

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 8, 2017

Auditor Information			
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Telephone number: (916) 324-6688			
Date of facility visit: May 24-26, 2017			
Facility Information			
Facility name: Reception Diagnostic Center			
Facility physical address: 737 W. Moon Road, Plainfield, Indiana			
Facility mailing address: (if different from above)			
Facility telephone number: (765) 778-2107			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Craig Grage, Superintendent			
Number of staff assigned to the facility in the last 12 months: 195			
Designed facility capacity: 693			
Current population of facility: 593			
Facility security levels/inmate custody levels: Level 4			
Age range of the population: 18-82			
Name of PREA Compliance Manager: Michael Arthur		Title: Administrative Assistant 4	
Email address: mearthur@idoc.in.gov		Telephone number: (765) 778-2107 ext 1287	
Agency Information			
Name of agency: Indiana Department of Corrections			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 302 West Washington St. Rm E-334, Indianapolis, Indiana, 46204			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: (317) 232-5711			
Agency Chief Executive Officer			
Name: Robert Carter		Title: Commissioner	
Email address: rcarter@idoc.in.gov		Telephone number: (317) 232-5711	
Agency-Wide PREA Coordinator			
Name: Brian Pearson		Title: Executive Director of PREA	
Email address: bpearson@idoc.in.gov		Telephone number: (317) 232-5288	

AUDIT FINDINGS

NARRATIVE

Reception Diagnostic Center (RDC) is located at 737 Moon Road, Plainfield, Indiana. RDC is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of May 24-26, 2017. Following coordination, preparatory work and collaboration with management staff at RDC, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

PRE-AUDIT PHASE

On April 7, 2017, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from the RDC PCM confirmed placement of the audit notice. Notices were to be posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from IDOC- RDC on May 9, 2017.

Pre-audit section of the compliance tool: On May 9, 2017, the State of Indiana PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. This auditor did not receive any letters from offenders at the facility prior to arrival at the institution.

ON-SITE PHASE

On May 24, 2017, this auditor arrived at PCF. Later I was joined by other team members Roger Benton, certified PREA auditor, and Ray Harrington, member of the California PREA Unit.

On May 24, 2017, the I met with the Superintendent Craig Grage, PREA Compliance Manager (PCM) Michael Arthur and the management staff of RDC for greetings, introductions and information sharing. The meeting took place in a conference room which served as a home base for audit preparation and organization.

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

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

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. RDC custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The auditor informed the PCM that audit teams would compile lists of custody staff and offenders selected randomly for interviews.

On-site Review: The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility. RDC is comprised of one building with six different celled housing units. The tour was attended by the Superintendent, a Sergeant, the PCM, the PREA Coordinator, and myself. The team toured the entire facility, including all of the housing units, medical, mental health, scullery, dining rooms, intake processing area, main control, the pharmacy, recreation yard, and all common areas. RDC does not have any visiting, education, industries, gym, chapels or program areas. As the tour moved through the facility, I would make a notation on the map indicating that that area had been visited. Additionally staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, I asked impromptu questions of staff and offenders. I also noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, and inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. I also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility.

PREA Management Interviews: The audit team members split up the interviews of the Superintendent (Warden or designee), PREA Coordinator, the Indiana Department of Corrections Commissioner, the Contract Administrator and the PCM. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand. If the manager was not at the facility, the interview was conducted over the telephone.

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

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

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

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

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 16 random staff interviews were conducted.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. Two audit team members was assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from their assigned housing units and selected other offenders while in the housing units. The audit team members completed the interviews in private offices. During the interviews the audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 20 offenders were interviewed as part of the random offender interviews.

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

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

The audit team member selected offenders from the list received from the PREA Compliance Manager. The interviews were conducted in a private office. The auditor introduced himself, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. The audit team member interviewed one limited English proficient (Spanish) offenders, one offender classified as vision impaired, two offenders who were identified as being gay, one offender who identified as transgender, and four offenders who reported prior sexual abuse during risk screening. According to the PCM, RDC only had one limited English speaking offender, one vision impaired or hearing impaired offender, no offenders that reported a PREA while housed at RDC and no offenders who were placed in Segregation due to risk of victimization. A total of 9 offenders were interviewed based upon these interview categories.

