed that investigative processes conforms to the protocols during sexual abuse investigations.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (g).** As stated in Provision 115.71 (f), investigative findings are documented and shall determine staff actions or failures that may have contributed to acts of sexual abuse and/or sexual harassment. The RCF investigators are administrative and criminal trained investigators. During interviews with two facility investigators, it was reported that criminal investigations are documented in a written report consistent with administrative investigations. The investigators further confirmed that they will document physical, testimonial, and documentary evidence.

Upon review of 69 investigation cases, there was one substantiated allegation of staff sexual misconduct. The case was immediately referred for criminal prosecution. This investigatory case was reviewed by the auditor and contained the physical, testimonial, and documentary evidence, as well as attached copies of all documented evidence upon submission to the local prosecutor's office for consideration of prosecution.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (h).** As reported in the PAQ, the RCF substantiated allegations of conduct that appear to be criminal in nature are referred for prosecution. The RCF reported one substantiated allegations of sexual misconduct that was referred for prosecution. IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), further states that substantiated cases that appear to be criminal in nature shall be referred for prosecution (pg. 12).

The interviewed investigators further reported that cases are referred for prosecution when there is evidence showing a crime happened. The facility PCM can conduct administrative investigations. She also reported that, only internal investigations staff conduct criminal related investigations. There was one case referred for criminal prosecution during the 12-month reporting cycle. A determination has not yet been made regarding prosecution in this case, while the facility Investigator continues to maintain contact with the local prosecutor's office to provide additional information if needed, and ensure appropriate completion of case referral.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (i).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides guidance on record retention. The policy states that “reports of investigations of alleged sexual abuse and sexual harassment shall be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years” (pg. 25). Per interview with the PREA Executive Director, this protocol is followed by the agency.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (j).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “all allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department’s employment, or are no longer under Department authority” (pg. 23). The IDOC Policy and Administrative Procedure, *Investigations and Intelligence*, 00-01-103 (dated 09/01/2016), further states that the “departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision does not warrant termination of investigation. Outside law enforcement shall be contacted if this occurs” (pg.12).

The interviewed investigators reported that if a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation, they will continue the investigation, as if the person was still employed, and obtain warrants if necessary. The assigned investigator would contact the employee to meet them for an interview or request that they come to the facility.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (k).** N/A

**115.71 (l).** N/A—A separate entity is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at RCF. The warden, PREA coordinator, and PREA compliance manager confirmed that an outside agency does not conduct investigations in IDOC facilities. The investigator also reported that the RCF has never had an outside agency conduct an investigation at the facility; however, if necessitated they would support the process.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**Corrective action:**

**There is no corrective action required for this standard.**

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

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

**115.72 (a)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
2. Interviews:
  - a. Investigative Staff

### Findings (By Provision):

**115.72 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), defines how to substantiate an allegation of sexual abuse and sexual harassment; and that administrative or criminal investigation findings do not impose a higher standard than preponderance of evidence. The policy states that a substantiated allegation, is investigated and determination is on a preponderance of the evidence (pg. 5).

Two interviewed investigators stated that a preponderance of evidence is the standard used to substantiate an allegation of sexual abuse or sexual harassment. Both investigators further elaborated that the standard of proof in administrative investigations is, as they state, 51% which constitutes a preponderance of the evidence.

Based on review of 69 investigation files associated with administrative or criminal findings of substantiated cases, it appeared that the RCF used preponderance of evidence of most cases. Upon policy, interview responses with the facility Investigator, and PREA investigation case examination it appears true that the appropriate standard of proof of not higher than a preponderance of the evidence is imposed in a finding of substantiating a case of sexual abuse and sexual harassment.

### Corrective action:

**No corrective action is recommended for this standard.**

### Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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



alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115 (08/01/2016)
  - b. RCF Sexual Abuse/Sexual Harassment Investigation Outcome Victim Offender Notification (69)
2. Interviews:
  - a. Warden
  - b. PREA Compliance Manager
  - c. Investigative Staff
  - d. Inmates who Reported a Sexual Abuse

#### Findings (By Provision):

**115.73 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the PREA Compliance Manager, will inform an offender in writing as to whether the allegation has been substantiated, unsubstantiated, or unfounded (*pg. 24*). The policy further states that all notifications should be documented. As reported in the PAQ, RCF had 18 allegations of sexual abuse that was completed by the agency in the last 12 months. The facility reported in the PAQ that all 68 cases inmates were notified, verbally or in writing, of the results of the investigation.

Upon further review there was 69 allegations of sexual abuse/sexual harassment that were investigated. Notification was made and documented on one-hundred percent of the 69 allegations. This written documentation is completed on the Sexual Abuse/Harassment Investigation Outcome Offender Notification Form.

