

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

Interim       Final

Date of Report 3/12/2021

### Auditor Information

Name: Sonya Love	Email: sonya.love57@outlook.com
Company Name: Diversified Correctional Services	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: Click or tap here to enter text.	Date of Facility Visit: August 13 - 14, 2020/ October 5, 2020

### Agency Information

Name of Agency:  Indiana Department of Corrections	Governing Authority or Parent Agency (If Applicable):  State of Indiana		
Physical Address: 302 W. Washington Street.	City, State, Zip: Indianapolis, IN 46204		
Mailing Address: Same as above	City, State, Zip: Same as above		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

### Agency Chief Executive Officer

Name: Robert E. Carter Jr.	
Email: Rcarter@idoc.in.gov	Telephone: (317) 232-5711

### Agency-Wide PREA Coordinator

Name: Bryan Pearson	
Email: BPearson@idoc.in.gov	Telephone: (812) 526-8434 ext. 220
PREA Coordinator Reports to:  Todd Tappy, Executive Director of Investigations & Intelligence	Number of Compliance Managers who report to the PREA Coordinator  21

## Facility Information

**Name of Facility:** Reception and Diagnostic Center

**Physical Address:** 737 Moon Road

**City, State, Zip:** Plainfield, IN 46168

**Mailing Address (if different from above):**

N/A

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://www.in.gov/idoc/prea/>

**Has the facility been accredited within the past 3 years?**  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
Click or tap here to enter text.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Mr. Craig Grage, Warden

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

**Telephone:** 317) 839-7727

### Facility PREA Compliance Manager

**Name:** Michael Arthur

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

**Telephone:** (317) 839-2513

### Facility Health Service Administrator N/A

**Name:** Monica Gipson

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

**Telephone:** (317) 839-7727

Facility Characteristics		
<b>Designated Facility Capacity:</b>	694	
<b>Current Population of Facility:</b>	568	
<b>Average daily population for the past 12 months:</b>	621	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
<b>Age range of population:</b>	18 -71	
<b>Average length of stay or time under supervision:</b>	49.78 DAYS	
<b>Facility security levels/inmate custody levels:</b>	1-5	
<b>Number of inmates admitted to facility during the past 12 months:</b>	474	
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	474	
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1494	
<b>Does the facility hold youthful inmates?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</b>	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
<b>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</b>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	208
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	62
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	177
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	47
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

### Physical Plant

Number of buildings:	1
Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	
Number of inmate housing units:	21
Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	559
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	33

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Medical and Mental Health Services and Forensic Medical Exams

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

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	71-Agency/7-Facility
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	71-Agency/3-Facility
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

<b>apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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## Audit Findings

### Audit Narrative

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

### Overview

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Indiana Department of Correction (IDOC), Reception Diagnostic Center located in Plainfield, Indiana in Hendricks County was conducted on August 13-14, 2020 by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love, Diversified Correctional Services. The Auditor conducted an opening meeting, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related staff and inmate documentation. Upon completion of the onsite audit process, a closing meeting was held with the administrative staff to discuss the audit process and the next step in the audit process.

### Pre-Audit Phase

This is the second PREA (Prison Rape Elimination Act) audit for Reception Diagnostic Center. The standards used for this audit became effective August 20, 2012. Before the on-site visit, a representative, the PREA Coordinator, from the Indiana Department of Correction (IDOC) conducted a "pre-audit" review of the facility to ensure PREA compliance.

The PREA Coordinator is a certified PREA Auditor. The agency has established the PREA Compliance Manager as the facility liaison for the PREA audit at Reception Diagnostic Center and Plainfield Correctional Facility. At the direction of the agency's Commissioner, the PREA Coordinator and facility liaison (PREA Compliance Manager) were tasked with providing the Auditor with all policies and supporting documentation for the Auditor to review before the on-site visit.

Policies and documentation were provided in the form of memos, facility handbooks, brochures, posters, and other forms/documents. The Indiana Department of Correction (IDOC) developed agency-wide governing policies that stipulate specific policies, in the event, there are no site-specific policy required to expand on the agency's policies. An internet search by the Auditor confirmed that the Reception Diagnostic Center 2017 PREA audit was conducted on May 24-26, 2017 and a copy of the audit report was posted to the agency's website.

The agency's PREA Coordinator submitted electronic copies of the IDOC Offender Handbook and Offender Brochure Handbook in English and Spanish for the Auditor to review. The handbook contained information such as IDOC mission and vision, classification, services, programs, and

operations. Absent from the handbook, but available in PREA posters and brochures, information was provided detailing inmates can report a sexual assault by telling any staff person, dialing #80 from the offender phone system, and/or filing a grievance. Inmates can also send a letter to the Indiana Ombudsman Bureau at:

**Indiana Ombudsman Bureau**  
**402 W. Washington St., W479**  
**Indianapolis, IN 46204**

In addition, one poster revealed a family/friend can report on behalf of an inmate by emailing [idocprea@idoc.in.gov](mailto:idocprea@idoc.in.gov) or calling 1-877-385-5877. For advocacy and support services, the inmate can call the Indiana Coalition Against Domestic Violence (ICADV) by dialing #66 from the offender phone system or writing ICADV at:

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

### **Document Request**

The Auditor completed a document review of the Reception Diagnostic Center Pre-Audit Questionnaire (PAQ), applicable policies, procedures, and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator and PREA Compliance Manager to discuss logistics for the onsite portion of the audit. The following documentation was requested for the onsite visit:

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

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

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Indiana Department of Correction (IDOC), Reception Diagnostic Center, August 13-14, 2020 by the Diversified Consultant Services, PREA certified Auditor Sonya Love. The population on the first day of the audit was 568. The rated capacity was 694. A meeting took place with management staff to outline the Auditor's sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional directives and supplemental documents. The Auditor was provided a private room in

which to work and conduct confidential interviews. All requested files and rosters, both staff and inmates were made available to the Auditor for review.

The tour of Reception Diagnostic Center included the intake processing areas, all living units, the Restrictive Housing Unit (RHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas and areas of Reception Diagnostic Center. Reception Diagnostic Center has a restricted housing unit (RHU) consisting of 33 segregation cells. During the onsite visit, zero inmates were housed in RHU because of sexual victimization. All living units were equipped with showers, as well as privacy curtains. All living units had toilet and shower stalls that afforded all inmates with a measure of privacy to shower, change clothes and use the toilet.

The Auditor interviewed the following categories of specialized and random staff, during the on-site phase of the audit:

<b>Category of Staff Interviewed</b>	<b># Interviews Conducted</b>
Random Staff	12
Specialized Staff	16
<b>Total Staff Interviewed</b>	<b>28</b>

Note: Selected from all shifts

<b>Other staff interactions during the facility tour</b>	<b># Interviews Conducted</b>
Staff Interactions during the facility tour	4
Staff who refused to be interviewed	0
<b>Total Staff Interviewed</b>	<b>4</b>

<b>Category of Specialized Staff Interviewed</b>	<b># Interviews Conducted</b>
Agency Contract Administrator (previously interviewed) in 2020	0
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	1
Line staff who supervise youthful inmates, if any	0
Education staff who work with youthful inmates, if any	0
Program staff who work with youthful inmates, if any	0
Medical staff	1
Mental health staff	1
Administrative (human resource) staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	0
Contractors who have contact with inmates	3
Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	2
Staff who supervise inmates in segregated housing	1

Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	1
<b>Total Staff Interviewed</b>	<b>16</b>

### Staff Interviews

Reception Diagnostic Center employs an average staff of 208 individuals. Both random staff and specialized staff were interviewed to include Correctional Officers (from all shifts) during the audit process. All staff interviewed confirmed having been trained to act as first responders in the event of a PREA related incident. Both random and specialized staff were interviewed on each day of the on-site audit.

### Site Review

Immediately following the opening meeting, a tour of the facilities was completed. The Auditor was escorted throughout the facility by the PREA Coordinator and Administrative Assistant 4, PREA Compliance Manager. During the tour, the Auditor reviewed PREA related documentation, posters and sexual abuse informational material displayed on bulletin boards located in each living unit. All signs and postings were in both English and Spanish. Moreover, postings regarding how inmates can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. Telephone lines were tested on all living units for access to outside reporting entities and accessibility to a community support victim advocacy organization. Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed PREA audit postings were posted well in advance of the on-site visit. Inmate interviews confirmed the placement of the PREA notices. Observations noted during the tour:

- Zero inmates were housed in the restrictive housing unit (RHU) because of an allegation of sexual victimization during the audit.
- The facility does not house youthful offenders.
- The Auditor tested telephone access to outside entities to report abuse was available to inmates from the living units.
- Active quarantines were in place to contain the spread of the Covid-19 virus
- Volunteerism was suspended by IDOC
- Visitation was suspended by IDOC

Inmates affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted.

The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

## Inmate Interviews

At the time of the audit there were 568 male inmates housed at the Reception Diagnostic Center. A total of 41 male inmates were interviewed. Forty-one institutional files were reviewed to confirm inmates received PREA education as mandated by PREA. Interviews were conducted using the Department of Justice (DOJ) protocols to access inmate's knowledge of PREA and the reporting mechanisms available to them.

Category of Inmates Interviewed	# Interviews Conducted
Random inmates	32
Targeted inmates	9
Youthful inmates	0
Total inmates interviewed	41
<b>Targeted Inmate Interviews-Breakdown</b>	
Youthful Inmates	0
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are Limited English Proficient (LEP)	0
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, <b>Gay</b> , or <b>Bisexual</b>	3
Inmates who Identify as <b>Transgender</b> or <b>Intersex</b>	4
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse that occurred at the Facility	0
Inmates who Reported Sexual Victimization During Risk Screening	2
<b>Total Number of Targeted Inmates Interviews</b>	<b>9</b>

\*Note: Inmates selected from various living units

## Victim Advocacy

The Auditor examined the contractual agreement between a community victim advocacy organization, Indiana Coalition Against Domestic Violence (ICADV), that exists with Indiana Department of Corrections and by extension the Reception Diagnostic Center (RDC). A telephone conversation confirmed that Reception Diagnostic Center has a provider relationship with an advocacy organization that will provide, a 24 hour per day, seven days per week Sexual Assault Hotline, medical accompaniment, and advocacy for an inmate victim of sexual assault.

RDC also has trained qualified agency staff, termed Sexual Assault Response Team (SART) members on each shift to accompany victims of sexual abuse to the hospital for a forensic examination. These team members were screened and trained by the agency to provide emotional support and victim advocacy as requested by the victim. When applicable, a SART member will accompany the victim to the hospital and provide support through the forensic examination process.