Document Reviews: The document review process was completed by this auditor. I reviewed all documents related to allegations of sexual abuse (including investigation files). I made a list of random staff names and reviewed all training records, personnel records, contractor and volunteer records, for these staff members. I then made a list of random offender names and reviewed the records maintained through the offender intake process, offender records and relevant medical documentation. I was provided copies of the documents to support the audit findings. The training records reviewed included a computer printout of all staff and contactors who have taken the required training over the past fiscal year and a list of all staff that have not. 15 training files were reviewed at random to verify compliance the IDOC PREA training procedure. 21 personnel files (six volunteer/contract staff and fifteen IDOC employees) were reviewed randomly for compliance with the hiring/promotional requirements.

The PREA Compliance Manager provided Sexual Incident Report (SIR) for the one allegation received since the completion of the last audit (May 2016). The report included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. This report was reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

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

I recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes. The one case reported was a staff-on-offender sexual harassment resulting in a finding of unsubstantiated. Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. The team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the PREA Coordinator, PCM and the Superintendent designee on May 26, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. This auditor gathered written information and feedback from the other team members and took responsibility for completing the interim report. This auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager.

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

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard. The interim report was submitted to RDC on June 2, 2017, with a Corrective Action Plan (CAP). The CAP listed the discrepancies discovered during the audit. The CAP was discussed telephonically on June 2, 2017, with management staff at RDC. During the conference call, it was explained what would be required to pass each of the three sections that RDC was determined to be deficient in. The due date for compliance was set at December 2, 2017.

Final Audit Report: Between July 5, and September 8, 2017, this auditor received a series of emails with copies of documents requested to satisfy compliance with the deficient standards. After reviewing the documents and analyzing the information, it was determined that RDC had provided sufficient information to prove that the requested corrections had been completed. The information is provided in this final report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Reception Diagnostic Center is located at 737 Moon Road, Plainfield, Indiana. The Reception Diagnostic Center was built in 1971 as part of the Plainfield Correctional Facility. The original building was four stories high with all of the offices and processing area on the first floor. The top three floors each had two tiers of external facing celled housing with a common area in the middle. In 1993 a significant addition was built. The addition included three celled pods, administrative office space and an entrance.

The prison was built to process offenders from the county facilities to state prison. All adult males (other than condemned) sentenced to prison in the State of Indiana are processed here. Most offenders are processed in two to three weeks. In the past year, the longest an offender was housed at Reception Diagnostic Center was 53 days. Offenders are received from the county, screened for safety concerns, seen by medical, mental health, dental and classification during their stay at Reception Diagnostic Center. Once the process is complete they are transferred to another facility in Indiana where they will serve their sentence.

Reception Diagnostic Center does not have any educational, vocational or work programs for the offender population. The facility does not have visiting, or telephone services for the offender population. All communication with friends and family is done via U. S. mail.

SUMMARY OF AUDIT FINDINGS

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

Overall, it is evident that the Reception Diagnostic Center staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with all of the PREA standards.

Some of the positives observed by the audit team included:

- Most of the offenders interviewed displayed confidence in the staff's ability to protect them. It appears that the offenders would feel comfortable going to staff to report any safety issues. The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. Most offenders stated they felt sexually safe at this facility.
- PREA posters were in place in all housing units, and common areas.
- Supervisory and management staff have a clear understanding of the policy.
- RDC has made significant modifications to eliminate cross gender viewing. Video surveillance is controlled so that female staff cannot view strip search areas or see inside offender's cells. Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- Supervisory and management staff ensured the audit team had access to staff and offenders for interviewing even with the current staffing shortages. Any documentation requested was received promptly.
- Staff has already begun to address issues that the audit team identified during the site review.
- Classification staff has taken ownership of the PREA intake process and are very thorough in their reviews of newly arriving offenders.
- The Medical and Mental Health Department understand the significance of their participation in the PREA process.