The Warden and two interviewed investigators reported that the notification of the results of an investigation are completed by the PCM. Six interviewed offenders who reported sexual abuse, also stated that they were not notified of the results of the PREA related investigation.

**115.73 (b).** The agency is responsible for conducting all investigations into allegations of sexual abuse and sexual harassment, therefore 115.73 (b) does not apply.

**115.73 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:

- 1) The staff member is no longer posted within the offender's unit;
- 2) The staff member is no longer employed at the facility;
- 3) The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,
- 4) The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility (pp. 24-25).

The RCF has a *Sexual Abuse/Harassment Investigation Outcome Offender Notification Form*, that is supposed to be completed upon the conclusion of the investigation. Upon review of one investigation file of a substantiated allegation of sexual abuse (offender and staff), it was found that the notification form was completed.

Based upon review of offender interviews and investigation files it was found that the RCF is compliant with Provision 115.73 (b).

**115.73 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:

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

- 1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,
- 2) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility (pg. 24).

Upon review of 69 investigation files there were no identified cases of inmate on inmate confirmed sexual abuse. It should be noted that the facility conducted victim notification on all allegations of sexual abuse no matter the outcome of the case. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.73 (e).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that all notifications or attempted notifications are documented (pg. 24). The agency

has a form and a process in policy to document notifications, and RCF was consistently completing the document on all allegations of sexual abuse and sexual harassment.

Upon review of documentation it is found that the facility is compliant with the provision.

**115.73 (f).** The auditor is not required to audit this provision of the standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

<b>DISCIPLINE</b>
-------------------

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Policy and Administrative Procedure, *Information and Standards of Conduct for Departmental Staff*, 04-03-103.
  - c. IDOC *Adult Disciplinary Process Appendix I: Offenses*.
  - d. 12 months of Investigations (69)
  - e. Employee Personnel File (1)
2. Interviews:
  - a. The Department Head Designee/PREA Coordinator
  - b. Warden

### Findings (By Provision):

**115.76 (a).** The RCF reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 7), states that staff who have engaged in the above-mentioned acts may be subjected to disciplinary sanctions up to including termination from the Department for violation of the sexual abuse and sexual harassment policies. Interviews with the PREA Coordinator and Warden confirmed understanding of the Agency's ability to implement disciplinary sanctions on staff.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.76 (b).** IDOC Policy #04-03-103—*Information and Standards of Conduct for Departmental Staff*, states that "dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies". The RCF reported that one staff violated the Department's zero tolerance policy for sexual abuse and sexual harassment.

Upon review of the investigations (69) and the involved employees personnel file it was found that the employee was immediately arrested, upon conclusion of the onsite interview, and taken to the local county jail by facility investigators. Upon conclusion of the investigation the employee was terminated and a gate closure was issued; hence not allowing the employee to enter any IDOC facility.

A review of the appropriate documentation, interviews with staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.76 (c).** IDOC Policy #04-03-103—*Information and Standards of Conduct for Departmental Staff*, requires the employer to consider all factors prior to imposing a disciplinary sanction. This includes the seriousness of the offense, and the employee’s work history. According to the PAQ, there was no disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision.

A review of policy and documentation; found that the facility is in compliance with the provisions of this standard.

**115.76 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 25), states that “all staff terminations for violations of the Department’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal”.

Rockville Correctional Facility (RCF) reported that there was one staff from the facility that was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating the agency sexual abuse or sexual harassment policies. After review, of one investigation it was found that the facility did meet its policy standard by immediately arresting the staff and referring a substantiated case of staff sexual misconduct to the local prosecutor to determine criminal charges.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

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

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

**115.77 (a)**

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

**115.77 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. Investigations (69)
2. Interviews:
  - a. Warden

### Findings (By Provision):

**115.77 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 8), states that volunteers and contractors who engage in sexual abuse or sexual harassment with an offender, is strictly prohibited. If it is found that volunteers and/or contractors have violated said policy, the person (s) will be removed from the facility, not allowed to return and may be subject to criminal prosecution. The policy further states that "information regarding substantiated cases of sexual abuse shall be forwarded to relevant licensure bodies for external review.

As reported in the PAQ, there have been no volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of inmates.

Based on review of files it is found that the facility meets the requirements of the standard, and there were no identified concerns.

**115.77 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 25), states that the "facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of

Department sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer". During the interview with the Warden, it was reported that the facility would immediately investigate the incident. The volunteer or contractor would be prohibited from coming into any IDOC facility, by placing them on a gate closure list.

