

**PREA AUDIT REPORT    INTERIM    FINAL**

**JUVENILE FACILITIES**

**Date of report:** June, 22, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
<b>Address:</b> P.O. Box 452, Blackshear, GA 31516			
<b>Email:</b> rob@diversifiedcorrectionalservices.com			
<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> May 31, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Madison Juvenile Correctional Facility			
<b>Facility physical address:</b> 1130 MSH, 4 <sup>th</sup> Street, Madison, IN 47250			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 812-265-6154			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> John Galipeau, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 78			
<b>Designed facility capacity:</b> 172			
<b>Current population of facility:</b> 43			
<b>Facility security levels/inmate custody levels:</b> Intake/Maximum			
<b>Age range of the population:</b> 14-19			
<b>Name of PREA Compliance Manager:</b> Wayne McWhorter		<b>Title:</b> Administrative Assistant	
<b>Email address:</b> kmcwhorter@idoc.in.gov		<b>Telephone number:</b> 812-265-6154	
<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department of Correction			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 302 W. Washington Street, Room E334, Indianapolis, IN			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 317-232-5711			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Rob Carter		<b>Title:</b> Commissioner	
<b>Email address:</b> RCarter@idoc.in.gov		<b>Telephone number:</b> 317-232-5705	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Bryan Pearson		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> BPearson@idoc.in.gov		<b>Telephone number:</b> 317-232-5288	

## AUDIT FINDINGS

### NARRATIVE

The on-site audit of the Madison Juvenile Facility in Madison, Indiana was conducted on May 31, 2017. Six weeks prior to the on-site audit the auditor sent the Notice of PREA Audit to the facility to be posted in areas accessible to staff, students, contractors, volunteers and visitors to provide contact information for anyone desiring to communicate with the PREA Auditor regarding any PREA related issue. The auditor did not receive any communications. The agency PREA Executive Director posted relevant agency policies, procedures and documents in a secure "cloud" enabling the auditor to retrieve it and review it. Additionally, the facility forwarded a flash drive containing agency policy, State Training School Policy, forms used by the facility and documentation to support compliance and to explain the operations of the facility. The information on the flash drive was organized and facilitated review. Additional information was requested to be provided during the on-site audit. The PREA Compliance Manager was very responsive to any request made by the auditor. A tentative agenda was provided to the PREA Compliance Manager to guide the process.

By prior agreement the auditor arrived at the facility prior to the overnight shift departing to interview staff. Met by the PREA Compliance Manager, the auditor began the interviewing process. Following interviews with the overnight shift, the auditor continued interviews with the day shift staff. When the Superintendent arrived at the facility he led the auditor on a tour of the facility, accompanied by the Agency's PREA Executive Director and the PREA Compliance Manager. The facility is situated on the very attractive grounds of a former mental hospital. The architecture of the buildings on the campus is interesting, unique and filled with character. The grounds were immaculate and a commons area provide an area for the young ladies to spend leisure time. The interior of the buildings was also filled with history and character. Staff were observed supervising and interacting with youth. This facility has multiple cameras located strategically throughout the facility. There are 137 cameras enhancing supervision of youth. The cameras may be viewed in the Superintendent's Office at any time. The administration has also installed a number of mirrors to mitigate blind spots. Too, the Superintendent requires staff to move about supervising the students, cognizant of blind spots. Doors that were supposed to be locked were found to be locked and secured. Restricted keys are also used to limit access to specified areas. Curtains in showers provided privacy. Walls and doors on toilets provided privacy for students.

After the tour, the auditor continued interviews and reviews of additional documentation. Interviews included twelve (12) random staff and the following specialized staff as well as the Superintendent, PREA Executive Director and PREA Compliance Manager: personnel/human resource staff, facility nurse, contractor, psychologist, facility investigator, higher level staff conducting unannounced rounds, staff from the incident review team, staff notifying youth of investigation outcomes, intake staff, orientation staff, classification staff, Staff supervising youth in isolation, staff conducting victimization screening and the retaliation monitor. Eleven (11) youth representing every living unit were interviewed. These included youths who reported prior victimization and who were lesbian and bisexual. One of the youth's reported via her tablet/email to the PREA compliance manager that a female staff grabbed something off her legs and made her feel uncomfortable. She stated the PREA Compliance Manager came to talk with her the day after her email and she indicated she did not think the officer really was doing anything other than get something off her leg. The staff apologized to the young lady and she indicated that was all there was to it. Another young lady reported another young lady tried to put her "boobs" in her face. She stated she reported it the next morning and the PREA Compliance Manager responded to her. She said investigators interviewed her, took witness statements and moved here were no youth who had reported sexual abuse at the young lady out of the unit immediately. It was apparent from reviewing the incident reports and investigations that this facility takes every allegation seriously and that they respond quickly to investigate and ensure that youth making an allegation are safe. Following the interviews and reviews of documentation, the auditor reviewed additional documentation that had been required. A few additional items were requested to be emailed to the auditor for review. An exit conference was conducted with the Superintendent and his administrative staff.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Madison Juvenile Correctional Facility is a 162-bed maximum security juvenile correctional facility located in Madison, Indiana. The facility is under the jurisdiction of the Indiana Department of Corrections. The facility houses female adolescents that have been committed to the facility on felony adjudications. Rehabilitation of the youth is the stated goal of the facility. Madison JCF is the only female juvenile facility in the state of Indiana. MCJCF provides treatment in the areas of Criminal and Addictive Thinking, CAGE the Rage for Women, Voices, Healthy Relationships, Employability Skills, Substance Abuse, Relapse Prevention, Suicide Prevention, and Grief and Loss. This program has been accredited and maintains accreditation by the American Correctional Association documenting the facility meets national standards for juvenile correctional facilities. Additionally, the facility has implemented the Performance Based Standards Program as well.