## File Review

Following the interviews, the Auditor reviewed files using an electronic platform during the pre-audit phase. The Auditor reviewed training records to establish compliance with general and specialized PREA training mandates. This Auditor confirmed that five new employees of Reception Diagnostic

Center completed background checks before hire, and all received National Crime Information Clearance before working around inmates. Problematic, the Auditor found one contractor with a criminal history which should have precluded his employment in a correctional setting. The contractor failed to disclose the nature and circumstance of his criminal conviction by material omission. The contractor resigned before the audit began. The Warden issued a gate closure for the contractor restricting further contact with inmates.

Volunteerism has been suspended for better than one year due to the pandemic. The Auditor reviewed four files for facility volunteers. Zero of the volunteers selected for interview met the five-year background check review mandate. Screening and intake procedures were evaluated by reviewing inmate files which included a Sexual Violence Assessment Tool (SVAT) to assess inmates for a history of victimization, prior acts of sexual abuse, and any history of prior institutional violence or sexual abusiveness. Sexual Victimization vulnerability assessment instrument and inmate education verification documents were examined by the Auditor.

### **Investigations**

During the current auditing period, there was 4 reported allegations of sexual abuse/sexual harassment. All investigations are investigated internally by the IDOC Intelligence and Investigative Unit or the facility PREA Compliance Manager. All investigations were unsubstantiated and closed. Zero investigations led to a criminal investigation and prosecution. The PREA Coordinator is responsible for receiving verbal and telephonic referrals 24 hours a day, seven days a week.

### **Closeout**

A closing meeting was held with the Auditor and the administrative staff on August 14, 2020 and October 5, 2020. Discussions centered around the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their hard work and dedication to the PREA process and participation in the second phase of the audit process.

## **Facility Characteristics**

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

Reception Diagnostic Center (RDC) is located at 737 Moon Rd. RDC, Indiana in Hendricks County. The Reception Diagnostic Center (RDC) is a maximum-security intake facility for adult males sentenced to the Indiana Department of Correction (IDOC). Most adult males sentenced to IDOC are received at RDC, classified, and transferred to long-term facilities. Inmates sentenced to death bypass RDC intake processing center and are transferred directly to the Indiana State Prison. Juvenile (Youthful Inmates) sentenced as adults are incarcerated at the Pendleton Juvenile Facility until reaching the age of eighteen.

RDC was completed in two phases: The first phase consisted of 204 cells and was completed in 1971. Phase two was completed in 1993, which added 144 additional cells and administrative and operational workspace. RDC has a capacity/total of 695 inmates.

Due to the short duration of time spent at RDC, programs are not available to inmates. During the intake process each inmate is being evaluated through interviews, physical and psychological diagnostic tests, and evaluations. A comprehensive evaluation forms the basis of the inmates' facility and program placement.

While at RDC, every inmate receives:

Complete medical examination

Dental examination

Psychological interview

Lab work, including taking DNA samples and blood draws (to test for certain communicable diseases)

TB testing

Education testing (TABE – Test of Adult Basic Education) is also administered to offenders.

The facility staff totals 208 employees. The types of staff positions include security, medical and mental health practitioners, and support staff, and RDC administrative staff. Staff positions also include contract employees from companies such as Aramark (foodservice) and Wexford of Indiana.

The inmate housing consists of 1 building and twenty-one 21 housing units, the number of multiple occupancy cell housing units is 559. RDC has 33 segregation cells for use as administrative, disciplinary, protective custody circumstances when applicable.

## Summary of Audit Findings

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

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

### Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

### Standards Met

Number of Standards Met: 44

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

### Corrective Actions:

#### Standard 115.17: Hiring and promotion decisions

As part of the corrective action, RDC developed a system to capture criminal background information on current employees, contractors, and volunteers. At this time, volunteerism is suspended until further

notice. More, RDC completed criminal background checks on all contract staff to meet this standard and provided the Auditor with documented evidence of compliance with this standard. Criminal histories were uploaded into a secure electronic platform, Synciplicity for review by the Auditor. The PREA Coordinator also issued a reminder email to Human Resource representatives across IDOC to reiterate the necessity to comply with all PREA standards to include 115.17 (a). The PREA Coordinator provided the Auditor with a copy of the memorandum regarding compliance with this standard. After corrective action RDC met this standard.

### **Standard 115.71: Criminal and administrative agency investigations**

Written reports of PREA investigations were inconsistently documented to support findings. In general reports lack the requisite thorough descriptions of the physical, testimonial, and documentary evidence. Other reports contained little documentary evidence. Witness statements were absent from the investigation and some investigations completed by the PREA Compliance Manager were in fact investigated by OII. The form and format varied from report-to-report for investigations generated from the Office of Internal Investigations and the facility. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. In one incident of document retaliation the facility failed to complete the investigation with a statement from the accused staff person upon his return from military duty.

1. IDOC will modify the electronic document, Report of Investigations to reflect the findings of the investigator. The Case Status of the investigation should reflect the narrative found in the conclusion or disposition of the investigation.
2. Some sexual abuse investigations were completed by RDC PREA Compliance Manager instead of the Office of Internal Investigations. All sexual abuse allegations (Abusive Contact, non-consensual sex acts, staff sexual misconduct) must be investigated by the Office of Internal Investigations, investigators that have completed the specialized investigative training as required in Standard 115.34. The PCM should not conduct Sexual Abuse investigations. This is also in keeping with the IDOC policy.
3. The PREA investigative checklist will be part of the corrective action to improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All investigators must complete the investigative checklist and ensure the report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that PREA Investigator must be reviewed by all investigators at RDC. After review of the PowerPoint presentation investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of all acknowledgement of training documents.
4. The Auditor will review all investigations completed for the next 60 days.

### **Standard 115.67: Agency protection against retaliation**

The facility PAQ, 115.67 (c) -5, indicates the number of times an incident of retaliation occurred in the past 12-month period as zero (0). Likewise, PAQ Standardd115.67 (c)-2 indicates that the length of time that the agency/facility monitors the conduct or treatment of an inmate would be 90 days. Problematic, was a review of a sample of RDC PREA Retaliation Monitoring forms relative to this review period. The Auditor determined that monitoring abruptly ends during the period of observation without justification for the discontinuation of the retaliation monitoring.

RDC will provide evidence of staff corrective action. The retaliation monitor retired from employment with IDOC. The PREA Coordinator will train a replacement. RDC will provide all security staff to include custody supervisors with re-fresher training regarding Standard 115.67 coupled with applicable agency policies relative to the subject of retaliation. The PREA Compliance Manager/retaliation monitor will participate in the training. RDC will document attendance by printing the names of all custody staff, documenting the training date, and providing a signature of acknowledgement.

The agency PREA Coordinator revised the retaliation monitoring form to include dates and times monitoring occurred and included a signature line for the inmate being monitored. In the event retaliation monitoring ends because an inmate is transferred, discharged, etc. the retaliation monitor will note the reason for the discontinuation of the monitoring process. Likewise, the Auditor will examine retaliation monitoring to determine if corrective action was effective. The Deputy Warden will serve as the back up to the retaliation monitor in the absents of the PREA Compliance Manager.

The Auditor was provided copies of substantiated or substantiated PREA case which occurred after the interim report to determine if retaliation monitoring occurred in accordance with this standard. There was one (1) closed investigation, unsubstantiated. The PREA Coordinator provided the Auditor with documented evidence that retaliation monitoring began as dictated in Standard 115. 67. After corrective action, RDC met the requirements of Standard 115.67.

## **PREVENTION PLANNING**

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

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

#### **115.11 (a)**

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

#### **115.11 (b)**

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

#### **115.11 (c)**

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

### **Auditor Overall Compliance Determination**

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

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

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

IDOC Policy 02-02-115 (Sexual Abuse Prevention) established that the agency has a written policy. The written policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment as outlined in Policy 02-01-115. A review of the organization chart identifies that a PREA Coordinator has been designated by the IDOC. The position of PREA Coordinator is a member of IDOC upper level of agency hierarchy. During his interview, the PREA Coordinator confirmed that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all its facilities.

In addition, a review of the Reception Diagnostic Center's (RDC) organizational chart and PAQ verifies that a PREA Compliance Manager (PCM) was designated by the Reception Diagnostic Center. RDC and Plainfield Correctional Facility share the PREA Compliance Manager's position. The position of PREA Compliance Manager is held by an Administrative Assistant 4. The PCM in his role at RDC reports to the Warden. During his interview, the PREA Compliance Manager confirmed that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards at both facilities. The PCM for Plainfield and Reception Diagnostic Center is a full-time position. Reception Diagnostic Center met the requirements of Standard 115.11.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Organizational Chart
- Interview with the Warden

- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The agency has entered into 7 contracts. All applicable contractors are required to adopt and comply with PREA standards. Reception Diagnostic Center met the requirements of Standard 115.12.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

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

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

#### **115.13 (b)**

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

#### **115.13 (c)**

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

#### **115.13 (d)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses Standard 115.13. At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviewed the staffing plans to see whether adjustments are needed. RDC has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The 2019 staffing plan dated January 21, 2020 considered each factor outlined in 115.13 (a) such as, incident data comparison of sexual abuse incidents and Special Incident Reports (SIR's) completed in 2017 was 7, 3 Sirs' in 2018, and 4 SIR's in 2019. The Auditor confirmed that RDC documented the need for additional cameras, continued need to conduct quarterly PREA Committee Meetings to remain abreast of changes in PREA related incidents (positive or negative).