Some of the areas of general concern include:

115.17 Hiring and Promotional Decisions:

(c)(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.

115.41 Screening for Risk of Victimization and Abusiveness:

(f) Within a set time 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 intake screening.

115.43 Protective Custody:

(a) Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

(b) Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities, to the extent possible. If the facility restricts access to programs, privileges, education and work opportunities, the facility shall document;

- (1) The opportunities that have been limited;
- (2) The duration of the limitations; and
- (3) The reasons for such limitations.

Number of standards exceeded: 0

Number of standards met: 41 (95.4%)

Number of standards not met: 0 (0%)

Number of standards not applicable: 2 (4.6%)

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

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

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

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

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

RDC's PREA Compliance Manager (PCM) is Michael Arthur, Administrative Assistant 4. Mr. Arthur was assigned the PREA compliance Manager at RDC prior to the previous PREA audit conducted in 2016. Mr. Arthur does report directly to the Superintendent and has the authority to bring PREA issues directly to the Superintendent as disclosed by both the Superintendent and the PCM. Mr. Arthur stated he has adequate time to coordinate the institution's efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

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

An interview with the IDOC Contract Administrator disclosed that he works closely with the PREA Coordinator during the initial drafting of any new contracts and when renewing existing contracts. He stated that all contracts have provisions that allow for PREA monitoring and mandates compliance with the PREA act.

Standard 115.13 Supervision and monitoring

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

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

This auditor was provided a copy of the 2017 staffing plan for RDC. The staffing plan is forwarded to the PREA Coordinator for review and input. A review of the staffing plan and staff interviews revealed that custody posts and supervisory posts are determined by the IDOC Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association (ACA) standards and the principles of the Indiana Justice Model. The staffing plan is re-evaluated every January or more frequently as necessity dictates. The superintendent stated that he may change the location and placement of staff based on new programs being added, change in mission for the institution, a number of assault in certain areas of the facility or recommendations from the PREA committee. Additionally he may request additional position authority if there appears to be insufficient staff to operate the institution safely. PAP 02-01-115, Sexual Assault Prevention, requires each institution to consult with the PREA Coordinator every January to address the staffing plan. A view of the 2017 staffing plan demonstrates that it was shared with the PREA Coordinator. The PREA Coordinator confirmed that he reviews the staffing plan.

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

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

Currently RDC has 60 cameras to augment their security and aid in investigations. The monitors were viewed by the auditors to insure safety while providing modesty to the offenders.

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

During the tour of RDC, the audit team found one area of concern that could create a location for victimization. The offender restrooms in the Range 2 and Range 3 dayrooms that have solid doors allowing for offenders to be in the restroom without staff being aware of their location. The concern was discussed with facility management and locks were placed on the outside of the restroom, requiring staff to let offenders in.

Standard 115.14 Youthful inmates

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

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

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

Standard 115.15 Limits to cross-gender viewing and searches

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

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

PAP 02-03-101, Searches and Shakedown, page 8, section XI, states "Except during an emergency as declared by the superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender." Any strip search conducted by a staff member of the opposite gender must be documented on an incident report and submitted to the custody supervisor. RDC has not had any cross gender strip searches in the past 12 months according to the memorandum signed by the Superintendent provided to this auditor. All strip search areas allow for offenders to be strip searched without being exposed to female staff. None of the strip areas have video surveillance that allows for cross gender viewing.

PAP 02-01-115, Sexual Assault Prevention, pages 21 and 22, section XIV, requires that offenders be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Additionally, the PAP requires opposite gender to announce their presence when they enter a housing unit.