The facility is located on the grounds of a former mental hospital and the grounds and architecture of the buildings are appealing. Residents committed to the facility have been adjudicated on serious offenses and are considered to be youth requiring close supervision and heightened security to minimize the risk to the public, staff and youth. The rated capacity is 162 youth however the population during the audit period was 42. The age range of youth at the facility is between 12-20 with an average length of stay of five (5) months.

The facility is located adjacent to the Madison Correctional Facility, an adult correctional facility for women. The facilities are separated and completely distinct from each other assuring sight and sound separation. There is no cross-facility programming, access or communication.

## **SUMMARY OF AUDIT FINDINGS**

The process and methodology for conducting this audit and arriving at ratings included the following: 1) Providing a Notice of PREA Audit providing staff, students, contractors, volunteers and visitors contact information to communicate with the auditor related to any PREA issue or concern; 2) Reviewing the information contained on the flash drive, including agency and facility policy and procedures as well as supporting documentation and 3) Conducting an on-site audit that included reviewing additional requested documentation, conducting a tour of the facility and making observations throughout the audit period and interviews with random and specialized staff as well as random youth representing all of the living units. The verbiage of the standard was used to assess whether the facility's policies, procedures and practices were consistent with the requirements of the standard.

The auditor reviewed 41 standards. Two (2) standards were rated exceeds. These were: 115.333, Resident Education and 115.351 Resident Reporting. Thirty-five (35) standards were rated "meets" Two standards were rated "not applicable". That standard was 115. 312, Contracting for the Confinement of Youth and 115.366, Preservation of Ability to Protect Residents from Contact with Abusers.

Number of standards exceeded: 02

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 02

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Indiana Policy and Administrative Procedure, Sexual Abuse Prevention, II., Affirms the Department of Correction is committed to a zero tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors or official visitors and offenders whether committed by staff, volunteers, contractual staff, visitors or official visitors and offenders, regardless of whether consensual or not, is strictly prohibited. Paragraph VI, Zero Tolerance for Sexual Abuse and Sexual Harassment, states that the Department of Correction maintains a zero tolerance for all forms of sexual abuse and sexual harassment by staff, volunteers, contractors or offenders against offenders. Zero Tolerance applies to all agencies and organization that house offenders committed to the Department. Policy includes all the definitions required by the PREA Standards.

The agency's policies include the required PREA related definitions for consistency. These policies also are comprehensive and address the agency's commitment to sexual safety and effectively address the agency's approach to prevention, detection, responding and reporting to allegations and incidents of sexual abuse and sexual harassment. The same policy, in section VIII., PREA Compliance Manager, requires the Superintendent to designate a staff person to serve as the PREA Compliance Manager. It requires the staff who is being designated to serve in that capacity should be a staff person in a supervisory position who has been trained in sexual assault crisis issues and has the knowledge, skills and ability to implement and evaluate the facility's Sexual Abuse Prevention Program. Duties of the PREA Compliance Manager are also specified in the policy. A memo for the record from the Superintendent confirmed the PREA Compliance Manager was designated to be PREA Compliance Manager on April 40, 2016. The memo enumerated the expectations, duties and responsibilities for the PREA Compliance Manager. The facility provided an organizational chart for the Madison Juvenile Correctional Facility. The chart depicts the position of PREA Compliance Manager.

An interview with the Agency Executive Director of PREA confirmed not only his knowledge of PREA but also his commitment to continuous improvement in his facilities that include both adult prisons and juvenile facilities. His policies effectively address the agency's approach to prevention, detection, responding and reporting allegations of sexual abuse and sexual harassment. He has invested a lot of time in developing very effective procedures with forms for staff to use that address the standards.

An interview with the PERA Compliance Manager confirmed he has the time and authority to implement PREA and to effectively maintain the standards. Too, he has the complete support of a very energetic and proactive Superintendent. The PREA Compliance Manager told the auditor how he implements PREA, how he maintains compliance and how he addresses any issues with compliance, if any. He indicated that training staff is essential and he also related that he does the PREA training for staff. He also indicated the PREA Committee stays abreast of compliance and addresses any issues with PREA and with individuals. Unannounced rounds, he indicated are important in deterring sexual activity. He also actively monitors lists and statistics related to potential victims and potential abusers. Putting PREA related information into the agency database he monitors any trends if any. This individual is very knowledgeable of PREA and from interview and observations of interactions between the PREA Compliance Manager and the youth confirmed he has an excellent relationship with them. Interviews confirmed they see the PCM as someone they trust and one named as a trusted staff to whom they would report sexual abuse or sexual harassment. An interview with the Superintendent likewise was knowledgeable of the PREA

Standards but more than that, he was attuned to his facility and his residents. His easily responded to questions posed. He

related how concerned he was about not just sexual safety but safety in general in his facility. He was a supporter and advocate of PBS which monitors a wide range of areas and activities and requirements related to, among other things, the safety of residents. He was proud of the fact that his facility has now achieved the highest level of compliance. Too, his facility is currently accredited by the American Correctional Association indicating he meets or exceeds national standards for juvenile confinement facilities.

Staff and youth are both cognizant of the agency and facility's zero tolerance for all forms of sexual activity, sexual harassment and retaliation for reporting or for cooperating with an investigation into sexual abuse or sexual harassment or retaliation. Youth are given information about Zero Tolerance during intake, orientation, in the student handbook and through multiple posters throughout the facility.