Policy 02-01-115 mandates that unannounced rounds are conducted by intermediate-level or higher-level supervisors to identify and deter staff sexual misconduct and sexual harassment on all shifts. Unannounced rounds were documented in the RDC Shift Supervisor's Log. Intermediate-level or higher-level supervisors interviewed during the on-site portion of the audit provided a detailed description of how randomized unannounced rounds are conducted. Equally, the same supervisors indicate that randomized locations and times of a PREA unannounced round is not disclosed prior to conducting a security check to identify and deter staff sexual misconduct and sexual harassment on any shift. The facility/agency has a policy prohibiting staff from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

The Auditor reviewed a sample of unannounced rounds for the prior 12-month period. Specifically, a sample of five (5) documented PREA unannounced rounds were examined by the Auditor for compliance with Standard 115.13. Facility logbooks dated 11/18/19, 2/12-14/2021 confirmed that PREA unannounced rounds were completed by both the assigned shift Sgt's and a shift Captain or Lieutenant. The facility logbook indicated that RDC deviated from the facility staffing plan on the dates listed above. Standard 115.13 (b) indicates in circumstances where the staffing plan is not complied with that the facility shall document and justify all deviations from the staffing plan. RDC Shift Supervisor's Logs examined 11/18/19, 2/12-14/2021, note post closures due to the pandemic, call-ins, and scheduled days off as reasons why RDC deviated from the staffing plan. RDC met the requirements of Standard 115.13.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Reception Diagnostic Center Memo: Opposite Gender Announcements
- Reception Diagnostic Center documents: General Housing Daily Logs
- Auditor review of unannounced rounds
- Auditor review of staffing plan
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with staff who conduct unannounced rounds

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Reception Diagnostic Center does not house youthful inmates. Reception Diagnostic Center met the requirements of Standard 115.14.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 01-04-102 (Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

### **115.15 (a)**

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

### **115.15 (b)**

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

### **115.15 (c)**

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

### **115.15 (d)**

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

#### **115.15 (e)**

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

#### **115.15 (f)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

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

Policy 02-03-101 (Searches and Shakedowns) and Policy 02-10-1118 (Transgender and Intersex Offenders) address the requirements in Standard 115.15. The facility does not have female inmates. Where applicable the facility documents all cross-gender strip searches and cross-gender visual body cavity searches.

For example, Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender." Opposite gender strip searches of an inmate are only conducted in exigent circumstances and there is a reasonable cause to believe that a delay would jeopardize the safety, order, and/or security of the facility, according to the facility Warden. During his interview, the PCM indicated that if a strip search is conducted by an opposite gender staff member, the strip search would be documented on a Special Incident Report and submitted to the Custody Supervisor or designee.

Random staff interviewed described for the Auditor the facility requirements for searching inmates. Random staff interviewed confirmed that the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.

In his interview, the PREA Coordinator specified that inmates identified as intersex or transgender receive an initial Transgender/Intersex Placement Review and programming assessment with subsequent reassessments conducted every six (6) months. Self-identified transgender inmates sampled during the audit denied opposite gender strip searches unless a gender preference was given by the inmate. More, in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments or cross-gender search preference, the agency makes considerations, on a case-by-case basis, whether a placement would ensure the inmate's health and safety; and whether the placement would present management or security problems. The PREA Coordinator confirmed during his interview that serious consideration is given to the inmate's own views with respect to his or her own safety.

Targeted inmates interviewed during this audit confirmed that they can shower separately from other inmates and that the facility has procedures that allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Random and specialized RDC staff confirm that opposite gender staff are required to announce their presence when entering an inmate housing unit.

Likewise, twelve (12) random and sixteen (16) specialized staff training files were reviewed to confirm that all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat down searches be conducted except in exigent circumstances.

According to the PCM, transgender and intersex inmates are given the opportunity to shower separately from other inmates. Further, the PREA Compliance Manager confirmed that Reception Diagnostic Center had zero occurrences of cross-gender strip searches or visual body cavity searches within the last twelve months. Reception Diagnostic Center met the requirements of Standard 115.15.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-03-101 (Searches and Shakedowns)
- Policy 02-01-118 (Transgender and Intersex Offenders)
- Training Acknowledgment sheets
- Transgender/Intersex Placement Review Forms
- Reception Diagnostic Center documents: Shift Supervisor's Shift Logs
- Observations of the Auditor during the on-site portion of the audit
- Interview with inmates and staff
- Interview with the facility Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

### **115.16 (a)**

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

and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### **115.16 (b)**

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

#### **115.16 (c)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) address the policy requirements of Standard 115.16. IDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. During the facility tour the Auditor noted that RDC displays PREA informational posters and victim advocacy information in Spanish and English to ensure inmate education. IDOC and by extension RDC has an on-going contractual agreement to provide inmates with disabilities or who are limited English proficient with any needed assistance as outlined in Standard 115.16 (a).

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

The facility confirmed that in the last 12 months they relied on zero inmate interpreters, readers, or other types of inmate assistance involving PREA cases or investigations. Reception Diagnostic Center met the requirements of Standard 115.16.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy ISP16-03 (Telephonic and In Person Interpretive Service)
- Policy 00-02-202 (Offenders with Physical Disabilities)
- Reception Diagnostic Center Memo: Interpreter Services
- Observations of the Auditor during the on-site portion of the audit
- Interview with inmates and staff
- Interview with the PREA Coordinator

## **Standard 115.17: Hiring and promotion decisions**

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

### **115.17 (a)**

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

#### **115.17 (b)**

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

#### **115.17 (c)**

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

#### **115.17 (d)**

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

#### **115.17 (e)**

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

#### **115.17 (f)**

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

#### **115.17 (g)**

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

#### **115.17 (h)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

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

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

According to the PREA Coordinator, the agency prohibits the hiring or promotion of anyone who may have contact with inmates convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. The PREA Coordinator also confirmed in his interview that the agency application for hire asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees and provided evidence. Furthermore, the PREA Coordinator acknowledged the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. The PREA Coordinator provided the Auditor with a sample pre-employment form termed the Mandatory Pre-Service PREA Questions application form for the Indiana Department of Corrections. The PREA Compliance Manager confirmed during his interview that IDOC prohibits the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

RDC employment records (staff and contractors) confirmed that in the last 12 months, 62 individuals were hired who may have contact with inmates and each received a criminal background check as part of the pre-employment onboarding process. Further, according to the PAQ as confirmed by the PCM, the facility completed criminal background checks as part of the pre-employment onboarding process for contract employees. Three (3) criminal background checks were completed prior to promotion by RDC in accordance with Standard 115.17.

The Auditor sampled thirteen (13) criminal background checks on RDC employees. Problematic, the Auditor determined that one (1) employee in the sample, a RDC staff contractor (Contractor John Doe), had been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion. The victim did not consent or was unable to consent or refuse, which is a violation of Standard 115.17 (a). IDOC records support that the agency conducted a criminal background record check. Contractor John Doe's material omission was not discovered during the on boarding process. Contractor John Doe resigned prior to discovery of his material omission, just prior to beginning of the RDC PREA audit.

As part of the background check, IDOC requires potential employee to answer questions on the Mandatory Pre-Service PREA Questions form such as:

- 1). Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

Contractor John Doe answered “no” to the above question. The same contractor was advised by IDOC in the Mandatory Pre-Service PREA Questions form that he had an affirmative duty to be accurate, truthful and disclose any such misconduct. The contractor signed the pre-employment document on 3/22/20. Despite his criminal history IDOC hired Contractor John Doe, in violation of this standard.

Equally problematic, from the same sample of criminal background record checks the Auditor determined that RDC did not complete criminal background checks at least every five years on three (3) current IDOC employees and contractors to include an investigator.

As part of the corrective action, RDC developed a system to capture criminal background information on current employees, contractors, and volunteers. At this time, volunteerism is suspended until further notice. More, RDC completed criminal background checks on all contract staff to meet this standard and provided the Auditor with documented evidence of compliance with this standard. Criminal histories were uploaded into a secure electronic platform, Synciplicity for review by the Auditor. The PREA Coordinator also issued a reminder email to Human Resource representatives across IDOC to reiterate the necessity to comply with all PREA standards to include 115.17 (a). The PREA Coordinator provided the Auditor with a copy of the memorandum regarding compliance with this standard. After corrective action, Reception Diagnostic Center met the requirements of Standard 115.17.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 04-03-102 (Human Resources)
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Sample of staff criminal background checks
- Interviews with staff
- Contractor John Doe - gate closure notice
- Memorandum to Human Resource representatives
- Interview with the Human Resources representative
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Memorandum

#### **Corrective Action:**

The Auditor reviewed twelve (13) criminal background checks on current employees. Problematic, from the same sample set the Auditor determined that RDC did not complete criminal background checks at least every five years on current employees and contractors on three (3) current IDOC employees and contractors to include an investigator. The Auditor reviewed a sample of three (3) employee criminal background checks completed before promotion in accordance with Standard 115.17. RDC developed a system to capture criminal background information for current employees, promotions, and contractors.

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

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

### **115.18 (a)**

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Reception Diagnostic Center indicated on their PAQ they have not acquired any new facility additions or made substantial expansions or modifications to the existing facility since the last PREA audit. The facility did indicate there has been an install or update to a video monitoring system, electronic surveillance system, or other monitoring technology. RDC met the requirements of Standard 115.18.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Observations of the Auditor during the on-site tour
- Interviews with the PREA Compliance Manager
- Interview with the PREA Coordinator

## RESPONSIVE PLANNING

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

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

### **115.21 (a)**

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

### **115.21 (b)**

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

### **115.21 (c)**

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

### **115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? <☒ Yes    No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  N/A

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

The agency is responsible for investigating allegations of sexual abuse. IDOC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. More, the agency has PREA trained investigators from the Office of Investigation and Intelligence, who are responsible for investigating allegations of sexual abuse. IDOC follows the National Protocol for Sexual Assault Forensic Examinations as delineated by The Office of Violence Against Women, which details the requirements for investigating allegations of sexual abuse and offers access to forensic medical examinations where applicable. The PREA Coordinator indicated that the victim assumes no financial responsibility for the cost of the forensic medical examination where evidentiary or medically appropriate.

The PREA Compliance Manager confirmed inmates can be taken to a local hospital based on guidance from the medical authority. Several local hospitals accept inmates for emergency treatment such as Terre Haute Regional Hospital, Harrison, or Hendricks Regional Health Hospitals. Inmates can receive emotional support and victim advocacy counseling/services, through an affiliate of the Indiana Coalition Against Domestic Violence.

All staff (random and specialized) interviewed detailed the knowledge that a sexual assault victim should be transported to a local community hospital for a SANE/SAFE forensic examination in the event of a sexual assault. IDOC policy indicates that the forensic examination would be conducted at no expense to the victim. RDC has trained qualified agency staff, termed Sexual Assault Response Team (SART) members on each shift. These team members were screened by the facility to serve in the role of support and victim advocacy as requested by the victim. When applicable, a SART member could accompany the victim to the hospital and provide support through the forensic examination process.

The PREA Coordinator provided the Auditor with the SART training curriculum for review. The curriculum provides education concerning sexual assault, forensic examination and the agency's policies and procedures relative to this standard.