Per the PAQ, there were zero reported incidents of volunteers or contractors who violated the sexual abuse and sexual harassment policy during the previous 12 months. Upon review of the facility investigations, there were no identifiable incidents that involved volunteers or contractors.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115
  - b. IDOC Policy and Administrative Procedure, *Disciplinary Code for Adult Offenders*, 02-04-101.
2. Facility Directive 0-08 Implementation of policy 02-01-115, "Sexual Abuse Prevention", dated 9/2/16
3. Interviews:
  - a. Warden
  - b. Medical and Mental Health Staff

### Findings (By Provision):

**115.78 (a).** As reported in the PAQ, inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The IDOC Policy 02-01-115, further states that the offender education program advises offenders that any inmate who engages in any type of sexual abuse and/or sexual harassment shall be charged in accordance with the appropriate disciplinary code or code of conduct. The offenders,



are also notified that “all such cases shall be referred to the Indiana State Police for criminal prosecution and to Child Protective Services as appropriate” (pg. 9).

Per the PAQ, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility in the last 12 months. Upon review of incident reports, grievances, and investigations there were no substantiated allegations of inmate-on-inmate sexual abuse.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.78 (b).** The IDOC, Policy and Administrative Procedure, *The Disciplinary Code for Adult Offenders*, 02-01-101 (dated 06/01/205), (pg. 34), states that when determining appropriate sanctions for offenders, “staff may consider as aggravating or mitigating factors such circumstances, but not limited to, the following: (1) The offender’s prior disciplinary record, especially during the past twelve (12) months. The policy further states that disciplinary sanctions would be imposed in comparable offenses by other offenders with similar history, when determining the discipline penalty.

The interview with the Warden further confirmed that this policy is followed at RCF. The Warden stated that they will look at the offender’s history and determine if a class A or class B sanction is warranted. Depending on the nature and circumstances, several actions can be taken such as: programming changes, jeopardize visitation, or additional offenses. The facility will provide a copy of the sanction to the mental health staff to determine if mental illness plays a role in the offender’s actions.

As previously stated, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility in the last 12 months. Upon review of incident reports, grievances, and investigations there were no substantiated allegations of inmate-on-inmate sexual abuse. A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.78 (c).** The IDOC, Policy and Administrative Procedure, *The Disciplinary Code for Adult Offenders*, 02-01-101 (dated 06/01/205), (pg. 34), states that when determining appropriate sanctions for offenders, “staff may consider as aggravating or mitigating factors such circumstances, but not limited to, the following: “the offender’s mental health status/state at the time of the violation, including the motivation for the offense and the offender’s attitude toward the offense and the victim”.

The interview with the Warden further confirmed that this policy is followed at RCF. There were no confirmed inmate-on-inmate sexual abuse and sexual harassment investigative files to review. A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.78 (d).** Per the PAQ, the RCF offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse; and the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with the medical and mental health staff, indicated that all inmates are offered individual and group related services. When services are provided, it is voluntary participating for the inmates.

The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 26), “following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender

sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate". The interviewed mental health staff stated that, if a victim or aggressor is identified, staff will always refer them to mental health. The RCF does not have a specific victim group; however, the nature and scope of the problem would be addressed and services would be individualized.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.78 (e).** Per the PAQ and the *Disciplinary Code for Adult Offenders* policy, the RCF can discipline an offender for sexual conduct with staff, if it is found that the staff member did not consent to such contact. The RCF reported in the PAQ that there no incidents in the past 12 months where an inmate violated such policy.

Upon review of investigations, grievances, and incident reports, there were no documented findings to indicate that an offender was disciplined for having sexual contact with staff upon finding that the staff member did no consent to such contact. A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.78 (f).** The agency policy prohibits disciplinary action against an inmate for reporting sexual abuse 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. Per the PAQ, no offenders were disciplined as a result of the making a PREA allegation. The RCF facility directive further states that, "a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. An offender shall not suffer disciplinary action for a report of sexual abuse made in good faith.

Upon review of investigation files, it was found that one offender was disciplined for making a false report of sexual abuse. The offender initially reported having nonconsensual contact with an offender. The alleged victim was immediately taken to the hospital for a medical exam, where she then denied there was nonconsensual contact with another offender. Upon further investigation it was found that the offender wrote letters and made some indication to create a situation, to have another offender removed from the unit. In summary, and upon determination that the offender was making a false allegation, the offender was disciplined for asserting or filing a false claim. Disciplinary action included: restrictive housing from 19.9.19-4/3/19; pay all costs related to the incident, and a recommendation of 90 days earned credit deprivation.