Almost all offenders that were interviewed stated that female staff announce their presence when entering a housing unit. Every staff member interviewed knew the policy for cross gender announcements and stated it was taking place. During the tour the auditor observed female staff announce their presence while entering the housing unit each and every time. When a female staff works in a location that utilizes video monitoring she must log into the system using her account. This does not allow for a female staff to see into any strip search areas, medical cells or other video monitored cells. The shift supervisor must tour each post with video monitoring, that has a female staff assigned, and certify that they did log in properly. This is documented in the shift supervisor's office. During the tour of the facility, the shower area and the offender restroom in intake had windows that allowed for female staff that were walking down the hall to see offenders genitalia exposed. The concerns were discussed with administrative staff. Prior to the completion of the audit, the issue had been resolved by painting two thirds of the windows.

PAP 02-01-115, Sexual Assault Prevention, page 22, section XIV, forbids staff to search or physically examine an offender for the sole purpose of determining their genital status. Staff are trained on this policy (Pat, Frisk and Modified Frisk Searches lesson plan, page 5) and proof of training was provided in the form of In-service Training sign in sheets. All of the staff interviewed stated that they would not strip

an offender for determining their genital statuses. If an offender does not agree with this assessment he or she may file a grievance. Institution staff had informed the auditors that they had one transgender offenders at their facility. This offender was interviewed. He stated that he believed that he was the only transgender offender at RDC at this time.

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

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

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

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

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

RDC has an agreement with PROPIO Language Services to provide interruptive services. Staff were aware of this service and understood how to access it. Additionally RDC has 13 staff members that are qualified interpreters. These interpreters speak 11 different languages, including American sign. Copies of the Sexual Abuse Policy are available in brail for offenders who have vision impairment issues.

During the audit one offender who was classified as vision impaired was interviewed. During the interview he disclosed that he has corrective lenses that allow him to read fine print. According to the staff at RDC, there was only one Spanish speaking offender at the facility. During the interview, he stated in English, that he understood the policy and does not require an interpreter however was provided the PREA information in Spanish. The auditor used the institutional telephone to contact PROPIO and was able to verify its accessibility and services.

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

Standard 115.17 Hiring and promotion decisions

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

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

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

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

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

Documents provided by RDC, to this auditor, included samples of background checks through Indiana Department of Motor Vehicles, the Indiana State Police and NCIC (National Crime Information Center) on new employees, promotional employees, contract staff and volunteers. Additionally any individual that interviews for a job, contract position or volunteer assignment must disclose if that have been civilly, administratively or criminally convicted of engaging in sexual abuse or sexual misconduct of an offender during the application process.

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

During the interview with the Human Recourse Manager, he explained the background screening process. This includes the criminal background check, reference checks with previous employers (including all previous employment that involved working with offenders) and checks with the PREA Coordinator in the event of promotion from another facility. During the background process he screens for any civil, administrative or criminal actions as a result of sexual abuse or sexual harassment of an offender. The personnel documents provided, support that this background process is followed with the exception of the checks with prior institutional employment. This auditor was informed by an HR employee that, while RDC staff do contact previous institutions that new employees have worked, they do not document these contacts.

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

This auditor was informed by an HR employee that, while RDC staff do contact previous institutions that new employees have worked, they do not document these contacts. Therefore there is no proof of practice for compliance with PREA Standard 115.17 (c)(2).

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

As part of the Corrective Action Plan, RDC agreed to provide proof that Human Resources contacted any prior institutional or correctional agency that a newly hired employee worked for (post audit). Since the date of the audit there have not been any new hires at RDC that have disclosed previous employment in a correctional setting. On September 8, 2017, RDC provided this auditor with a memorandum signed by the Human Resource Staff, acknowledging their responsibility to contact any institutional/correctional agency that a newly employed staff member disclosed that they worked for.

Standard 115.18 Upgrades to facilities and technologies

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

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

There has not been any new construction, nor is any planned, at RDC. RDC has 60 cameras to aid in the protection of the offenders. RDC has submitted requests to install additional cameras in the future to further enhance the safety of the institution. This auditor was told that placement of the cameras would be decided after discussion with a verity of staff including the PCM.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

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

IDOC has a community Partnership Agreement with Indiana Coalition Against Domestic Violence (IDADV) in place to provide victim advocacy services to the victims of sexual assault. The copy of the contract provided is dated June 3, 2016. The offenders have direct access to ICADV via offender phone system. During the interviews with first responders and supervisory staff, they were able to express how they would contact the IDADV for advocacy services. Posters with the IDADV address and phone number were visible in every housing unit during the tour of the facility.