Further, the PREA Coordinator provided the Auditor with detailed specifics related to the agency's contractual agreement with the Indiana Coalition Against Domestic Violence (ICADV) and explained what services are provided by the vendor. Specifically, the Indiana Coalition Against Domestic Violence has a contractual agreement with IDOC to provide a victim of a sexual assault follow-up emotional support, crisis intervention, information, and community advocacy referrals as needed. The facility confirmed that in the last twelve months, zero incidents occurred where an inmate was sent to the hospital for a forensic examination and zero criminal investigations were referred for investigation. Reception Diagnostic Center met the requirements of Standard 115.21.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire

- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Contractual agreement with Indiana Coalition Against Domestic Violence
- List of medical and mental health employees and copies of certificates of completion of specialized training
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

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

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

### **115.22 (a)**

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

### **115.22 (b)**

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

### **115.22 (c)**

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

### **115.22 (d)**

- Auditor is not required to audit this provision.

### **115.22 (e)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

IDOC Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.22. A policy is in place to ensure that allegations of sexual abuse or sexual harassment are investigated by a legal authority to conduct criminal investigations. The Auditor confirmed that IDOC Policy 02-01-115, Sexual Abuse Prevention, is available and accessible on the agency website.

The facility PAQ confirmed there were two (2) allegations of sexual harassment, two (2) allegations of inmates being sexually abused and zero allegations where staff were notified within a timeframe that allowed for the collection of physical evidence. The Auditor confirmed by examination that in each allegation of sexual abuse/sexual harassment inmates were notified in writing of the outcome of the investigations. All investigations were investigated and closed. Reception Diagnostic Center met the requirements of Standard 115.22.

## Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of the agency website
- Review of investigative files
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with an investigator from the Office of Investigation and Intelligence
- Interviews with staff (random)

## TRAINING AND EDUCATION

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

**115.31 (a)**

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

**115.31 (b)**

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

**115.31 (c)**

- Have all current employees who may have contact with inmates received such training?  Yes  No

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) address the requirements of Standard 115.31. The policy indicates that all allegations of sexual abuse shall be investigated.

The Auditor reviewed 12 random and 16 specialized training files of RDC employees. The training files reflect that most staff received the appropriate training as described in this standard. The training curriculum provided by the PREA Coordinator was reviewed by the Auditor.

Volunteers were not present during the onsite audit of this facility. Volunteerism was suspended out of an abundance of caution given the Covid-19 pandemic. Contractors for Wexford and Aramark were interviewed by the Auditor. Each contract employee demonstrated and understanding of agency's zero tolerance policy and understood how to report any allegation of sexual abuse or sexual harassment to a supervisor.

More, the same training records for an investigator from the Office of Investigation and Intelligence was included in the participant sample pool. The Auditor determined by examination that participants in the sample (100%) completed general PREA education and subsequent refresher training every two years to ensure that all employees are well-informed of the agency's current sexual abuse and sexual harassment policies and procedures.

The Auditor also reviewed the PREA training curriculum which included topics such as an explanation of inappropriate contact with inmates as indicated in Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct for Departmental Staff," and the prohibitions against sexual contact with inmates as stated in the Indiana Code (IC 35-44.1), trains all employees on topics such as: IDOC's zero-tolerance policy for sexual abuse and sexual harassment, how to avoid inappropriate relations with inmates, common reactions to sexual abuse, and inmates' right to be free from sexual abuse and sexual harassment. The training curriculum was tailored to the gender (male) of the inmates at RDC. Further, RDC provided samples of 28 employees completion of Mandatory Pre-Service PREA Questions and documented evidence of training along with a IDOC brochure termed "Sexual Assault Prevention. The Reception Diagnostic Center met the requirements of Standard 115.31.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Policy 01-05-101 (Staff Development and Training)
- Reception Diagnostic Center documents: Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention"
- Reception Diagnostic Center documents: Mandatory Pre-Service PREA Questions
- Auditor review of training files
- Auditor review of training curriculum/brochures
- Interviews with staff
- Interview with the PREA Compliance Manager

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

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

### **115.32 (a)**

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

### **115.32 (b)**

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

### **115.32 (c)**

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

### **Auditor Overall Compliance Determination**

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

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

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

RDC has suspended volunteerism due to the pandemic. IDOC ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who had contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention and detection.

The curriculum the agency utilized for PREA education and training provides a level and type of training based on the services being provided by a contractor or volunteer and the degree of contact with inmates. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informs contractors and volunteers how to report such incidents. The Auditor interviewed contractors from Wexford and Aramark. Reception Diagnostic Center met the requirements of Standard 115.32.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- IDOC Visitor PREA Brochure
- Acknowledgment of receipt of training
- Interview with the PREA Compliance Manager
- Interviews with contractors (Wexford/Aramark)
- Examined training records

## **Standard 115.33: Inmate education**

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

### **115.33 (a)**

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

#### **115.33 (b)**

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

#### **115.33 (c)**

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

#### **115.33 (d)**

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

#### **115.33 (e)**

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) address the requirements of Standard 115.33. Policy 02-01-115, mandates that all inmates entering a facility are provided PREA orientation using multiple communication platforms such as verbal, written, brail and video. Orientation information is also provided for those inmates who are limited English proficient, deaf, or otherwise disabled explaining how to report incidents or suspicions of sexual abuse or sexual harassment.

Inmates (random and targeted) were knowledgeable of their rights. More, the PREA education and orientation informs inmates of the agency zero tolerance policy and how to report sexual abuse and sexual harassment. Each inmate signs an acknowledgement form indicating that orientation information which includes PREA, was provided by staff and that the educational information and orientation was provided in a manner they understood.

Intake SVAT's and acknowledgement forms were reviewed onsite. The Auditor confirmed that within 30 days of intake, RDC provides age-appropriate comprehensive education to inmates in person regarding their right to be free from sexual abuse and sexual harassment, as well as their right to be free from retaliation for reporting such incidents. Inmates understanding of PREA education and inmate rights were verified through a sample of interviews with targeted and random inmates, at RDC. Furthermore, inmates sampled were knowledgeable of the grievance process.

IDOC/RDC also utilizes PREA informational posters and brochures that were displayed in prominent locations such as the dining hall and living units. The PREA informational and victim advocacy posters outline various methods of reporting sexual abuse, sexual harassment, and access to emotional services for victims of abuse. The posters were noted during the onsite PREA facility tour. Moreover,

the Auditor noted PREA education and information displayed in locations visible to staff, visitors, and inmates. The information was displayed in both English and Spanish.

Other PREA related notices were displayed on living units, alerting inmates that sexual abuse reports can be submitted by writing or calling the Indiana Ombudsman Bureau. The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from inmates housed in IDOC facilities or inmates' family members that the IDOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. Inmate institutional and clinical files were reviewed to confirm that inmates received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process.

The facility PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. In the last twelve months, all inmates admitted including transfers to the facility received PREA education and information. Reception Diagnostic Center met the requirements of Standard 115.33.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

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

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

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

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

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

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  N/A

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

#### **115.34 (c)**

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

#### **115.34 (d)**

- Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 00-01-103 (Investigation and Intelligence) address the IDOC's approach to Standard 115.34. The Office of Investigations is responsible for conducting investigations of alleged misconduct by staff and offenders and assisting in maintaining safety and security in the Department's facilities. The Auditor interviewed an investigator from the IDOC Investigations and Intelligence division. The investigator confirmed that investigators are directed by policy to conduct investigations:

1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin:
    - a. As outlined in Investigating Allegations of Misconduct;
    - b. Upon activation of a facility SART team; and/or,
    - c. If determined to be necessary following an administrative review.
  2. If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in policy and Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect." RDC does not house youthful inmates.
  3. Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
  4. Investigators:
    - a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
    - b. Interview alleged victims, suspected perpetrators, and witnesses; and,
    - c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
  5. The Garrity warning is used when interviewing staff for simple fact-finding.
  6. Investigators make an effort to determine whether staff actions or failures contributed to sexual abuse or sexual harassment.
  7. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. Inmates who allege sexual abuse are not directed to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
  9. The standard of measure for sexual abuse and sexual harassment administrative investigation is the preponderance of the evidence. When the evidence supports criminal prosecution, the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution.
  10. The departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision will not warrant termination of an investigation. Outside law enforcement shall be contacted if this occurs.
  11. Consultation with the prosecutor's office or Indiana State Police is permitted at any time during an investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility investigators. Facility investigators shall be responsible for the coordination of all investigations.

12. Follow up with an inmate's allegation of sexual abuse or sexual harassment follows Policy 02-01-115, Sexual Abuse Prevention.

Examination of sample training files confirm that each investigator completed specialized training in conducting investigations in confinement settings at least once. Reception Diagnostic Center met the requirements of Standard 115.34.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Example Training: The Moss Group, PREA Specialized Investigations Training Program, Michael Arthur dated February 28-March 2, 2018
- Moss Group Specialize Training Curriculum
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Warden
- Interview with the PREA Investigator

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

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

### **115.35 (a)**

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

### **115.35 (b)**

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

### **115.35 (c)**

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

### **115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes    No    N/A
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes    No    N/A

### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-11-115 (Sexual Abuse Prevention) addresses the policy requirement for Standard 115.35. The medical staff at Reception Diagnostic Center does not conduct forensic medical exams. IDOC maintains documentation that medical and mental health practitioners have received the required specialized and general PREA training referenced in this Standard 115.31. Specialized training addresses topics such as: How to detect and assess signs of sexual abuse and sexual harassment,

how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Auditor verified by examination a sample of training documents for medical and mental health staff. The documentation indicates that training was conducted, and that specialized staff were retrained yearly. The Auditor interviewed a sample of medical and mental health practitioners during the audit. All specialized staff sampled confirmed receiving PREA refresher training yearly. Reception Diagnostic Center met the requirements of Standard 115.35.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Review of the PREA training curriculum
- Review of specialized training certifications for medical and mental health staff
- Interviews with Medical and Mental Health Staff
- Interview with the PREA Coordinator

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### **115.41 (e)**

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

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.41. The policy requires staff to screen all inmates (upon admission to a facility or transfer to another facility) for risk or history of sexual victimization or a history of sexually abusive behavior. The policy requires screenings to ordinarily occur within 72 hours of arrival.

IDOC/RDC uses an objective screening instrument termed the Sexual Violence Assessment Tool (SVAT) to assess inmates for a history of victimization, prior acts of sexual abuse, and any history of prior institutional violence or sexual abusiveness. SVAT includes the risk criteria outlined in Standard 115.41 such as: assessing inmates for risk of sexual victimization, consideration of the age of the inmate, physical build, prior convictions for sex offenses against an adult or child and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity. More, inclusive in the SVAT are questions regarding the inmate's own perception of vulnerability. According to the PREA Coordinator, RDC does not hold inmates in custody solely for civil immigration violations.