It should also be noted, that the same offender wrote a letter to the probationary auditor. An onsite interview was conducted with the offender and she expressed concern that many offenders will manipulate the system by making false reports to get moved around to different units. She further stated that it creates a problem for those who make "true" reports. The offender also expressed having first hand knowledge of PREA because she has made reports. She did not indicate at that time, that the report she made was determined to be false.

Upon review of the investigation, which included witness statements and overview of camera footage, it is determined that the facility conducted a thorough investigation to determine findings. Adequate disciplinary actions were taken to respond to a finding of false reporting. A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.78 (g).** The Agency policy prohibits sexual activity between offenders. Consensual sexual activity between offenders is considered a Class B offense. Sexual conduct reports are only issued when the offender's sexual activity had been investigated and determined to be consensual not coerced.

A review of policy and documentation; found that the facility is in compliance with the provisions of this standard.

**Corrective action:**

**No corrective action is recommended for this standard.**

**MEDICAL AND MENTAL CARE**

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

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

**115.81 (a)**

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

**115.81 (b)**

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

**115.81 (c)**

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

**115.81 (d)**

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

**115.81 (e)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. MH/Medical Screenings (46)
  - c. Prison Rape Elimination Act and What Healthcare Providers Need to Know
2. Interviews:
  - a. Inmates who Disclose Sexual Victimization at Risk Screening (6)
  - b. Staff Responsible for Risk Screening
  - c. PREA Compliance Manager

### Findings (By Provision):

**115.81 (a/c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), addresses the provision, in that if an offender reports on the screening instrument that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake (*pg. 16*). The policy also states that medical and mental health will retain secondary materials, associated with documentation of compliance.

The RCF reported in the PAQ, that 100% of the offenders who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. The staff responsible for risk screening, reported that if an offender indicates that they experienced prior sexual victimization, they will ensure the offender is offered a follow-up meeting with medical or mental health by sending a referral. Additionally, they will immediately ask the offender, if they would like to have services by medical and mental health, if they refuse the offender will receive routine follow up care. In

review of medical and mental files, along with intake screenings, the RCF documents and records all instances when an offender refuses follow up services.

Six offenders interviewed disclosed prior sexual victimization. All of the offenders recalled speaking with staff upon admission about prior victimization; however, some could not recall further discussion with medical staff. Most of the inmates reported that the abuse occurred when they were children. The RCF also serves as the receiving center for all female offenders assigned to the IDOC. The facility ensures that the same process of intake screening occurs, consistent with offenders assigned and housed at RCF. Upon initial intake, if the offender discloses abuse that occurred at the prior placement/jail, the facility will immediately notify the prior placement/jail for further investigation.

Based on review of policy, offender medical and mental health files, interview with the staff responsible for completing the risk screening, and interviews with offenders who reported prior sexual abuse, the facility is compliant with Provision 115.81 (a).

**115.81 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), addresses the provision, in that if an offender reports on the screening instrument that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake (pg. 16).

In the PAQ, reported that the RCF conducts follow-up meetings for offenders who have previously perpetrated sexual abuse, within 14 days of the intake screening. The facility stated that 100% of offenders who previously perpetrated sexual abuse in the past 12 months were offered a follow up meeting by a mental health practitioner. The probationary auditor reviewed 45 intake files, that included 16 detailed medical/mental health files of offenders who reported prior history of sexual victimization. A detail review was conducted to determine if the facility conducted follow up medical and mental health services as required by the standard. It was found that the facility immediately conducted follow up services; often times in significantly less than the 14-day requirement.

The interviewed intake staff reported that if an offender indicates on the screening that they previously perpetrated sexual abuse, they are unaware of how the follow up services are addressed; aside from notifying mental health about the results of the assessment. When talking with mental health staff, it was reported that perpetrators of abuse are offered services consistent with their treatment needs. The PCM provided a report of all individuals who identified as victims or victim aggressors and it was determined that follow up services are provided.

Based on review of policy, offender medical and mental health files, interview with the intake staff responsible for conducting the initial evaluation and the PCM, and interviews with offenders who reported prior sexual abuse, the facility is compliant with Provision 115.81 (b).

**115.81 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law” (pg. 26).

The contracted mental health and medical staff (Wexford), *Prison Rape Elimination Act and What Healthcare Providers Need to Know*, training further articulates that “any information related to sexual

victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and any other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by federal, state, or local law” (pg. 19).

Based on review of documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.81 (e).** As reported in the PAQ, medical and mental health practitioners obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), further supports medical and mental health staff responsibility to obtain informed consent (pg. 26). The probationary auditor was provided a copy of this form to review towards compliance consideration for this standard provision.