### **Standard 115.312 Contracting with other entities for the confinement of residents**

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

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

This standard is rated not-applicable. The facility does not contract for the confinement of residents. The Agency however does contract for the confinement of adult offenders. A reviewed contract contained the following verbiage/requirements related to compliance with PREA. In paragraph 10 of the reviewed contract, the requirements are as follows: The Contractor is advised that a requirement of the contract is compliance with PREA. The contractor is required to comply with the Prison Rape Elimination Act of 2003 and with applicable PREA Standards, State Policies related to PREA and Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within state facilities and programs. The contractor also must acknowledge that, in addition to "self-monitoring" requirements, the State will conduct announced and unannounced compliance monitoring to include on-site monitoring. Failure to comply with PREA, the PREA Standards and State Policy may result in termination of the contract. A previous interview with the Agency's Contract Manager confirmed that this language is in all contracts for the confinement of offenders.

### **Standard 115.313 Supervision and monitoring**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, XIII. Facility Prevention Activity, requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. Policy also requires that in calculating adequate staffing levels and determining the need for video monitoring, the facility must consider the following:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including blind spots or areas where staff or offenders may be isolated);
- The composition of the offender population;
- The composition of the offender population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable Federal, State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual conduct;
- Staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances, which will be fully documented; and
- Any other relevant factors.

Staffing plans are completed and submitted to the Agency Executive Director of PREA annually, no later than January 31 of each year. Deviations from the staffing plan must be documented and include the justification for deviations from the plan on a shift report or shift roster.

Policy requires that whenever necessary, but no less frequently than annually, the facility will assess, determine and document whether adjustments are needed to 1) The facility's staffing plan; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided a detailed and comprehensive Staffing Plan for 2017. The posts at this facility are determined by a Post Analysis, prepared in August, 2016. Staffing at Madison Juvenile Correctional Facility (MJCF) currently is authorized a total of 96 staff authorized by budgets and State Personnel Department. These include 79 Youth Development Specialists, 9 administrative staff and 8 program positions.

A staffing assessment conducted in February 2016 did not have any recommendations for an increase or decrease in the staffing level. The annual staffing plan considered each of the items required by the PREA Standards. The plan also documented that the number and placement of supervisory staff is determined through the Master Roster Post Analysis and shift supervisors ensure compliance with the PREA standards. Required staff to youth ratios are maintained. The need for monitoring is addressed through the PERA Committee inspections and reviews of PREA related incidents and supervisors making daily rounds. The plan indicated there are no cameras located in the Chapel area, school classrooms, the workout room and outdoor rec areas. According to the plan, cameras have been requested for those areas. Too, extra cameras are needed in the day room to provide full coverage. Staff to youth ratios are met and exceeded as the average population has been 47.6 for the past year, well below the rated capacity of the facility. Attachments to the plan included the Master Roster, Vacancy Report Breakdown, 18 month Vacancy Rate, Facility Organizational Chart and Staff to Student Ratio Breakdown.

A memo from the Superintendent affirmed the facility maintains a ratio of 1:8 during waking hours and 1:16 during sleeping hours. The yearly average population for 2015 was 47.6 youth. During the last quarter of 2016 one unit was shut down due to the facility's general population. Those students were added to the two remaining units leaving the facility with a total of

four units to operate, one (1) MAC unit and two (2) general population units. Because the facility operates on a 12 hour shift schedule, more staff are provided on the units.

A memo from the Superintendent, dated February 29, 2017, documented one deviation from the staffing plan on February 29, 2017, however the memo stressed there were no deviations from the required ratios. Overtime was utilized and the deployment of sergeants provided the required supervision.

Agency policy requires intermediate level or higher- level supervisors to conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff are prohibited, by policy, from alerting other staff member that those supervisory rounds are occurring.

It also requires the PREA Compliance Manager and other staff designated by the Superintendent to tour the facility at least quarterly to locate and identify areas that may require additional electronic or staff monitoring in order to prevent sexual abuse. The PREA Compliance Manager will make a list of those locations and present the list to the Superintendent along with the PREA Committee recommendations as to how to address those locations. The Superintendent or his/her designee will review the recommendations and take appropriate actions to reduce the possibility of sexual contact in those locations. The PREA Compliance Manager explained the staffing plan that provides for ratios of 1:8 during awake hours and 1:16 during sleeping hours. Based on the average population the PCM indicated the facility has determined it needs a minimum of nine (9) staff per shift. Minimally each shift has three direct care staff on each unit, a Sergeant and a Lieutenant. The Superintendent related that his staffing was predicated originally on the rated capacity of 167 residents. Turnover in staff is minimal, and the vacancy rate for staff is around 8.5%. Minimum staffing, he stated, would be fifteen (15) staff per shift. That includes two sergeants and a lieutenant per shift. Being proactive in responding to allegations of sexual assault he related he wants 4 staff trained as Sexual Assault Response Team members on each shift. During the day, one sergeant runs the school, and conducts rounds while one Sergeant is assigned commissary duties, key control and laundry. The control room is a gender specific post and the Superintendent has required that all female staff are trained to work the control room. In the event of "call ins" the facility has identified posts that can be closed and if needed, staff would be "held over" until arrangements could be made for staff to report duty.

Cameras are used to supplement supervision and monitoring. There are presently 137 cameras, with cameras recently added to the Chapel and an additional 20 cameras purchased and awaiting installation.

Observations during the tour indicated that this facility is replete with cameras. Staff were observed to be actively engaged with residents and none of the residents were out of line of sight from a direct care staff.

Interviewed staff confirmed the ratios are always maintained. Observations during the audit indicated that the ratios were either met or exceeded for that period.

Staff indicated that unannounced rounds are made. It is recommended that staff pay particular attention to conducting unannounced PREA rounds. The purpose of these rounds is to deter clandestine sexual activity between youth and youth as well as youth and staff, contractors or volunteers. During the tour, doors that should be locked were found to be locked. There were multiple cameras located throughout the facility and more cameras are purchased. Staff were observed supervising youth. Staff described unannounced rounds being made. Unannounced PREA rounds, aggressively made, will help to deter sexual activity.