IDOC/RDC considers all results from the assessment (SVAT) confidential and the assessment is filed in the appropriate inmate's institutional file. During his interview, the PREA Compliance Manager and specialized staff interviewed, confirmed that RDC has in place appropriate controls such as password protection, and encryption encoding, that limits access to sensitive information and ensures that such information is not exploited to the inmate's detriment by staff or other inmates.

Policy 02-01-115 mandates that reassessments are completed within 30 days of the inmate's arrival at the facility. Further, Policy 02-01-115 mandates that facilities/RDC reassess inmate's risk of victimization or abusiveness based upon any additional or relevant information received by the facility since the initial intake screening. From the sample, the Auditor determined that reassessments were completed within a set period of time but not more than 30 days from the inmate's date of arrival and they considered relevant information received by the facility since the initial RDC intake screening.

Interviews with specialized staff confirmed for the Auditor that a reassessment of an inmate's risk level would occur if warranted due to receipt of additional information that could impact the inmate's risk of sexual victimization or sexual abusive behavior. Reception Diagnostic Center met the requirements of Standard 115.41.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of inmate screenings
- Review of Sexual Violence Assessment Tool (SVAT)
- Observations made during the on-site portion of the audit
- Interviews with specialized staff
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

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

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

### **115.42 (a)**

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

### **115.42 (b)**

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

### **115.42 (c)**

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

### **115.42 (d)**

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) indicates that the facility shall use information from the risk screening instrument (SVAT) to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy and Administrative Procedure 01-04-101, Adult Offender Classification indicates that the facility shall make individualized determinations about how to ensure the safety of each inmate. Within twenty-four (24) hours of an inmate transfer to another facility, staff making housing assignment decisions at the receiving facility reviews the inmate's PREA flag status to determine whether the inmate is a potential aggressor or a potential victim when determining a housing assignment.

RDC does not house Youthful Inmates. According to specialized staff interviewed during the onsite portion of this PREA audit, inmates identified as potential PREA aggressors are not housed in the same cell as a potential PREA victim. Nor are inmates identified as potential PREA aggressors given bed assignments adjacent to an inmate that is identified as a potential PREA victim. RDC makes individualized decisions and determinations about how best to ensure the safety of each inmate to reduce the likelihood of sexual victimization.

Intake staff interviewed confirmed that an inmate's biological sex, gender identity, and their own perceptions of vulnerability are examples of four factors IDOC considers when determining whether an inmate is likely to become a victim of abuse. The facility unit management team, intake staff and the PREA Committee play a pivotal role in decision-making when considering the inmate housing, bed, work, education, and program placement. The SVAT, an objective risk screening assessment instrument is used by intake and unit team staff to inform placement, housing, and programming considerations. The PREA Compliance Manager indicated that each transgender or intersex inmate's own views with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions or programming.

More, based upon the assessment, an inmate is placed in the appropriate housing. IDOC facilities are prohibited by policy from placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units solely based on such identification or status. Inmates (targeted and random) interviewed during this audit denied housing, bed, work, education, and program placement based on sex, gender identity, nor were transgender inmates placed in dedicated facilities, units, or wings solely based on identification or status.

The PREA Coordinator, indicated that IDOC considers whether a transgender or intersex inmate should be assigned to a facility designated for male or female inmates on a case-by-case basis. IDOC would consider whether the placement of an inmate would ensure the inmate's health and safety, and whether a placement would present management or security problems. Furthermore, the PREA Coordinator detailed that upon receiving notification that an inmate has been determined to be transgender or diagnosed as intersex, he would notify the PREA Compliance Manager and the inmate would be placed on the facility's tracking system for LGBTI inmates.

The PREA Compliance Manager confirmed that in his role it was his responsibility to confirm the initial placement and programming assessment for transgender and intersex inmates, with subsequent reassessments being conducted every six (6) months in accordance with Section XI of Policy and Administrative Procedure 02-01-115, Sexual Abuse Prevention. The Auditor confirmed by examination the completion of four (4) program and placement reassessments on four (4) transgender inmates. RDC completed the reassessments to determine if any threats to safety were being experienced by the transgender inmates. The reassessment reviews were completed in the past 12-months. Both transgender inmates confirmed being reassessed by the PREA Compliance Manager.

The Warden confirmed that Reception Diagnostic Center does not have a dedicated unit, or wing solely for the placement of LGBTI or inmates pursuant to a consent decree, legal settlement, or legal judgement.

Targeted inmates who self-identified as transgender confirmed the ability to shower separately from other inmates. More, the same inmates affirmed that RDC staff gave serious consideration to their own views with respect to his or her own safety when making facility, housing, and program assignment decisions. During this audit there were zero intersex inmates.

Specialized staff interviewed confirmed during interviews that if staff determines that an inmate is a potential aggressor or potential victim, the inmate's record is flagged in the inmate electronic information system to protect inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Reception Diagnostic Center met the requirements of Standard 115.42.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 01-04-101 (Adult Offender Classification)
- Policy 02-01-118 (Transgender and Intersex Procedure)
- Reception Diagnostic Center Memo: Placement of Offenders
- Review of Sexual Violence Assessment Tool (SVAT) documentation
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Transgender reassessments
- Auditor observations
- Review of facility schematics

### **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### **115.43 (b)**

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

#### **115.43 (c)**

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

#### **115.43 (d)**

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-11-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.43. The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from likely abusers.

The facility PAQ confirmed zero inmates were placed in segregation prior to an initial SVAT review and assessment in the past 12-month period and zero inmates were placed in segregation longer than 30 days as confirmed by the Warden and PREA Compliance Manager.

The PREA Coordinator detailed his understanding regarding the requirements for involuntary placement in segregation in this standard being less than 24 hours pending an assessment. During the facility tour the Auditor completed room-by-room observations of inmates in segregation. Zero inmates indicated that their placement resulted from sexual victimization or being at high risk of sexual victimization.

The Warden confirmed that in a case of an inmate being placed in involuntary segregation because he/she is at high risk of sexual victimization, RDC would complete a review of the circumstance. Further, the facility would document the basis for the facility's concern for the safety of the inmate; detail the reason why no alternative means of placement could be arranged by the facility; and complete a re-evaluation of the placement decision every 30 days to determine the continuing necessity for separation from other inmates in general population. Reception Diagnostic Center met the requirements of Standard 115.43.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Reception Diagnostic Center Memo: Placement of Offenders
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the Warden
- Facility tour

## **REPORTING**

### **Standard 115.51: Inmate reporting**

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

#### **115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### **115.51 (b)**

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

#### **115.51 (c)**

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

#### **115.51 (d)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.51. IDOC provides multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; AND staff neglect or violation of responsibilities that may have contributed to such incidents. Reporting methods include a hotline, electronic email, mail, filing a grievance, verbally, telling a trusted staff person and third-party reporting. IDOC does not detain inmates solely for civil immigration purposes.

By mail or telephone inmates have at least one way to report complaints such as sexual abuse or sexual harassment to the Indiana Ombudsman Bureau (IOB). The Indiana Ombudsman Bureau allows inmates to remain anonymous. The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from inmates housed in IDOC facilities or inmates' family members that the IDOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. The Auditor spoke by phone to the Ombudsman's Bureau to confirm they accept reports of sexual abuse and sexual harassment from inmates.

Each staff interviewed during the audit confirmed that they understood their duty to report all allegations of sexual abuse or sexual harassment. Likewise, each inmate sampled (random and targeted) could describe multiple ways of reporting sexual abuse and sexual harassment. Most (82%) of inmates sampled indicated that they would inform unit team staff, a trusted staff person, a family member or

friend of an incident of sexual abuse. All inmates (random and targeted) sampled were knowledgeable of the grievance process and how to report an incident to a third-party. Reception Diagnostic Center met the requirement of Standard 115.51.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Auditor review of forms and reporting documentation
- Inmate brochures
- Posted announcement on living units (Indiana Ombudsman's Bureau)
- Inmate handbook
- Interview with the Indiana Ombudsman Bureau
- Facility tour
- Inmate grievance report of allegation
- Interviews with inmates (random and targeted)
- Interviews with staff
- Interview with the PREA Coordinator

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

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

#### **115.52 (a)**

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

#### **115.52 (b)**

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

#### **115.52 (c)**

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

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

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

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

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

#### **115.52 (g)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

Policy 00-02-301 Inmate Grievance Process and Policy 02-01-115 Sexual Abuse Prevention and collectively address the requirements of Standard 115.52. The IDOC is not exempt from this standard.

#### **Policy 00-02-301, Inmate Grievance Process, Section I, Policy Statement reads:**

It is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.

**Policy 00-02-301, Inmate Grievance Process, Section IV, Use of the Offender Grievance Process reads:**

The Department recognizes only one grievance process. The grievance process described in this policy and administrative procedure is the only administrative remedy officially recognized by the Department for the resolution of inmate grievances or complaints. The complete inmate grievance process consists of the following steps:

1. A formal attempt to solve a problem or concern following unsuccessful attempts at informal resolutions;
2. A written appeal to the Warden/designee; and,
3. A written appeal to the Department Grievance Manager.

**Matters Appropriate to the Inmate Grievance Process:**

Examples of issues which an inmate may initiate the grievance process include, but are not limited to:

1. The substance and requirements of policies, procedures, and rules of the Department or facility (including, but not limited to, correspondence, staff treatment, medical or mental health, some visitation, and food service).
2. The way staff members interpret and apply the policies, procedures, or rules of the Department or of the facility.
3. Actions of individual staff, contractors, or volunteers.
4. Acts of reprisal for using the Inmate Grievance Process.
5. Any other concerns relating to conditions of care or supervision within the Department or its contractors, except as noted in this policy and administrative procedure; and,
6. PREA.

**Policy 00-02-301, Inmate Grievance Process, Section C. Emergency Grievance**

The Auditor interviewed the Warden during the onsite portion of this audit. The Warden detailed the emergency grievance process. The Offender Grievance Specialist would immediately bring an emergency grievance to the attention of the Warden/designee, for review and response within one (1) business day of the inmate filing the grievance. The action on any emergency grievance may be appealed by the inmate within one (1) business day of receiving the response. The Inmate Grievance Specialist will notify, via email, the Department Offender Grievance Manager, that the appeal has been submitted. The Department Offender Grievance Manager then issues a final Department decision within five (5) business days of the offender filing the grievance.

**Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D.**

Standard 115.52 (b) requires the agency to always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D. of the grievance process removes standard time limits for submission of a grievance and permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. However, Policy 00-02-301, Inmate Grievance Process, Policy Statement excerpt stipulates:

"...it is expected that an inmates' complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance."

This segment of the grievance process conflicts with direction provided to staff found in other sections of the same policy.

Inmate Grievance Process, Section D., PREA Grievances, paragraph one (1) indicates that the Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. This information contrasts with verbiage found in, Inmate Grievance Process, Section C., Emergency Grievance.

The PREA Coordinator confirmed during his interview that the agency would issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The interview with the PREA Coordinator is consistent with Policy 00-02-301, Inmate Grievance Process, Section D. and Standard 115.52. Furthermore, the PREA Coordinator indicated that if the agency claims the maximum allowable extension of time to respond per 115.52(d)(3), the agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. The PREA Coordinator confirmed his understanding that if an inmate does not receive a response within the time allotted for reply by the agency, including any properly noticed extension, the absence of a response is considered a denial at that level.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted by IDOC to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. IDOC, Policy 00-02-301 Inmate Grievance Process, Subsection D. reads:

"Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third-party file such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his/her behalf, the Department shall document the offender's decision."

The PCM indicated that RDC may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The facility investigator confirmed during his interview that IDOC may claim an extension of time to respond, of up to seventy (70) days if the normal time for response is insufficient to make an appropriate decision. The IDOC shall notify the inmate in writing of any such extension and provide a date by which a decision shall be made.

The agency disciplines an inmate for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the inmates filed the grievance in bad faith outlined in Policy 02-11-115 and 00-02-301. RDC met the requirements of Standard 115.52.

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

- Pre-Audit Questionnaire

- Policy 00-02-301, Inmate Grievance
- Policy 02-1-115, Sexual Abuse Prevention
- Interviews with staff
- Interviews with inmates
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Inmate Handbook and Brochure

**Cautionary Note:**

- While the agency met the requirements of Standard 115.53 this Auditor highly recommends that the agency consider a modification to policy, Offender Grievance Process, 00-020301 to improve clarity for IDOC staff.

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

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

### **115.53 (a)**

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

### **115.53 (b)**

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

### **115.53 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

IDOC Policy 02-01-115 Sexual Abuse Prevention, Policy 02-01-102, Inmate Visitation, PREA posters, PREA pamphlets, and the victim advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV) was provided through an online platform (Syncplicity) for the Auditor's review. Both policies coupled with PREA related informational brochures and service agreements all address Standard 115.53. According to the Warden and PREA Coordinator, RDC never detains inmates solely for civil immigration purposes therefore the Auditor considers RDC exempt from Standard 115.53 (a) as it pertains to civil detention.

By examination, the Auditor determined that the agency/RDC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are provided toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. During the facility tour the Auditor noted victim advocacy information displayed in all living units and throughout the facility in public spaces. More specifically, the Auditor noted contact information displayed for the Indiana Coalition Against Domestic Violence (ICADV) was posted on living units, in hallways, medical, mental health and visitation. The toll-free number provides inmate access to emotional services 24 hours a day, seven days a week to a crisis line.

During interviews with inmates (random and targeted) all sampled confirmed that they have access to legal counsel if necessary. All inmates (100%) interviewed confirmed access to telephones to contact a local victim advocacy organization for emotional services. The Auditor tested a sample of telephones on the living units and found the telephones operational. Less than four percent of inmates were able to detail what services the local victim advocacy organization provides but 100% knew where to look to obtain more information about the programs or services offered by the Indiana Coalition Against Domestic Violence (ICADV) and affiliate organizations. RDC met the requirements of Standard 115.53.

### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Contractual Agreement: Indiana Coalition Against Domestic Violence
- Policy 02-01-102, Inmate Visitation
- Policy 02-01-115 Sexual Abuse Prevention
- Facility tour
- Verification of inmate access to outside support services

- Internet search: Indiana Coalition Against Domestic Violence
- Internet search: Indiana VINE
- Internet search: AbuseLawsuit.com
- Internet search: Maryville University (Understanding the Me-Too Movement: A Sexual Harassment Awareness Guide)
- Interviews with inmates (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (English)
- Service posted notice: Victims of Sexual Abuse, Indiana Coalition Against Domestic Violence (Spanish)

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-11-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.54. The facility accepts all third-party reports of inmate sexual abuse or sexual harassment but failed to upload a policy. The agency established a method to receive third-party reports of sexual abuse and sexual

harassment that can be found on the agency's website. More, third-party reports are accepted by the Indiana Ombudsman Bureau. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate on their website. The website provides contact information as well as whom the third-party reporter will speak to when communicating with the agency. Reception Diagnostic Center met the requirement of Standard 115.54.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Facility tour
- Indiana Department of Correction website
- Interview with the Indiana Ombudsman Bureau
- Internet search: Indiana Coalition Against Domestic Violence
- Visitor's PREA Brochure
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator

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

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

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

#### **115.61 (a)**

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

#### **115.61 (b)**

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

### **115.61 (c)**

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

### **115.61 (d)**

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

### **115.61 (e)**

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

### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-01-115, Sexual Abuse Prevention and 04-03-103, Information and Standards of Conduct for Department Staff addresses Standard 115.61. The RDC inmate population is over the age of 18 years old. If the alleged sexual abuse involves an endangered/vulnerable adult offender, the incident is reported to the Child Protective Services as required by Policy 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect."

Policy 02-01-115 and 04-03-103 mandates IDOC staff to include contractors, to immediately report any knowledge, suspicion, or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Interviews with staff (random and specialized) (100%) confirmed that they understand their responsibilities regarding Standard 115.61, and that sexual misconduct is prohibited by IDOC and the Indiana State Code.

Indiana Code 35-44.1-3-10 states a staff person who knowingly or intentionally engages in sexual intercourse or deviate sexual conduct with an offender commits sexual misconduct, a Class D felony. The Department will aggressively pursue criminal prosecution of a staff person who violates Indiana Code 35-44.1-3-10.

Apart from reporting to designated supervisors or officials, the agency PREA Investigator interviewed during the onsite portion of the audit, confirmed that IDOC prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to treatment purposes, investigation, or other security and management decisions.

Moreover, the PREA Coordinator confirmed in an interview that IDOC also requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who report an incident of sexual abuse or sexual harassment, and information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

RDC staff sampled during the audit (100%) indicated all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, would be reported to the facility's designated shift supervisor, PREA Compliance Manager and PREA investigator(s).

Further, the PREA Investigator confirmed during his interview that he would accept allegations of sexual abuse from third parties and anonymous individuals and investigate the report. If a PREA incident involved a vulnerable adult inmate under a State or local vulnerable persons statute, the agency would report the allegation to the designated State or local service agency under applicable mandatory reporting laws.

Staff (random and specialized) (100%) sampled during the audit confirmed that they understood the agency mandate that all staff report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

Furthermore, medical, and mental health practitioners sampled during the audit affirmed a responsibility to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

The IDOC Duty to Report form documents at the initiation of treatment by a medical or mental health practitioner the inmate is informed of the parameters of the practitioner's PREA duty to report allegations of sexual abuse or sexual harassment unless it did not occur in an institution. The inmate is then required to sign the document, print his name, and enter his IDOC number.

The Warden and PREA Compliance Manager were interviewed during separate interviews. Each confirmed during their respective interview an understanding of their duty upon receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate authority for action. Interviews with staff (random and specialized) support compliance with Standard 115.61. RDC met the requirements of Standard 115.61.

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

- Pre-Audit Questionnaire
- Policy 02-11-115, Sexual Abuse Prevention
- 04-03-103, Information and Standards of Conduct for Department Staff
- Interviews with staff (random and specialized)

- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interview with a PREA investigator
- Indiana Code 35-44.1-3-10

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.62. The policy requires staff to take immediate action to protect an inmate when he/she is identified as being subject to substantial risk of imminent sexual abuse. The PAQ indicates in the past twelve months there was zero instances of an inmate subject to substantial risk of imminent sexual abuse. The Auditor confirmed information in the PAQ with the Warden and PREA Compliance Manager on site. A review of investigations confirmed in each PREA incident reported staff acted immediately by reporting the incident to the shift supervisor and protecting the victim from the accused aggressor. Either time or the incident type did not allow for the collection of forensic evidence. Reception Diagnostic Center met the requirements of Standard 115.62.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention

- Interviews with staff
- Review of investigative reports
- Interviews with random and targeted inmates
- Interview with the PREA Coordinator
- Interview with the Warden

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.63. The policy requires: when a Warden/Superintendent or designee receives an allegation that an inmate was

sexually abused at another facility, the Warden/Superintendent or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information. The Warden that receives such notification shall ensure that the allegation is investigated in accordance with this policy and administrative procedure.

In the past 12 months, the number of allegations of sexual abuse RDC received regarding other facilities were seventeen (17). The facility document that it provided notification as required in this standard.

The Auditor confirmed information found in the PAQ specific to Standard 115.63 with the Warden and PREA Compliance Manager. Both the Warden and the PCM confirmed that 115.63 (b) requires documentation of the allegation from an inmate and notification is provided as soon as possible, but no later than 72 hours after receiving the PREA allegation. Further, a review of investigative reports found zero allegations that an inmate was sexually abused at another facility. Reception Diagnostic Center met the requirements of Standard 115.63.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Review of investigative reports

### **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 116.64. The policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

Staff sampled during this audit detailed a clear understanding of the actions to be taken upon learning that an inmate was sexually abused. Likewise, the Auditor interviewed one (1) non-security first responder and one (1) security first responder for the purposes of this standard. The non-security first responder explained her responsibility as a first responder is to protect the victim, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, and then notify the shift supervisor immediately. The Auditor also interviewed a security first responder for the purposes of this audit. The security first responder indicated that he would protect the victim and prevent the destruction of physical evidence. The facility PAQ confirmed there were two (2) allegations of sexual harassment, two (2) allegations of inmates being sexually abused and zero allegations where staff were notified within a time that allowed for the collection of forensic evidence.

The Auditor confirmed by examination that in each allegation of sexual abuse the inmate was notified in writing of the outcome of the investigation. All sexual assault allegations were investigated, unsubstantiated and closed. The PREA Compliance Manager and the PREA Coordinator confirmed information contained in the PAQ relative to this standard as correct. Reception Diagnostic Center met the requirements of Standard 115.64.