Interviews with the medical and mental health staff reported being aware of their Duty to Report and the Limitations of Confidentiality. The staff indicated that the offender is informed of the limitations prior to initiating treatment. It should be noted that the facility does not house offenders under eighteen years of age. The probationary auditor was able to review language on the intake files disclosing limitations of confidentiality.

Based on review of documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**Corrective action:**  
**No corrective action is recommended for this standard.**

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Sexual Assault Manual
  - c. Investigations (69)
2. Interviews:
  - a. Medical and Mental Health Staff
  - b. Inmates who Reported Sexual Abuse
  - c. Security and Non-Security Staff First Responders

### Findings (By Provision):

**115.82 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, "victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation" (pg.25). As reported in the PAQ, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

Interviewed mental health and medical staff reported, that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such services are rendered immediately upon notification. Medical and Mental Health Staff interviewed during the site review were able to clearly state their responsibilities in responding to a reported incident of sexual abuse.

There was one offender at the facility who reported an allegation of sexual abuse during the previous 12 months who necessitated transportation to an outside facility. Protocol was followed as specified in the above paragraph. This PREA allegation was concluded as unfounded; as the offender reported to have made a false allegation. There was an additional case of staff and offender allegation of sexual abuse; whereas the allegation was reported beyond the window of conducting a forensic examination; however, the offender expressed concern for the need of follow up medical care for possible STDs. The facility made proper insurances that follow up services were made.

A review of the appropriate documentation, interviews with offenders and staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.82 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides that “if no qualified medical or mental health staff persons are on duty at the time a report of recent sexual abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor” (pg. 26).

Interviewed security and non-security staff first responders described the actions taken as a first responder. Such actions included but not limited to:

- Notify shift supervisor
- Secure scene
- Make sure the person doesn't shower
- Secure any items in paper bags (collect evidence)
- Separate parties
- Conduct preliminary investigation (inquiry) until investigations takes over
- If outside medical is needed, will assign a staff to coordinate outside medical care
- Custody staff will take over with any necessary movement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.82 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “victims of sexual abuse shall be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment” (pg. 26). Its further stated that medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse.

As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviewed mental health staff reported that they are not aware of the medical protocols; however, interviewed



medical staff stated that the offender (s) are given an information packet on STDs and STIs, and are offered prophylactics. It was reported that the facility rarely deals with pregnancy related issues.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.82 (d).** As previously stated, the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation” (pg.25). The facility reported in the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.

There was one allegation of sexual abuse that was unfounded, as a result of the offender retracting statements and admitted to making a false allegation. The offender was disciplined for making a false report, and one of the disciplinary sanctions included repaying cost for outside medical care. Based on review of relevant polices, the facility in in compliance with the provision of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. IDOC Sexual Assault Manual
  - c. Mental Health/Medical Screenings
2. Interviews:
  - a. Medical and Mental Health Staff

b. Inmates who Reported Sexual Abuse

**Findings (By Provision):**

**115.83 (a).** As previously stated, the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation” (pg.25). As reported in the PAQ, the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse while in prison, jail, lockup, or juvenile facility.

**115.83 (b).** The above referenced policy further states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (pg. 25). Interviews with medical and mental health staff indicated that the evaluation of and treatment of offenders who have been victimized entail:

- Referral for forensic medical services (local hospital)
- Conduct follow up services onsite
- Behavioral health will do an initial treatment plan
- If close to release refer to community-based services
- If necessary, the facility can call on an outside group to conduct emotional supportive services

Additionally, staff will assess the nature of the incident; emotional reactions and how impactful.

Services can range from a trauma focused therapeutic modality.

There were six offenders interviewed who reported sexual abuse or sexual harassment. Of the six, two were identified as reported sexual abuse. One denied any sexual abuse at the facility and one refused to talk. In review of the investigation files, it was found that all offenders who reported sexual abuse or sexual harassment were offered follow up medical or mental health services.

A review of the appropriate documentation, interviews with offenders and staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.83 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, the facility shall provide victims with medical and mental health services consistent with the community level of care (pg. 26). Based upon interviews with offenders, as well as RCF Medical and Mental Health providers, it is believed that those represented support that the Medical and Mental Health services provided to victims within the facility, are consistent with the community level of care.

**115.83 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that “female offenders that are victims of sexual abuse shall be offered a pregnancy test when appropriate” (pg. 26). As reported in the PAQ, at RCF, female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. There were no identified allegations in the 12-month reporting period, of sexual abuse or sexual harassment whereas the offender whereas a pregnancy test was necessitated.

**115.83 (e).** As previously stated, the IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “female offenders that are victims of sexual abuse shall be offered a pregnancy test when appropriate (pg.26).