#### **Standard 115.315 Limits to cross-gender viewing and searches**

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



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

A memo dated April 28, 2017 from the Superintendent confirmed the facility has not conducted any form of cross-gender search, either as a result of exigent circumstances or non-exigent circumstances.

The facility trains newly hired staff, using an OJT Module Performance Checklist, entitled, "PREA, Female Juvenile Specifics. Staff are trained in the expectations and requirements and then have to verbally articulate the expectation/requirement and then demonstrate proficiency for each topic. Topics included: 1) Male staff is to never be alone with female students in bathrooms or blind spots; 2) No cross-gender strip or pat searches; 3) All male staff are required to announce their presence when entering a housing unit and; unit staff are required to write in the Unit Log when male staff enter a unit and announce themselves; 3) Opposite gender surveillance monitoring of students who are confined to segregation or an areas where students can be observed in a state of undress will not be permitted by male staff; 4) Red signs posted outside of Control requires that male staff not enter, while a green sign signifies that males may enter; and 5) Students on "Constant Observation" by Mental Health staff shall be provided constant visual supervision by an individual of the same gender. Four pages of computerized training rosters confirmed staff received security skills training during which searches and search techniques were taught, including cross-gender searches.

During the tour of the facility showers were observed to provide privacy while showering through the use of two sets of shower curtains. Restrooms provide privacy through stalls and doors on the stalls.

Interviewed staff related cross gender searches do not occur in this facility absent exigent circumstances. Interviewed youth reported they have never been searched by a male staff, either strip search or "pat down". One-hundred percent (100%) of the interviewed youth reported they can dress, shower and use the restroom without being watched by any staff. They related the showers have two shower curtains and that restrooms have stalls and doors. They also related that they are not allowed to dress in their rooms. They are required to dress in the shower area where there is privacy.

#### **Standard 115.316 Residents with disabilities and residents who are limited English proficient**

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

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

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

The Facility PREA Executive Director provided a copy of a contract between the Indiana Department of Corrections and Language Training Center, Inc. to provide Interpreter/Translator Services. This contract provides the following: in person Spanish, in person non-Spanish, in person American Sign Language, over the phone interpretive services Spanish and non-Spanish as well as remote interpreting for all languages. Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual

Abuse Prevention, VII. Offender Education Program, requires that information be provided to offenders who are Limited English Proficient and who may have other disabilities (including hearing or visual impairment, psychiatric or learning disabilities) be provided assistance to ensure effective communication of the department's PREA policy and procedures for reporting assaultive sexual behavior. This policy prohibits the use of interpreters or readers unless there would be a delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the inmate's allegations.

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

Policy indicated that the use of inmate interpreters, inmate readers, or other types of inmate assistants is limited except in limited circumstances where an extended delay would jeopardize an offender's safety and well-being is prohibited. The facility Pre-Audit Questionnaire reported that there have been no instances during the past twelve (12) months requiring interpretive services.

The majority of the interviewed random staff stated they would call in a professional or an "interpreter from the outside" to translate for a resident reporting an allegation of sexual abuse if time and safety permitted.

#### **Standard 115.317 Hiring and promotion decisions**

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

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

The Indiana Department of Corrections prohibits the Madison Juvenile Correctional Facility from hiring or promoting anyone who may have contact with resident, and prohibits enlisting the services of any contractor who have contact with resident, who engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in the sexual abuse activities.

The personnel manager for the Madison Correctional Facility, who provides the human resources services, including background checks, explained the process of how the facility considers prior incidents of sexual harassment when determining whether to hire or promote.

State policy requires the facility, before it hires any new employees who may have contact with offenders, complete a criminal background record checks and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse before hiring. Policy also requires that criminal background records checks be completed on current employees every 5 years.

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

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

A sample of personnel files were reviewed at the Madison Correctional Facility, where the personnel manager is located. One-hundred percent (100%) of the reviewed files contained the required PREA Questions. Additionally, ten background clearances were reviewed. Background checks included a check of Indiana (IDACS) and the National Criminal Information Center (NCIC). Documentation was also provided to indicate that annually, driver's licenses are checked. The Superintendent of the Juvenile Facility related staff, volunteers and contractors also must pass the DIANA screening to identify potential for being a pedophile.

Samples of files documented five -year background clearances. The auditor also reviewed samples of background checks for volunteers and contractors.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

There have been no upgrades to the facility during since the last audit but the Pre-Audit Questionnaire documented upgrades to the video monitoring technology. The facility's Superintendent indicated that the facility has added cameras to the chapel. He also related the facility has purchased an additional twenty cameras. Prior to any upgrades either to the facility or to monitoring technology, the Superintendent and his staff are heavily involved in determining where the blind spots are the priorities for placement.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

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

The facility provided the IDOC Staff Development Emergency Operations, Sexual Assaults, Evidence Protocols providing staff with a consistent and standardized protocol to guide them in responding to an allegation or incident of sexual abuse and in collecting evidence. The Indiana State Police will investigate allegations of sexual abuse that appear criminal and would be responsible for collecting evidence.

Interviewed staff reported in the event of a sexual assault the Indiana State Police would be contacted to conduct an interview. First responders confirmed their roles would be to separate the alleged victim from the alleged abuser, secure the room/area, and request the victim not take any actions, including drinking anything, changing clothing, showering or bathing, or brushing their teeth and instructing the alleged abuser to do the same.

An interview with medical staff at the facility reported there is a Health Services Administrator, Director of Nursing, ten (10) Nurses, including RNs and LPNs. A physician reportedly comes to the facility on alternate Thursdays. On the Thursday's the doctor does not come, a Nurse Practitioner comes. The medical staff related in the event of a sexual assault, their role would be to notify the Superintendent, Shift Supervisor, be supportive, determine who, what, when where and make arrangements to transfer the youth to Floyd County Hospital for a forensic exam by a Sexual Assault Nurse Examiner of Sexual Assault Forensic Examiner. A memo from the Health Services Administrator, dated May 11, 2017, indicated that Floyd County Hospital Emergency Room will be where resident victims of sexual abuse would be transported to for a forensic examination by a SAFE/SANE Team.