## **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with staff (random and specialized)
- Interviews with random and targeted inmates
- Review of investigative reports
- Interview with the PREA Compliance Manager
- Interview with the Warden
- Interview with a First Responder (non-security)
- Interview with a First Responder (security)

## **Standard 115.65: Coordinated response**

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

### **115.65 (a)**

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

### **Auditor Overall Compliance Determination**

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.65. The policy outlines the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was reviewed and follows this standard. Interviews with the Warden and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan. Reception Diagnostic Center met the requirements of Standard 115.65.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

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

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. Reception Diagnostic Center met the requirements of Standard 115.66.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

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

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

Policy 02-01-115 Sexual Abuse Prevention and Policy 00-01-103, Investigations, and Intelligence collectively address the requirements of Standard 115.67. Policy 00-01-103, Investigations, and Intelligence requires the Office of Investigation and Intelligence to ensure the protection of inmates and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation.

The agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency has designated which staff members or departments are charged with monitoring retaliation.

The agency has designated the PREA Committee to monitor staff and inmates for signs of retaliation. Specifically, at Plainfield and RDC, the PREA Compliance Manager facilitates the PREA Committee meetings. The PREA Committee designates a committee member (Unit Team Staff) to monitor a staff or inmate for signs of retaliation.

The Auditor interviewed the PREA Compliance Manager. As the facilitator of the PREA Committee, the PREA Compliance Manager explained his role. In detail, the PREA Compliance Manager provided the Auditor with examples of protective measures he would employ such as removal of alleged staff or inmate abusers from contact with victims for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Auditor also examined IDOC, PREA Retaliation Monitoring form which included monitoring efforts that occurred in the last 12-month period. For at least ninety (90) days or three consecutive facility PREA Committee Meetings following an allegation of sexual abuse and/or sexual harassment, the facility PREA Committee is task with monitoring and documenting the conduct and treatment of inmates or staff who have reported sexual abuse and/or sexual harassment to determine if there are any changes that may suggest possible retaliation by offenders and staff and shall act promptly to remedy any such retaliation.

Actions and behaviors the facility PREA Committee shall monitor include any inmate reports of conduct, housing or program changes, or negative performance reviews or reassignments of staff. According to the PCM, monitoring may exceed ninety (90) days based on the information gathered during the initial observation period. In the case of inmates, PREA retaliation monitoring includes periodic status checks. The agency mandates that inmates being monitored were reviewed face-to-face as necessary at 15, 30, 45, 60, 75 and 90-day intervals or longer if deemed necessary. Where applicable, RDC documented retaliation monitoring of inmate victims of sexual abuse. Other individuals cooperating with an investigation who express fear of retaliation shall be monitored as well. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

During his interview, the Warden indicated that RDC employs multiple protection measures, such as housing changes or transfers for inmates' victims or abusers, removal of alleged staff or inmates' abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility PAQ, 115.67 (c) -5, indicates the number of times an incident of retaliation occurred in the past 12-month period as zero (0). Likewise, PAQ Standardd115.67 (c)-2 indicates that the length of time that the agency/facility monitors the conduct or treatment of an inmate would be 90 days.

Problematic, was a review of a sample of RDC PREA Retaliation Monitoring forms relative to this review period. The Auditor determined that monitoring abruptly ends during the period of observation without justification for the discontinuation of the retaliation monitoring.

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

- Pre-Audit Questionnaire
- Sample: PREA Retaliation Monitoring Form
- Interview with the PREA Compliance Manager/Retaliation Monitor
- Interview with the Warden
- Review of investigative reports
- Review of PREA Committee minutes (corrective action)

**Corrective Action:**

RDC will provide evidence of staff corrective action. The retaliation monitor retired from employment with IDOC. The PREA Coordinator will train a replacement. RDC will provide all security staff to include custody supervisors with re-fresher training regarding Standard 115.67 coupled with applicable agency policies relative to the subject of retaliation. The PREA Compliance Manager will participate in the training. RDC will document attendance by printing the names of all custody staff, documenting the training date, and providing a signature of acknowledgement.

The agency PREA Coordinator revised the retaliation monitoring form to include dates and times monitoring occurred and included a signature line for the inmate being monitored. In the event retaliation monitoring ends because an inmate is transferred, discharged, etc. the retaliation monitor will note the reason for the discontinuation of the monitoring process. Likewise, the Auditor will examine retaliation monitoring to determine if corrective action was effective. The Deputy Warden will serve as the back up to the retaliation monitor in the absents of the PREA Compliance Manager. The Auditor requested copies of substantiated or unsubstantiated PREA case which occurred after interim report to determine if retaliation monitoring occurred in accordance with this standard. There was one (1) closed investigation, unsubstantiated. The PREA Coordinator provided the Auditor with documented evidence that retaliation monitoring began as dictated in Standard 115. 67. After corrective action, RDC met the requirements of Standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

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

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

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 02-01-107 (The Use and Operation of Protective Custody) address the requirement of Standard of 115.68. RDC will only restrict an inmate to a room as a last measure to keep an inmate who alleges sexual abuse safe and then only until an alternative means for keeping the inmate safe can be arranged. The Warden confirmed during his interview that RDC will not place an inmate who alleged to have suffered sexual abuse in an involuntary segregation unit unless it is the last option.

During the facility tour the Auditor conducted face-to-face conversations with inmates in segregation. Zero inmates sampled indicated being placed in protective custody as a last measure to keep a PREA victim safe from a sexually aggressive inmate. Reception Diagnostic Center met the requirements of Standard 115.68.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 02-01-107 (The Use and Operation of Protective Custody)
- Interview with the Warden
- Facility tour of a restrictive living unit
- Interview with the PREA Compliance Manager
- Interviews with random and targeted inmates
- Interview with supervisor from segregation

## **INVESTIGATIONS**

### **Standard 115.71: Criminal and administrative agency investigations**

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

#### **115.71 (a)**

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

#### **115.71 (b)**

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

#### **115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### **115.71 (d)**

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

#### **115.71 (e)**

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

#### **115.71 (f)**

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

### **115.71 (g)**

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

### **115.71 (h)**

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

### **115.71 (i)**

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

### **115.71 (j)**

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

### **115.71 (k)**

- Auditor is not required to audit this provision.

### **115.71 (l)**

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

## **Auditor Overall Compliance Determination**

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

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

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

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

Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence collectively address the requirements of Standard 115.71.

IDOC criminal, third party, some administrative and anonymous investigations are conducted by the Office of Investigations. The PCM also conducts administrative investigations that are not criminal in nature.

Per Policy 02-01-115 and 00-01-103, IDOC administrative and criminal investigations are documented, and the appropriate investigation is forwarded to the prosecutor's office or law enforcement when applicable. Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence indicates that IDOC uses investigators who have received specialized training in sexual abuse investigations. The PAQ relative to Standard 115.71 indicates the number of substantiated allegations of conduct that appeared to be criminal referred for prosecution was zero. The Auditor confirmed this information with the Warden, PREA Compliance Manager and PREA Coordinator. Likewise, the Auditor sampled investigative reports to measure compliance with this standard.

The Auditor interviewed an investigator during the onsite portion of the audit to confirmed that in his role, he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. The Auditor found no evidence of the use of a polygraph examination or other truth-telling device in the reports sampled for this audit. When the quality of evidence appears to support criminal prosecution, IDOC sworn Correctional Police Officers (CPO) would conduct compelling interviews after consultation with local prosecutors. The consultation prevents the said compelled interviews from posing an obstacle for subsequent criminal prosecution.

A sample of administrative investigations from RDC were examined by the Auditor. The Auditor determined that investigations conducted by agency RDC administrative investigator required corrective actions because:

1. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. Investigative interviews conducted by a PREA Compliance Manager typed written on plain paper with no letterhead by the PREA Compliance Manager based on hearsay from an I and I Investigator. RDC failed to follow departmental policy which requires all investigations to be entered into the Office of Investigations and Intelligence, Internal Affairs Case Management (IACM) database. For example, absent from investigative file were documents such as witness statements.
2. In consultation with the PREA Coordinator the Auditor supports the utilization of the investigative checklist to enhance PREA related administrative and criminal investigative reports. At a minimum, this corrective action will improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and contain attached copies of all documentary evidence where feasible. All investigators must complete the PREA investigative checklist and ensure that each report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that must be reviewed by all investigators. After review of the PowerPoint investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of the acknowledgement of training documents.

There were (0) substantiated allegations of sexual abuse during this reporting period that were referred for criminal prosecution. The Auditor reviewed investigations completed for 60 days post facility audit to evaluate compliance with this standard. After corrective action, RDC met the requirements of Standard 115.71.

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

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigations and Intelligence)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interview with investigators
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Review of the investigation
- Review signed acknowledgment regarding the PP presentation on investigations

**Corrective Action:**

Written reports of PREA investigations were inconsistently documented to support findings. In general reports lack the requisite thorough descriptions of the physical, testimonial, and documentary evidence. Other reports contained little documentary evidence. Witness statements were absent from the investigation and some investigations completed by the PREA Compliance Manager were in fact investigated by OII. The form and format varied from report-to-report for investigations generated from the Office of Internal Investigations and the facility. The Auditor found it problematic to read through some case reports and understand the steps the investigator employed to arrive at a conclusion. In one incident of document retaliation the facility failed to complete the investigation with a statement from the accused staff person upon his return from military duty.