As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, RCF will ensure victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. There were no identified allegations in the 12-month reporting period, of sexual abuse or sexual harassment whereas the offender whereas a pregnancy test was necessitated.

Based on review of documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.83 (f).** IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, offenders shall be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse (pg. 26). As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Without providing specific detail regarding the nature of a sexual abuse case, there was one identified substantiated case whereas an offender was offered, requested, and provided STI testing.

Based on review of documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.83 (g).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, Victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation (pg. 25). There was one allegation of sexual abuse, that upon investigation, it was confirmed that the offender was making a false report. As response to disciplinary action for making a false report, the offender was required to pay for any medical related services associated with the false allegation of sexual abuse.

Based on review of documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.83 (h).** As reported in the PAQ, the RCF, attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, “following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate (pg. 26).

There were no substantiated allegations of sexual abuse, based on offender on offender reports. There were allegations of prior history of sexual abuse, and the facility provides services based on the unique needs of the offender. As reported by mental health staff, they have had one case in the past, and they would focus services on education and appropriate behaviors, boundaries, and socially acceptable ways to express self.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**  
**No corrective action is recommended for this standard.**

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. RCF Sexual Assault Review Report (30)
  - c. RCF Sexual Assault Review Team Meeting Minutes
  - d. Adult SSV Report (2015-2017)
2. Interviews:
  - a. Warden
  - b. PREA Compliance Manager
  - c. Incident Review Team

### Findings (By Provision):

**115.86 (a).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that, "the facility PREA Committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded (*pg. 11*). As reported in the PAQ, the RCF, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. It was further reported that in the past 12 months, there were 69 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, 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 standard. The RCF reported nine sexual abuse cases that were reviewed by the sexual abuse incident review team. The probationary auditor reviewed all nine cases and found the facility to consistently review and document said review.

**115.86 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation (*pg. 11*). As reported in the PAQ, the RCF, conducts criminal and/or administrative sexual abuse incident reviews within 30 days of the conclusion of the sexual abuse investigation. It was further reported that in the past 12 months, there were 9 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents. Based upon review, in the substantiated and unsubstantiated sexual abuse PREA investigations (9) at RCF the facility PREA committee reviews were conducted consistently within the thirty (30) day time frame.

A review of documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.86 (c).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), provides that the review team “shall be comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PREA Compliance Manager shall serve as the Chairperson (*pg. 11*). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Warden reported that the team meets on a monthly basis, and will determine if there are any things that need to be addressed particularly with staff. It was also reported by the PCM that the Incident Review Team consists of: Warden, Deputy Warden, Classification Supervisor, two-unit team managers, and PCM. It should be noted that the team members associated with the review are not easily indicated on the report; however, the facility provided meeting minutes. The minutes indicated all committee members who participated in the incident reviews, along with a summary of the case.

Based on review of documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.86 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (*pp. 11-12*), supports that the facility shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;

6. Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA; and, submit such report the facility head and PREA Compliance Manager.

As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section and makes recommendation for improvement, and submits such reports to the facility head and the PREA Compliance Manager. Based upon the probationary auditor's review of each of the nine completed PREA Committee sexual abuse incident review reports, the aforementioned considerations were included in each report. The provision is compliant.

**115.86 (e).** The above referenced policy further states that, "the facility shall implement the recommendations for improvement or document its reasons for not doing so" (pg. 12). As reported in the PAQ, the RCF, implements the recommendations for improvement of documents its reasons for not doing so. Upon review of the nine completed PREA Committee sexual abuse incident review reports, it was found that only one, substantiated allegation of sexual abuse contained a recommendation. Said recommendation was to transfer the offender (victim) to another facility. There were no policy or practice changes identified.

None of the allegations were deemed to have been motivated by race, ethnicity, gender identity, LGBTI (or perceived) status, gang affiliation, or other group dynamic. Staffing levels were not evaluated to have contributed to any of the allegations, nor was the ability to deploy additional monitoring technology or augment supervision by staff. It was reported by the Warden, that many of the allegations occur in the bathroom, where cameras are not allowed.