During the staff interviews, staff were able to explain the evidence collection process. The medical staff interviewed knew that all forensic exams are conducted by the community hospital.

PCF did not have any allegations of sexual assault during this audit period. There was no documentation for the auditors to review that could demonstrate proof of practice.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

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

IDOC employees trained peace officer staff that have the authority to conduct sexual abuse/sexual harassment investigations. RDC has two employees that are trained to investigate allegations of sexual abuse. During the past 12 months, RDC has received one PREA allegation that occurred at RDC. This case was a sexual harassment of an offender by staff. The case was unsubstantiated. The Superintendent stated that all allegations of sexual abuse and sexual harassment are taken seriously. He insures that every allegation received is investigated completely. All staff interviewed knew their responsibility to report any allegation of sexual abuse/sexual harassment. This auditor could not find any evidence that indicated that an investigation was not opened when a report of sexual abuse/sexual harassment was received.

RDC has not had any third party allegations of sexual abuse since the last PREA audit.

Standard 115.31 Employee training

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

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

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

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

A review of the training records show that 184 of the 195 state employees have been trained in PREA in the past 12 months. Three of the non-compliant employees are off work for an extended period of time and will be scheduled to be trained upon return. The others are on schedule to be trained within the next month. A review of 15 random training files demonstrates compliance with the training policy in that employees signed acknowledgment of the training. Random interviews with staff confirmed that all employees are knowledgeable in the IDOC Sexual Abuse Policy. All of them knew their responsibility to prevent, detect, report and respond in an effort to eliminate sexual abuse and sexual harassment in an institutional setting. They were also aware of IDOC's zero tolerance policy toward sexual abuse or sexual harassment of an offender.

Standard 115.32 Volunteer and contractor training

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

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

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

Currently there are 35 contractors and six volunteers that work with offenders at RDC. Only five of the contractors have not completed the required PREA training during the past twelve months according to the overdue training list provided by in-service training. All of the training records randomly selected for review confirm that PCF is in compliance with the required training for all contractors and volunteers. The acknowledgement of training was present in the eleven random training files reviewed by this auditor. Additional copies of the acknowledgement forms were provided to this auditor in the pre-audit materials. During interviews with contracted and volunteer staff, they demonstrated knowledge of the sexual abuse sexual harassment policy and their responsibility to comply. All of contractors and volunteers interviewed knew the zero tolerance policy and how to report an allegation of sexual abuse or sexual harassment.

Standard 115.33 Inmate education

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

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

PAP 02-01-115, Sexual Assault Prevention, section VII, requires that all offenders housed in the IDOC shall receive, as part of the orientation package, written and verbal information on the Department's zero tolerance for sexual abuse and sexual harassment as well as how to report sexual abuse and sexual harassment.

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

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

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

All housing units, medical areas, and common areas had posters visible to the offender population.

Standard 115.34 Specialized training: Investigations

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

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

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

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

Both staff that are trained to investigate sexual assault/harassment at RDC provided this auditor with copies of the certificates that they received during training. Both of the investigative trained staff were able to explain how to conduct an investigation of a sexual assault to the audit team.

Standard 115.35 Specialized training: Medical and mental health care

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

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

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

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

RDC medical staff do not conduct forensic exams. RDC utilizes Terre Haute Regional Hospital for all forensic exams. This auditor interviewed the SAFE/SANE Nurse via telephone and she confirmed the hospital's responsibility to conduct such exams.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

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

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

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

A review of records, interviews and offender files demonstrated compliance with IDOC Policy for initial screening. RDC is the male reception center for the State of Indiana. All offenders are screen initially using an abbreviated screening form as soon as they arrive at the reception center. Within 72 hours, usually within 24 hours, the offenders are screened using the SVAT by one of the eight caseworkers assigned to the facility. Offenders are at RDC about two to four weeks before their process is complete. Occasionally offender's cases take longer than 30 days to process. During the week of the audit, RDC had eight offenders that had been at RDC for over 30 days. None of these offenders have had a second risk screening. The longest an offender was housed at RDC during this audit period was 53 days. During the audit tour, while talking to offenders, the offenders told this auditor about the screening process and the PREA training that they received.