The facility provided a training curriculum developed by the Staff Development Unit entitled, "Victim Advocacy" to train staff to serve victims of sexual abuse providing emotional support when requested.

The agency has an agreement with the Indiana Coalition of Women Against Sexual Violence to provide advocacy services upon requests.

A memo from the Superintendent dated April 28, 2017, confirmed there have been no requests for a victim advocate, or qualified agency staff member or qualified community based organization to accompany a victim of sexual abuse through the forensic examination or through investigatory interviews or other proceedings.

#### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

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

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

practices in training sexual abuse investigators. The facility also has access to Internal Affairs investigators, one of whom is also a certified peace officer.

The PAQ indicated that there were three (3) allegations of sexual abuse and sexual harassment reported during the audit period and none were referred for criminal investigation. The reviewed allegations involved the following, an allegation another resident placed her breasts in another girl's face; an allegation that a female staff touched her leg brushing something off and it made her feel uncomfortable, and an allegation that a staff touched a female youth's buttocks and made a sexual remark to her. Investigations were conducted and all were unsubstantiated.

Interviews with randomly selected staff as well as with specialized staff confirmed that this facility takes allegations of sexual abuse and sexual harassment seriously. Every staff stated they are trained to take everything seriously, including suspicions. They stated they would accept a report from any source at any time and treat it just like any allegation of sexual abuse or sexual harassment.

Investigations of sexual abuse are referred to the internal affairs investigator from the Madison Correctional Facility located adjacent the Juvenile Facility. The PREA Compliance Manager is very proactive and makes himself available to the youth. Interviewed youth related to the auditor that they trusted the PREA Compliance Manager and if they needed to report anything, they would feel comfortable reporting to him and trusted he would take it seriously and do something about it.

#### **Standard 115.331 Employee training**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse and Prevention, V., Staff Orientation and Training, requires that as a part of new employee training orientation training and annual in-service training, all staff receive training in the following topics:

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

Policy also requires training to include the Standards of Conduct for Department Staff and the prohibitions against sexual contact with offenders. Staff are given a brochure to assist in identifying incidents of sexual abuse and sexual harassment. Training is tailored to the gender of the offender population.

Staff are informed that any form of sexual activity between staff and offenders, even if consensual, is prohibited and that staff who are found to have engaged in any form of sexual abuse or sexual harassment against offenders shall be subject to the appropriate disciplinary action, up to and including termination from employment and criminal prosecution.

Posters are placed throughout the facility in prominent locations, displaying various methods of reporting.

The reviewed training module covered all of the topics required by the PREA Standards. Among the major topics included were: Evidence Collection at the Facility, Evidence Collection at the Hospital. Subtopics included equipment adequate for evidence collections, determination as to scene, securing the scene, different kinds of evidence, equipment necessary to handle evidence, documenting the evidence at the scene, chain of custody, special considerations with biological evidence, victim/suspect evidentiary concerns, role of the SANE professionals, reports from the SANE, informed consent, time limits for evidence collection, and recommendations for health care providers.

The OJT Module Performance Checklist, PREA, Female Juvenile Specifics, contained the following performance objective for staff: "After explanation, demonstration and practice; trainee will be able to identify how the Prison Rape Elimination Act (PREA) is used within Madison Juvenile Correctional Facility and will understand staff's responsibilities for compliance with PREA. Staff are made aware of the following: 1) Male staff is never to be alone with female students in bathrooms or blind spots; 2) No cross-gender strip searches or pat searches; 3) All male staff shall announce their presence when entering a housing unit and unit staff are require to write in the Unit Log when make staff enter a unit and announce themselves; 4) Opposite gender video surveillance monitoring of students who are confined to segregation or an area where students can be observed in a state of undress will not be permitted by male staff; 5) Red signs posted outside of Control requires male staff may not enter; green signs signify male staff can enter; 6) Students on "Constant Observation" by mental health staff shall be provided constant visual supervision by an individual of the same gender; 7) Staff shall immediately report all instances of sexual conduct; ensure the safety of the victim and complete a PBS Incident Report prior to leaving the facility; and 8) Employees shall not release any information concerning other employees or other students without proper authorization. The trainee has to demonstrate knowledge and proficiency in each topic after which it is signed off by the trainer.

Interviewed staff indicated they are trained in PREA as newly hired employees, annually during annual in-service training and through refresher training. They indicated they receive computer based training annually. The facility provided multiple examples of PREA Acknowledgment Statements signed by staff confirming they have been trained.

#### **Standard 115.332 Volunteer and contractor training**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, VI., Volunteers, Interns and Contractual Staff, requires all volunteers, interns and contractual staff who have contact with offenders shall be provided the same information as staff in regard to sexual abuse and sexual harassment prevention, detection and reporting.

Policy requires they are advised that any form of sexual abuse or sexual harassment with an offender, whether consensual or not, is strictly prohibited and that any volunteer, intern or contractual staff found to have engaged in such contact shall be removed from the facility, not allowed to return and may be subject to criminal prosecution. In addition, volunteers, contractors and interns are given the same brochure and other PREA related information provided to employees. Annual training is also required.

The IDOC Staff Development and Training Unit developed an e-learning presentation consisting of 73 slides/power points. This training is comprehensive and included the following: 1) PREA, 2) Zero-Tolerance; 3) Dynamics of sexual abuse; 4) Prevention, Detection, Reporting and Responding to sexual abuse and sexual harassment; 5) Common reactions; 5) Avoiding inappropriate relationships; 6) Relevant laws regarding mandatory reporting and ages of consent; 7) Male vs Females, Juvenile vs Adults, LGBTI Offender/Students.