Based on review of documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**Corrective action:**  
**No corrective action is recommended for this standard.**

### Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)



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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016),
  - b. Adult SSV Report (2015-2017)
  - c. Sexual Assault Annual Prevention Report (2014, 2015)
  - d. Agency Annual PREA Report (2016, 2017)
  - e. Incident Reports (389)
2. Interviews:
  - d. PREA Coordinator

e. PREA Compliance Manager

**Findings (By Provision):**

**115.87 (a/c).**

As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using standardized instrument and set of definitions. It was further reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using standardized instrument and set of definitions. It was further reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The content of the SIR completed with the review period was reviewed by the probationary auditor. The agency collected accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control using a specific standardized instrument (*Sexual Assault Prevention Program Annual Report*). The report aggregates data for substantiated, unsubstantiated, and unfounded cases of:

- Inmate Sexual Harassment
- Abusive Sexual Contact
- Nonconsensual Sexual Act
- Staff Sexual Harassment
- Staff Sexual Misconduct

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (b).** As discussed in the above-mentioned provision, the agency collects aggregate data of incident-based sexual abuse annually. The policy, *Sexual Abuse Prevention*, further states that “all reports of Nonconsensual Sexual Acts, Abusive Sexual Contact, Staff Sexual Misconduct and Sexual Harassment as defined in this policy and administrative procedure shall be reported on a SEXUAL INCIDENT REPORT” (pg. 28). It is the responsibility of the PCM to submit SEXUAL INCIDENT REPORT (SIR) for each allegation that is a PREA related incident via the Sexual Incident Reporting System at: <http://myshare.in.gov/Pages/IDOC.aspx>.

As reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually. The policy further requires that all investigations, regardless of outcome, shall be reported via completion of an SIR with any relevant written statements and documents attached. The SIR is confidential and shall not be released to the public or offenders directly, unless as stipulated through an order of the court. It is the responsibility of the PCM to maintain a record of all sexual abuse reports at the facility. The probationary auditor viewed the Agency’s current reports available online through 2017 and via the PAQ uploaded versions.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the content of each SIR should be discussed at monthly facility PREA committee meetings (pg. 29). The facility reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The probationary auditor viewed all, to include the facilities completed SIRs (389/466), Agency's current reports available online through 2017 and via the PAQ uploaded versions.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (e).** As reported in the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. It was further reported that the data from private facilities complies with SSV reporting regarding content. The PREA Executive Director (PREA Coordinator) is responsible for the development of an IDOC departmental report. The probationary auditor was able to review the facilities SSV Summaries for contacted facilities: New Castle (2015) and Heritage Trail (2015 ad 2016). Upon review, it was judged to have met the requirements of this provision.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**115.87 (f).** As reported in the PAQ, the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), states that the agency will provide all such data from the previous calendar year to the Department of Justice, by the federally mandated date (pg. 29).

Based on review of documentation, the facility meets the requirements of the provision. No corrective action needed.

**Corrective action:**

**No corrective action is recommended for this standard.**

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

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

**115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
  - c. IDOC PREA Website Information, Published Reports
    - i. Survey of Sexual Victimization (SSV)
    - ii. Sexual Assault Prevention Program (SAP)
2. Interviews:
  - a. PREA Coordinator/Agency Head Designee
  - b. PREA Compliance Manager (PCM)

### Findings (By Provision):

**115.88 (a).** As discussed in the PAQ, the IDOC and RCF, reviewed data collected and aggregated under § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), addresses facility leadership and PREA Coordinators responsibility to conduct annual evaluations of the facilities efforts to eliminate sexual abuse and ensure compliance with policies and standards.

Interviews with the PREA Coordinator/Agency Head Designee, revealed that the agency prepares an annual report of its findings and corrective action that includes the RCF information. The annually facility reports also covers actions by the agency to improve PREA compliance. This may involve agency level policy changes, additional staff training or creation of new forms for documentation of compliance. The PCM reported that they responsible for collecting data and submitting information for agency-wide reports annually.

Based on review of documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.88 (b).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), the policy further states that the evaluations "shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing sexual abuse". Based upon the probationary auditor's review of available annual reports and per policy, Agency data is aggregated annually. The facility is compliant with the intent of the provision.

**115.88 (c).** As reported in the PAQ, the agency makes its annual report readily available to the public at least annually, through its website. The Agency Head Designee/PREA Coordinator reported that the annual reports are presented to the Commissioner for signature and approval prior to being published on the agency website. The previous year's report (2017-2013 SAP Report) was reviewed on the Agency's website by the probationary auditor and conformed to the provisions of this standard.

Based on review of documentation Provision 115.88 (C) is compliant.

**115.88 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), states that the published reports will ensure that all personal identifiers are redacted. The policy further states that material that poses a clear and specific threat to the safety and security of the facility will also be redacted. The agency PREA Coordinator, confirmed policy standards, stating that, oonly the number of incident types and findings are provided on the agency report. No specific incident information or personal identifying information is referenced on the agency report.

Review of the agency website, policies, agency reports, and interviewed staff; provide evidence of compliance with the intent of the provision.