The SVAT is maintained in the confidential section of the offender's file. Only certain employees have access to this file. The offenders are not informed if they have been determined to be at risk for sexual victimization or at risk for sexual abusiveness.

From the record reviews, it was noted that new arrivals were initially screened within 24 hours of arrival and however not screen again prior to 30 days after arrival.

As a corrective action, this auditor was provided copies of second screenings that were completed for all offenders that were housed at RDC for over 30 days for the months of June, July and August. These screening were all completed within 30 days or less. RCD is in full compliance with this standard.

Standard 115.42 Use of screening information

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

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

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

RDC has several different housing options to separate potential predators from potential victims. The facility is comprised entirely of celled housing. Offenders that have been classified as high risk of being sexually victimized are not placed in the same cell as offenders who have been classified as high risk for being sexually abusive. RDC does not have any education or work assignments at the facility.

IDOC policy does not allow institutions to place LGBTI offenders in designated facilities or housing units. Facility staff are required to reassess transgender and intersex offender's cases every 6 months. The offender's views on their own safety are given serious consideration when making program decisions. RDC did have one transgender offender housed at the facility at the time of the audit. The physical design of RDC allows the transgender offender to shower without being viewed by other offenders. RDC has not had any transgender or intersex offenders housed at the facility for longer than six months; there for the six month review is not applicable.

Standard 115.43 Protective custody

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

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

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

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

After discussion with the management and supervisory staff at RDC, it was determined that in some rare cases, offenders do get placed in Segregated Housing as a result of being evaluated as high risk for potential of being sexually abused. It was explained to the auditor that about once every two or three months an offender will arrive at the RDC with case factors that are significant enough that the offender is placed in segregation for his safety. The offender is usually released the next day upon further evaluation. Since offenders do not stay at RDC for any length of time, the facility only had one set of documents that they could provide to the auditor relative to this standard. During the review of the documents there was no indication that staff attempted to find less restrictive housing prior to placing the offender in Segregation. The offender was released the next day.

During the corrective action period, RDC did not place any offenders in Administrative Segregation based on solely their risk for sexual victimization. Staff reaffirmed that offenders will be placed in the least restrictive housing, consistent with their safety needs.

Standard 115.51 Inmate reporting

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

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

PAP 02-01-115, Sexual Assault Prevention, section XV, requires that each facility shall provide multiple internal ways for an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders and staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibility that may have contributed to such incidents.

RDC has several methods for offenders to report sexual abuse or sexual harassment, retaliation for reporting sexual abuse or sexual harassment, or staff neglect or violation of responsibility that may have contributed to such incidents. They can write the Ombudsman, the PREA Unit in headquarters, they can talk to any staff member or they can write an grievance. All of the offenders are seen by a medical and mental health clinician during their short time at RDC. The offenders can talk one of these medical professionals or write an anonymous

note to them. The offenders can also contact a friend or family member and have them report it.

During the offender interviews, each of them was able to tell the audit team how they could report a sexual assault, sexual harassment, retaliation for making a PREA report or staff neglect that may have resulted in a sexual assault. All of the offenders stated that they felt they could report an incident to staff and it would be handled seriously.

PAP 02-01-115, Sexual Assault Prevention, section XV, requires staff to accept reports made verbally, in writing, anonymously and from third parties and shall promptly document verbal reports. All reports of sexual abuse shall be documented in an Incident Report prior to the end of shift.

Staff may report sexual abuse privately to their shift supervisor, an Internal Affairs Investigator, PCM, or the IDOC Executive Director of PREA via the IDOC Sexual Assault Hotline.