Interviewed contractors indicated they attend the same training that regular employees attend. They were aware of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment and the expectations for reporting. The auditor also reviewed PREA Acknowledgments for volunteers confirming receipt of training and understanding the information provided.

### **Standard 115.333 Resident education**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, VII., Offender Education Program, requires that all offenders be provided with verbal and written information regarding: 1) The Department's Zero-Tolerance Policy, 2) Self-protection; 3) Reporting sexual abuse and sexual harassment; and 4) Treatment and counseling available to offenders who are victims of sexual abuse.

This information is to be provided in a manner easily understandable to the offenders. If accommodations are needed to facilitate understanding based upon review of the offender's mental health, education and classification records, in addition to interviewing the offender. Offenders are advised that any offender who engages in any type of sexual abuse and/or sexual harassment will be charged in accordance with the appropriate disciplinary code or code of conduct. Offenders will be advised that all such cases shall be referred to the Indiana State Police for criminal prosecution and to Child Protective Services.

Offenders will be given a brochure created by the Department advising the offender of the potential dangers of sexual abuse and sexual harassment and the Department's zero-tolerance for such behavior. Offenders will sign an acknowledgment form indicating they received and understood the agency's the zero-tolerance policy, how report it and how to obtain treatment if she becomes a victim.

An interview with staff responsible for intake stated on arrival during the intake process residents are provided the PREA Brochure and verbally tell them how to make reports, how to file grievances, and give them two handbooks. These are the Facility Handbook and the Division Handbook. The Division Handbook, on page 7, Zero Tolerance for Sexual Abuse, Prisons Rape Elimination Act, advises youth of the agency's commitment to providing a safe and secure environment and tells them

the Division of Youth Services has a zero-tolerance policy for any and all sexual activity at all facilities within the Division. It then tells youth if they have been sexually assaulted to report the attack immediately to any staff. It proceeds to discuss what to do if a youth is attacked. Reporting methods are discussed and instructions for using the "Pound #22 System". The grievance system for reporting sexual abuse. Boundaries are discussed as well. The information is concise and informative. The MJCF Student Handbook has a section entitled Sexual Assault Prevention and Reporting. Page twenty-two (22) Sexual Assault Prevention and Reporting, Sexual Assault Prevention, Intervention and Self-Protection, and Reporting Sexual Abuse or Assault provide additional information to inform the youth of the agency and facility's zero tolerance for sexual abuse, sexual harassment and retaliation, how to help oneself stay safe and how to report it if it happened.

Intake staff stated if the youth has an Individualized Educational Plan (IEP) she would read the materials to them. She related she has access to interpretive services for youth who are limited English proficient.

Staff related on the day following intake, orientation is conducted. During orientation, youth are reportedly told how to report sexual abuse, sexual harassment or retaliation on the JPAY KIOSK, given information about the Indiana Coalition of Women Against Sexual Violence who provide advocacy services and provided instruction on how to use the phone system "Pound 22" for reporting allegations of sexual abuse. They are reportedly told they have the right to personal and physical safety and sign an acknowledgement of understanding zero tolerance and to confirm they have received the PREA brochure. Lastly, the staff reported that on the following Tuesday youth are shown the PREA Video.

The auditor reviewed a sample of intake orientation checklists documenting PREA training. Acknowledgments of having received the PREA Video and Handbooks as well as acknowledgments of receiving and understanding zero tolerance and the resident code of conduct.

PREA related posters are also posted throughout the facility and accessible to residents, staff, visitors, volunteers and contractors.

Interviews with youth confirmed they received PREA training during the intake process and during orientation as well as through the prominently displayed PREA Posters. One youth was especially articulate and stated she was given information verbally, in writing and through the PREA Video. She said she watched a video about "Prison Awareness/PREA 2013" and talked about how to use "Pound 22" to report allegations of abuse. She stated, "you can type to PREA; push one button and it goes to PREA."

### **Standard 115.334 Specialized training: Investigations**

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

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

Interviews with an investigator and reviewed documentation indicated that investigators confirmed investigators received training in conducting sexual abuse investigations in confinement settings. This training is in addition to the PREA training that is required of all other employees. In this facility the facility investigator will determine if the allegation or incident is PREA related. If it is PREA related the facility investigator calls in Internal Affairs and they will conduct the investigation. The Internal Affairs investigator may come from the adult Madison Correctional Facility located adjacent the juvenile facility.



### Standard 115.335 Specialized training: Medical and mental health care

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

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

The mental health professional at this facility is the psychologist who has completed multiple courses and training in dealing with sexual abuse and victims of sexual abuse. He is a licensed professional counselor and provides treatment to sex offenders and sees victims of sexual abuse, including prior sexual abuse. In addition to possessing a professional license and completing multiple sexual abuse and trauma trainings, the psychologist related he also is required to complete the same PREA training that all other staff complete. Interviews with medical staff also indicated they had received specialized training including the topics required by the PREA Standards and that they attend all other PREA related training that all staff attend.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, XI., Offender Intake Into the Department; requires that within twenty-four (24) hours of an offender's admission, staff shall assess an offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual abuse victim. This assessment shall use the appropriate Sexual Violence Assessment Tool. The results of the assessment are considered confidential and filed in the offender's facility record accordingly. The facility is required to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to the assessment to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The facility provided victimization screening instruments for review. These also documented 30 day reassessments. Within 72 hours of arrival at a facility, intake staff shall ensure a new SVAT is completed based on the information from the interview with the offender and the offender's record. The SVAT Questionnaire will be used to conduct the interview. Within 30 days of the offender's transfer, staff will reassess the offender's risk of victimization or abusiveness considering any additional information received by the facility since the intake assessment and complete a new SVAT if needed. This review is documented in the 30-Day Review section on the bottom of the SVAT form. An offender's risk level will be reassessed at any time when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offenders' risk for sexual victimization or abusiveness.