### Corrective action:

**No corrective action is recommended for this standard.**

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

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. IDOC Policy and Administrative Procedure, *Sexual Abuse Prevention* policy, 02-01-115.
  - b. PREA Audit: Pre-Audit Questionnaire (PAQ) Adult Prisons & Jails
  - c. IDOC PREA Website Information, Published Reports
    - i. Survey of Sexual Victimization (SSV)
    - ii. Sexual Assault Prevention Program (SAP)

2. Interviews:
  - a. PREA Coordinator

### Findings (By Provision):

**115.89 (a).** The RCF reported in the PAQ that incident-based and aggregate data is securely retained. The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 296), provides direction on the agencies responsibility to collect and retain incident-based and aggregate data securely. Said data is made readily available to the public at least annually through the agency website. The facility maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

During interview, the PREA Coordinator, reported every facility must complete an annual sexual abuse prevention reports annually and submit those reports to the PCM for review. These reports cover the same information as the report for the agency that is required in 115.87. The agency report is then written based on the information from the facility reports as well as the Sexual Incident Reporting System. The SIRS is based on the incident reports required for substantiated cases for the SSV. Access to the SIRS is restricted to select staff, authorized by me. The sexual abuse incident reviews from facilities are also forwarded to me for review as well. If there is an agency level correction that is needed, I will make that correction.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.89 (b).** The IDOC made aggregated sexual abuse data from directly controlled and contracted facilities readily available to the public. The IDOC utilized website publications as a means by which to disseminate aggregated data. The probationary auditor visited the IDOC website in February 2019 and confirmed that appropriate reports associated with the Agency's 2013-2017 Sexual Assault Prevention publication and SSV, were uploaded and available. The PREA Coordinator confirmed this publication is uploaded annually.

Based upon the probationary auditor's review of available annual reports and per policy, Agency data is aggregated annually.

**115.89 (c).** As reported in the PAQ, the IDOC, removes all personal identifiers before making aggregate sexual abuse data public. Upon review of the report, all personal identifiers were removed. When interviewing the PREA Coordinator, it was reported that only the number of incident types and findings are provided on the agency report. No specific incident information or personal identifying information is referenced on the agency report.

Based on review of documentation Provision 115.88 (c) is compliant.

**115.89 (d).** The IDOC, Policy and Administrative Procedure, *Sexual Abuse Prevention*, 02-01-115 (dated 08/01/2016), (pg. 29), indicates that sexual abuse data is collected pursuant to 115.87 and maintained for at least ten (10) years. There is no Federal, State, or local law requiring data to be maintained otherwise. During discussion with the PREA Coordinator, it was confirmed that the data maintenance conformed to these standards.

Review of the agency website, policies, agency reports, and interviewed staff; provide evidence of compliance with the intent of the standard.

**Corrective Action:**

**No corrective action is recommended for this standard.**

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

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

**115.401 (b)**

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

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**



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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making compliance determination:

1. Documents: IDOC PREA Website
2. Interviews:
  - a. PREA Coordinator (PC)

#### Findings (By Provision):

**115.401 (a).** The IDOC website contains the results of all of the PREA audits conducted since August 2015.

**115.401 (b).** As reported by the PREA Coordinator, the IDOC is on the third year of the current audit cycle; the department is on target to complete audits as required for compliance.

**115.401 (h).** During the inspection of the physical plant the probationary auditor and her team were escorted throughout the facility by the Warden, Deputy Warden, Unit Manager, PCM, PC, as well as other Executive or Security staff; integral to the functioning of the RCF. The audit team was provided unfettered access throughout the institution. Specifically, the team was not barred or deterred entry to any areas. The probationary auditor and her team had the ability to freely observe and ask questions of offenders and staff, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.

**115.401 (i).** During the probationary auditor and her team was provided access to any and all documents requested. All documents requested was received to include but not limited to: employee and offender files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.

**115.401 (m).** The audit team was provided private rooms throughout the facility to conduct offender interviews. The staff staged the offenders in a fashion that the auditors did not have to wait between interviews. The rooms provided for offender interviews were soundproof and somewhat visually confidential from other offenders which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. Interviews were conducted in the Programming building away from high traffic volume areas.

A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective action:**

**No corrective action is recommended for this standard.**

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

**The following evidence was analyzed in making compliance determination:**

1. Documents: Agency website

**Findings (By Provision):**

**115.403 (f).** The IDOC, posts its PREA Audit reports on the Agency website. The reports are available for review at <https://secure.in.gov/idoc/2832.htm>. There is a link to the Final PREA Audit reports provided midway down the webpage under DOJ Audit Report-Adult. The facility is compliant with the intent of the provision.

**Corrective action:**

**No corrective action is recommended for this standard.**

**AUDITOR CERTIFICATION**

I certify that:

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

Latera M. Davis

8/9/2019

**Auditor Signature**

**Date**