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

Standard 115.52 Exhaustion of administrative remedies

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

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

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

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

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

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

There was one grievances related to PREA filed within the past 12 months at RDC. A review of the grievance demonstrated compliance with this policy. An interview was conducted with the Grievance Coordinator. He was well versed in the process and stated that any PREA related grievance that he receives is reported to the Superintendent immediately.

Standard 115.53 Inmate access to outside confidential support services

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

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

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

When interviewed, all of the offenders stated that they felt that they could report confidentially.

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

Standard 115.54 Third-party reporting

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

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

IDOC webpage includes a telephone number and e-mail link on their webpage so that third parties can report sexual assault. RDC does not allow visiting for offenders, however if a friend or family member were to contact the facility, the information on how to report a PREA would be provided to them.

During offender interviews, most offenders were aware that third party reporting was an acceptable method for receiving a report of sexual abuse or sexual harassment.

Standard 115.61 Staff and agency reporting duties

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

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

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

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

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

As disclosed in in 115.22, all allegations of sexual abuse and sexual harassment are referred for investigation through the chain of command.

Standard 115.62 Agency protection duties

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

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

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

During formal and informal interviews of different classifications of staff, they described what steps they would take to insure the immediate safety of offenders who reported abuse. In each case the staff member stated that they would separate the alleged victim from the alleged suspect immediately.

Standard 115.63 Reporting to other confinement facilities

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

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

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

The RDC has received several allegations from offenders that have occurred at other facilities. Each of these allegations is forwarded to the Superintendent for review. The PCM then contacts the facility where the incident occurred, usually via e-mail, within 24 hours. The documents reviewed by the audit team demonstrated compliance with this standard.

RDC did not receive any allegations from other facilities that a sexual assault had occurred at RDC during this audit period.

Standard 115.64 Staff first responder duties

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

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

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

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

activity that may destroy physical evidence; and placing suspects in dry cells, under constant supervision, while awaiting transfer to the SAFE/SANE nurse to avoid destruction of evidence.

Standard 115.65 Coordinated response

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

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

RDC Facility Directive 3-24 dated May 25, 2017, spells out the responsibilities of all staff involved in a coordinated response to a sexual assault. The staff include first responders, Internal Affairs Instigators, Victim Advocates, medical staff, mental health staff and the PCM (facility leadership).

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

There were no PREA incidents requiring SART response during this audit period

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

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

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

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

Standard 115.67 Agency protection against retaliation

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

RDC had one PREA allegation during this audit period. The offender transferred to another facility within a week of the initiation of the retaliation monitoring. According to the PCM and the documentation provided, the monitoring form was forwarded to the offender's new facility with the direction to return the form upon completion of the 90 period. The 90 monitoring period had not expired at the time of this audit.

Standard 115.68 Post-allegation protective custody

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

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

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

A memorandum signed by the Superintendent of RDC states there have not been any offenders placed in segregation housing solely due to making an allegation of sexual assault. RDC had only one PREA allegation during this audit period. The offender who made the allegation was not placed in segregation.

Standard 115.71 Criminal and administrative agency investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

RDC had one PREA allegation during the audit period. This allegation was a staff-on-offender sexual harassment. The allegation was reported directly to the PCM by the alleged victim the day after the alleged victim filed a grievance on the allegation. The investigation was conducted by a trained PREA investigator. There was no physical evidence to collect. The alleged victim, the alleged suspect and potential witnesses (staff and offender) were all interviewed. The case was unsubstantiated. After reviewing the documentation, this auditor agrees with the conclusion of the investigation. The report was complete and easy to follow. Supporting documents were in the file.

RDC has two staff trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that RDCs investigators have been trained in PREA within the past year.

During interviews and discussion with investigative staff, both of them stated that the creditability of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual bases. Reviewing the case did not demonstrate that staff testimony was given more credibility than offender testimony. There was no evidence of use of a lie detector test at RDC and investigative staff stated that they do not use such devices.