1. IDOC will modify the electronic document, Report of Investigations to reflect the findings of the investigator. The Case Status of the investigation should reflect the narrative found in the conclusion or disposition of the investigation.
2. Some sexual abuse investigations were completed by RDC PREA Compliance Manager instead of the Office of Internal Investigations. All sexual abuse allegations (Abusive Contact, non-consensual sex acts, staff sexual misconduct) must be investigated by the Office of Internal Investigations, investigators that have completed the specialized investigative training as required in Standard 115.34. The PCM should not conduct Sexual Abuse investigations. This is also in keeping with the IDOC policy.
3. The PREA investigative checklist will be part of the corrective action to improve the quality and consistency of written reports. All reports will contain a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All investigators must complete the investigative checklist and ensure the report documents the items on the checklist. The PREA Coordinator will provide a PowerPoint presentation that PREA Investigator must be reviewed by all investigators at RDC. After review of the PowerPoint presentation investigators will sign off that they have reviewed it. The PREA Coordinator will provide the Auditor with copies of all acknowledgement of training documents.
4. The Auditor will review all investigations completed for the next 60 days.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 00-01-103 (Investigation and Intelligence) addresses the requirement of Standard 115.72. The policy states the agency and by extension the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative or criminal investigations. The Auditor interviewed an investigator who confirmed during his interview that he shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated. The Auditor also reviewed four (4) administrative and zero criminal investigations to measure compliance with this standard. Reception Diagnostic Center met the requirements of Standard 115.72.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigation and Intelligence)
- Reviewed investigations
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the investigator

## **Standard 115.73: Reporting to inmates**

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

### **115.73 (a)**

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

### **115.73 (b)**

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

### **115.73 (c)**

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

### **115.73 (d)**

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 00-01-103 (Investigations and Intelligence) both address the requirement of Standard 115.73. Standard 115.73 (b) does not apply to IDOC. The agency/facility is responsible for conducting administrative and criminal investigations. When the quality of evidence appears to support criminal prosecution, IDOC sworn Correctional Police Officers (CPO) would conduct compelling interviews after consultation with local prosecutors. Standard 115.73 (c) – (d) does not apply during this reporting period. The Auditor is not required to audit provision 115.73 (f).

Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, agency/RDC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Moreover, the standard requires that after an allegation of sexual abuse the inmate shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications were documented. There were two (2) investigations alleging sexual abuse and two (2) inmates received the required notification of the findings. Likewise, there were two (2) allegations of sexual harassment and two (2) inmates received the required

notification. In total, RDC had a combined number of four (4) sexual abuse/sexual harassment investigations during this reporting period. All investigations were unsubstantiated. Reception Diagnostic Center met the requirements of Standard 115.73.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Review of investigative files
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- PREA inmate notification

## DISCIPLINE

### **Standard 115.76: Disciplinary sanctions for staff**

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

#### **115.76 (a)**

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

#### **115.76 (b)**

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

#### **115.76 (c)**

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

#### **115.76 (d)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) addresses the requirement of Standard 115.76. The policy outlines the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. The policy specifically states that the presumptive disciplinary sanction for staff who engage in sexual abuse will be termination. According to the facility PAQ, as confirmed by the PCM and PREA Coordinator, in the past 12 months there was zero staff terminated for violating the facility's PREA policies. Reception Diagnostic Center met the requirements of Standard 115.76.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Review of investigation files
- Examined gate closure document for contract employee
- Sexual Abuse Incident Review

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.77. Standard 115.77 (a) indicates that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates. During this audit, the Auditor determined that a contractor falsified his employment application and neglected to disclose his criminal prosecution for engaging in unlawful sexual acts. The incident which was criminal occurred in the community. IDOC policy states that any contractor or volunteer engaging in sexual abuse of inmates will be subject to referral to local law enforcement. This contractor according to records examined was on probation. An entry on the criminal background advised readers not to arrest the contractor but to notify probation office. It is unclear if probation was aware of PREA standards prohibiting employment in a correctional environment for this contractor due to a prior conviction.

The Auditor should mention one (1) contract employee who would have been terminated according to the Agency PREA policy for falsifying his employment application, but contractor resigned from employment prior to the audit. RDC issued a gate closure order preventing the contractor from returning to the facility for any reason.

During the past 12 months, zero contractors have been reported to law enforcement. The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. Reception Diagnostic Center met the requirements of Standard 115.77.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire

- Policy 02-01-115 (Sexual Abuse Prevention)
- Review of investigation file
- Interview with the PREA Compliance Manager

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-04-101 (Disciplinary Code for Adult Offenders) addresses the requirement Standard 115.78. The policy states that inmates may receive disciplinary sanctions following an administrative finding or a criminal investigation that an inmate engaged in inmate-on-inmate sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. A mental health practitioner sampled during the audit confirmed that RDC considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior.

The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity. The facility does not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced.

According to the Warden and PREA Compliance Manager, for the purpose of disciplinary sanctions a report of sexual abuse made in good faith by an inmate and based upon a reasonable belief that the alleged conduct occurred does not constitute making a false report or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Auditor determine by review of investigations that RDC did not issue disciplinary sanctions for lying in a PREA investigation during this reporting period.

There were on zero cases of inmate-on-inmate sexual activity that were determined to be a noncoerced acts. Reception Diagnostic Center met the requirements of Standard 115.78.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-04-101 (Disciplinary Code for Adult Offenders)
- Interview with random and targeted inmates
- Investigative reports

- Consensual report
- Interview with the Warden
- Interview with the PREA Compliance Manager

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.81. Inmates who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Staff interviews confirmed compliance with this policy. In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner was 100%. The facility PAQ confirmed 100% of arriving inmates that had previously perpetrated sexual abuse whether it occurred in an institution setting or in the community, and all were provided a follow up meeting with a mental health practitioner within 14 days of the intake screening. The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard.

The Auditor examined ten (10) SVAT intake screenings, pursuant to Standard 115.41, to confirm that inmates with histories of prior sexual victimization and abusive histories were offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The Auditor sampled 10 mental health referrals completed by a mental health practitioner within 14 days of the intake screenings.

Sensitive personal information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners or other security managers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. More, sensitive personal information is password protected with limited access to inmate files.

Medical and mental health practitioners sampled during the audit confirmed to the Auditor that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. RDC inmate population has zero inmates under the age of 18. Reception Diagnostic Center met the requirements of Standard 115.81.

## Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Offender information system
- Auditor review of behavioral health and intake documentation
- Sexual Violence Assessment Tool (SVAT)
- Consent for treatment form
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Manager

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

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

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

### **115.82 (d)**

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

### **Auditor Overall Compliance Determination**

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

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

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

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

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Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.81. The policy requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. Practitioners sampled during the audit confirmed that the nature and scope of forensic, medical, and counseling services are determined by medical and mental health practitioners according to their professional judgment. Further, if no qualified medical or mental health practitioner is on duty at the time a report of a recent sexual abuse allegation is made, security staff (SART) first responders take preliminary steps to protect the victim pursuant to Standard 115.62. The RDC shift supervisor would immediately notify the appropriate medical and mental health practitioner of the PREA incident, then document the event.

The PREA Compliance Manager confirmed information contained in the PAQ relative to this standard. Policy 02-01-115 (Sexual Abuse Prevention) indicates that an inmate victim of sexual abuse will be afforded a forensic examination at no cost to the victim. During this reporting period, zero inmates received emergency medical treatment resulting from an incident of sexual abuse. The PREA Coordinator and PREA Compliance Manager confirmed during the audit that IDOC forensic examinations and any subsequent treatment services would be provided to a victim of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Reception Diagnostic Center met the requirements of Standard 115.82.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with medical and mental health practitioners
- Interview with the PREA Compliance Manager
- Interview with a first responder (non-security)
- Interview with a first responder (security)

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

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

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

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

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

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

Policy 02-02-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.83. The policy addresses ongoing medical and mental health care for sexual abuse victims and abusers. It also provides for the appropriate tests to be provided. The policy requires the facility to attempt to obtain a mental health evaluation within 60 days of learning of inmate-on-inmate abusers and offer treatment deemed appropriate by a mental health practitioner. The facility documented such actions and provided supporting documentation. ICADV is under contract to provide comprehensive victim advocacy services on behalf of the IDOC. Services provided under the contractual agreement include:

- Provide emotional support services and referrals to adult and juvenile offenders through a hotline and through direct request.
- Provide outside confidential support services including counseling, meeting with advocates or support services, hotline, accompaniment to sexual assault exams when requested
- Create, update, and distribute to DOC PREA coordinators list of all SANE nurses at Indiana hospitals
- Provide follow up services, crisis intervention contact, resources, and referrals to victims of sexual abuse in DOC facilities
- Follow mandated reporting guidelines established by Indiana law
- File reports and follow up on monthly basis to DOC coordinator
- Conduct investigation and advocacy training for DOC facilities as requested

Reception Diagnostic Center met the requirements of Standard 115.83.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Manager
- Email correspondence from Indiana Coalition Against Domestic Violence, Inc., Executive Director

## **DATA COLLECTION AND REVIEW**

## Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

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

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

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

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

The facility follows Standard 115.86 and provides information regarding the incident review team and its role. The incident review form details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents such as: Whether monitoring technology should be deployed or augmented to supplement supervision by staff, adequacy of staffing levels in that area during different shifts, or whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

All applicable investigations conducted in the last twelve (12) months has a documented incident review upon completion of the investigation. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. Interviews with staff revealed that they understand the purpose of the incident review team and the process. The PCM facilitates the RDC PREA Committee meetings and prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head. The Auditor examined the minutes from the RDC PREA Committee Meetings incident reviews completed in the past 12-month period. Reception Diagnostic Center met the requirements of Standard 115.86.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Interviews with members of the RDC PREA Committee, incident review
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- PREA Sexual Incident Report 2016-2019

## **Standard 115.87: Data collection**

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

### **115.87 (a)**

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Reception Diagnostic Center document: Sexual Incident Report
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

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

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

**115.88 (a)**

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

**115.88 (b)**

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

**115.88 (c)**

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

**115.88 (d)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. A review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice. Reception Diagnostic Center met the requirements of Standard 115.88.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- SIR Data Report
- Sexual Assault Prevention Program Annual Report
- Interview with the PREA Coordinator

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

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

### 115.89 (a)

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

### 115.89 (b)

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

### **115.89 (c)**

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

### **115.89 (d)**

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

### **Auditor Overall Compliance Determination**

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

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

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

The standard requires that data be collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice. Reception Diagnostic Center met the requirements of Standard 115.89.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Sexual Assault Prevention Program Annual Reports
- Interview with the PREA Coordinator

## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

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

#### **115.401 (a)**

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

#### **115.401 (b)**

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

#### **115.401 (h)**

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

#### **115.401 (i)**

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

#### **115.401 (m)**

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

#### **115.401 (n)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

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

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

During the tour of the facility the upcoming audit notice was found posted throughout the facility. The facility provided time-stamped electronic verification of the posting of the notice. All the agency required facilities were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years. Reception Diagnostic Center met the requirements of Standard 115.401.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Interview with staff and inmates
- Interview with the PREA Compliance Manager
- Facility documentation on Standard 115.401

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

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

#### **115.403 (f)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

All Indiana Department of Correction facilities were audited prior to the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly, publicly posted on the agency website. Reception Diagnostic Center met the requirements of Standard 115.403.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Agency Website
- Interview with the Warden
- Interview with the PREA Compliance Manager

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Sonya Love

2/15/2021

Auditor Signature

Date

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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