Staff who conduct the vulnerability screening indicated it is done the first day the youth arrives at the facility. Staff indicated they talk with the youth's parents, review all information in the package that and review information in the database. She related they follow up then with a review within two weeks

#### **Standard 115.342 Use of screening information**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, XI., Offender Intake Into the Department, requires that the facility to use information derived from the risk screening to inform housing, bed, work, program and education assignments with the goal of keeping separate those offenders at high risk of being sexually abused from those at risk for being sexually abusive. The facility then makes individualized determinations about how to ensure the safety of each offender.

Based upon the assessment, the offender will be placed in the appropriate housing, however no facility will place a lesbian, gay, bisexual, transgender or intersex offender in dedicated units solely on the basis of such identification or status. If staff determines an offender is a potential aggressor or potential victim, the offender's record will be appropriately flagged in the juvenile data system. Offenders identified as intersex or transgender will receive an initial placement and programming assignment with subsequent reassessments conducted every six months. In checks whether to assign a transgender or intersex offender in a facility for male or female offenders, and in making other housing and programming assignments, the agency is required to consider, on a case-by-case basis, whether a placement would ensure the offenders' health and safety and whether the placement would present management or security problems. Serious consideration shall be given in such an offender's own view with respect to his or her own safety. Transgender or intersex offenders are also required to be given the opportunity to shower separately from other offenders.

Paragraph XII., Transfer Assessment, requires within 24 hours of an offender's transfer to another facility, staff making housing, assignment decisions at the receiving facility will review the offender's PREA flag status to determine whether the offender may be a potential aggressor or a potential victim.

Policy requires that the PREA Compliance Manager and PREA Coordinator review the record and history of those offenders receiving a SVAT flag of Potential Aggressor or flag of Potential Victim. The committee will reach a consensus on the flag status of those offenders in question. Policy prohibits offenders identified as a "likely PREA aggressor" shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a "likely PREA Victim". Likely PREA Victims may be housed in protective custody or other assignment that reduces the likelihood of sexual victimization. PREA Flags are to be reviewed for all work and program assignments in accordance with the appropriate Policy and Administrative Procedure (03-03-104, Juvenile Classification and Comprehensive Case Management".

Interviews confirmed that youth are housed alone initially until a decision is made. The classification team meets Monday or Tuesday and before a girl is moved from Intake classification meets to determine the appropriate housing for that student.

### Standard 115.351 Resident reporting

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

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

This standard is rated exceeds because of the multiple ways the facility provides for youth to make reports of sexual abuse or sexual harassment internally and externally. IDOC Policy and Administrative Procedure, XV., Reporting Sexual Abuse, encourages offenders who have been the victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct, or staff/offender sexual harassment are encouraged to report those situations. The facility also informs residents and provides them multiple internal ways for an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are trained and required to accept reports made verbally, in writing, anonymously, from third parties and will promptly document any verbal reports. Offenders will be permitted to make reports to any staff member or to an outside organization that has been arranged through a Community Partnership Agreement or other State agency, remaining anonymous upon request. They will have access to the outside organization through a toll free hotline, offender email system, or mailing address. If the offender isn't comfortable with making the report to the immediate point of contact, line staff, the youth is allowed to report to a staff person with whom she feels comfortable in speaking about the allegations. Policy provides that staff reporting sexual abuse and sexual harassment will be afforded the opportunity to report such information to the Shift Supervisor, Investigation and Intelligence Investigator, PREA Compliance Manager or the Executive Director of PREA via the IDOC Sexual Assault Hotline. Third party reports may be made by family, friends, and other members of the public can make reports electronically by submitting an email to IDOC [PREA@idoc.in.gov](mailto:PREA@idoc.in.gov) or telephone (toll free) the IDOC Sexual Assault Hotline. The contact information is posted in viewing rooms and on the Department's website.

The resident's handbook instructs residents if they become a victim of sexual abuse, they should report it to any staff member they feel comfortable, as soon as it occurs. It also provides them the phone number for students to use in reporting.

The Indiana Ombudsman Bureau is charged with attempting to resolve complaints received from offenders or from the offenders family. The facility provides contact information for reporting to the Ombudsman.

Interviewed youth named multiple ways they could report allegations of sexual abuse and sexual harassment. Youth stated they could report to staff, via JPAY, use their tablet to message "PREA", and report through the hotline. They also confirmed they can call their parents, email them, visit with them and that they have access to their attorney's either via phone or through visitation and the mail. Youth also stated the Superintendent "holds" weekly, on Wednesday's, holds a community meeting and they could report to him at that time. They also stated they can email the Superintendent and designated staff using their tablets. Interviews also indicated that public defenders come into the facility twice a month, giving youth, yet another way to report if needed. Every one of the interviewed youth related they trusted the PREA Compliance Manager and all of them stated they could report to him and would report to him.

### Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

IDOC Administrative Directive and Procedure, Youth Grievances, B. PREA Grievances, presents guidelines for filing grievances alleging that a youth is subject to a substantial risk of imminent sexual abuse, and removing the standard time on submission for a grievance regarding an allegation of sexual abuse. Standard time limits may apply to any portion of a grievance that does not allege an incident of sexual abuse. The Department shall not require a youth to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department’s ability to defend against a youth lawsuit on the ground that the applicable statute of limitations has expired.

A youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident. Sexual abuse as defined in Policy 02-01-115, Sexual Assault Prevention, Investigation, Victim Support and Reporting” consists of non-consensual sex acts, abusive sexual contact, and staff sexual misconduct. Such a grievance shall not be referred to a staff member who is the subject of the complaint. The Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Determination of the ninety (90) day time period shall not include time consumed by the youth in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department is required to notify the youth in writing of any search extension and provide a date by which a decision shall be made.