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

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

Per PAP 02-01-115, Sexual Assault Prevention, Section XVI, all reports are required to be kept the length of the offender's sentence or staff employment plus five years. During the interview with the PCM this auditor was informed that RDC archives their PREA reports according to this policy.

PAP 02-01-115, Sexual Assault Prevention, Section XVI requires that all allegations of sexual abuse and sexual harassment be investigated, even if the alleged perpetrator or victim has separated from employment or custody supervision. If this occurs, outside law enforcement shall be contacted. RDC did not have any cases were the victim or suspect separated from employment or custody supervision.

Standard 115.72 Evidentiary standard for administrative investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

Standard 115.73 Reporting to inmates

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

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

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

RDC had one PREA allegation during this audit period. A copy of the notice of the outcome of the investigation to the offender was provided to this auditor. The notice complied with IDOC policy and the PREA Act requirements.

Standard 115.76 Disciplinary sanctions for staff

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

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

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

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

RDC has not had any substantiated cases against staff in the past year

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

Per the memorandum signed by the Superintendent dated May 1, 2017, RDC did not have any substantiated cases involving volunteers or contractors. During interviews conducted with management staff, they stated that in the event that they had a contractor or volunteer that was involved in sexual contact with an offender, the contractor/volunteer would be barred from grounds and reported to their employer. Additionally they would seek criminal charges through the DA.

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

PAP 02-01-115, Sexual Assault Prevention, Section XVII, requires mental health staff to complete a mental health evaluation of the abuser within 60 days of a substituted case of offender-on-offender sexual abuse and offer treatment when necessary.

RDC did not have any reported offender-on-offender sexual assaults or harassments in the past 12 months, according to the Superintendent and the PCM.

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

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

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

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

All offenders are seen by mental health clinicians upon arrival. Usually this interaction occurs on the second or third day after intake. The Mental health staff was able to provide the audit team with a copy of a mental health evaluation on each of the offenders that claimed prior victimization. Each of these offenders was seen within 14 days of arrival. RDC did not have any offenders that claimed prior sexual predatory sexual abuse.

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

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

Standard 115.82 Access to emergency medical and mental health services

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

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

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

During staff and offender interviews, and review of documentation, RDC's medical staff immediately see every offender when a case of sexual abuse is reported. The medical staff treat the offender for any life threatening injuries and prepare the offender for transport to the Terra Haute Regional Medical Center for the forensic exam. The medical staff confirmed that offenders are not charged for these services. Medical staff appeared to be very knowledgeable in their response to sexual assault and the information that they provide the offenders.

The offenders are counseled, in regards to transmission, testing and treatment methods (including prophylactic treatment), and risks associated with sexually transmitted infection treatment by the SAFE/SANE nurse. Follow up testing and treatment is conducted by the medical staff at RDC. In the event that an offender refuses treatment from the SAFE/SANE nurse for a PREA incident, the information on sexually transmitted infection is provided by the RDC medical staff.

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

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

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

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

According to medical staff, the medical file is forwarded to the next facility with the offender. If an offender is evaluated and a treatment plan is prescribed, that treatment plan is continued at the next facility. RDC does not offer any therapy groups at the facility since offender are not housed at the reception center for very long.

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

Offenders who have a known history of offender-on-offender abuse are referred to mental health, and usually scheduled to be seen within 14 days according to the mental health staff. RDC did not have any offenders that were know offender-on-offender abusers during this audit period.

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

Standard 115.86 Sexual abuse incident reviews

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

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

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

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

RDC had one PREA allegation during this audit period. The PREA committee met within 20 days of the conclusion of the investigation.

Standard 115.87 Data collection

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

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

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

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

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

Standard 115.88 Data review for corrective action

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

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

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

PAP #02-01-115, Sexual Assault Prevention, Section XIX, requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers. The Executive Director of PREA

is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

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

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

AUDITOR CERTIFICATION

I certify that:

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

John Katavich

September 8, 2017

Auditor Signature

Date