Third parties, including other youths, staff members, family members, attorneys and outside advocates, are permitted to assist youths in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of youths. If a third-party file such a request on behalf of a youth, 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 youth declines to have the request processed on his/her behalf, the Department will document the youth’s decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals on behalf of the juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the required fields filed on his or her behalf.

Interviews with both staff and youth confirmed youth may file grievances without giving it to any staff who may be the subject of the grievance. Staff understood that a grievance alleging sexual abuse or sexual harassment would not be processed like a normal grievance but would become an emergency grievance. Youth indicated, in their interviews, that they could use a grievance to file an allegation of sexual abuse or sexual harassment but that that would not be their choice. They did report they have unimpeded access to the grievance process.

**Standard 115.353 Resident access to outside confidential support services**

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

- Does Not Meet Standard (requires corrective action)

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, VII., Offender Education Program, states that residents are made aware of all appropriate information regarding the Department's zero tolerance for all forms of sexual abuse and sexual harassment including how to report it and how to obtain treatment if she becomes a victim.

Paragraph XVIII. Victim Support, requires the PREA Compliance Manager and other appropriate staff to work with community resources to ensure that adequate victim support services are available to victims of sexual assault. Policy also requires the Department to make arrangements for these services through agreements with the victim advocate. The contact information for community victim advocates are required to be posted throughout the facility and provided in PREA education materials. Offenders will be informed of the extent to which any calls and correspondence will be subject to monitoring for mandatory reporting purposes where applicable. Counselors from victim advocacy groups will be allowed access to the offender as a special visit arranged through the PREA Compliance Manager. The reason for the visit will be kept confidential and limited to the coordinator. Policy also requires the facility to provide reasonable and confidential access to their attorney's or other legal representation and reasonable access to parents or legal guardians.

The Student Handbook informs residents that victims of sexual abuse are provided with the opportunity for acute treatment and counseling. It advises the youth if they are a victim of sexual abuse or assault they may request a victim advocate or services from a Rape Crisis Center. Students being held solely for civil immigration purposes may also be referred for assistance from immigration services agencies.

The facility provided multiple emails documenting efforts to secure a MOU with Safe Passages for advocacy services. Documentation indicated a willingness to provide the services however the agency indicated they had to check up the chain to see how providing those services would impact their grant. The facility does have mental health staff, including a Licensed Professional Counselor, who is qualified, by virtue of his education, professional license and multiple trainings received related to sexual abuse and sex offender treatment to serve as an advocate.

### **Standard 115.354 Third-party reporting**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, XV., Reporting, provides for third party reporting by stating third party reports by family, friends and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning, toll free, using the IDOC Sexual Assault Hotline. Contact information is posted in visiting rooms and on the Department's website.

The agency website was observed to contain information related to reporting allegations of sexual abuse and sexual harassment. Contact information is provided. Additionally information to assist the agency in investigating the report is provided for reporters to consider.

### **Standard 115.361 Staff and agency reporting duties**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, XV., Reporting Sexual Abuse, states that offenders who have been victims of abusive sexual contact, non-consensual sexual act, staff sexual misconduct, or staff/offender sexual harassment shall be encouraged to report these situations. Staff are also required to ensure that offenders are aware of the way reports can be made.

Policy requires the facility to provide multiple internal ways for an offender to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Staff are expected and trained to accept reports made verbally, in writing, anonymously, from third parties and are required to promptly document any verbal reports.

Youth are permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership Agreement or through another State Agency remaining anonymous if requested. Youth will have access to this/these organizations through a toll free hotline, offender email system, or mailing address. If the resident/youth does not feel comfortable in making a report to the immediate point of contact, line staff, the youth will be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations. All reports of sexual abuse and sexual harassment are required to be documented in an Incident Report prior to the end of the shift. Policy further requires any staff, volunteer or contractor, that has reason to believe that sexual abuse or sexual harassment has occurred, whether it occurred in a Department facility, has a duty to immediately report this information to the Shift Supervisor on duty, PREA Compliance Manager, facility executive staff or the Executive Director of PREA. Staff are to immediately report harassment as well.

Staff, according to policy, are afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager or the Executive Director of PREA via the IDOC Sexual Assault Hotline. The Shift Supervisor shall notify the Superintendent, Investigations and Intelligence, PREA Compliance Manager, a member of the facility PREA Committee, or other designee.

Third Party Reports by family, friends, and other members of the public can be made electronically by submitting an email to [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov) or telephoning. Contact information is posted on the Agency's Website.

Policy requires if the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident will be reported to the Child Protective Services as required in the Administrative procedures for Policy 03-020101, "The Reporting, Investigation and Disposition of Child Abuse and Neglect." XVII., Medical and Mental Health Services, PREA Audit Report

requires if medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the offender and report their suspicions. Offenders can refuse to report incidents that occurred prior to their incarceration in the Department. Offender refusals to report should be signed by the victim and documented in the offender's medical file. Medical and Mental Health practitioners are required to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Policy also requires in XV., that apart from reporting to designated supervisors, staff are prohibited from revealing any information related to a sexual abuse or sexual harassment report to anyone other than the PREA Compliance Manager or staff involved with investigating the alleged incident.

### **Standard 115.362 Agency protection duties**

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

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

IDOC Policy and Administrative Procedures, Sexual Abuse Prevention, requires, in XV. Reporting of Sexual Abuse, requires that when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff are required to take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Housing, or any other appropriate action.

The Pre-Audit Questionnaire and interviews with staff confirmed there have been no cases during the past twelve months in which a resident was at substantial risk of imminent sexual abuse.

Interviews with staff confirmed they take all reports and allegations of sexual abuse and sexual harassment as well as reports that a resident is subject to a substantial risk of imminent sexual abuse, seriously. Staff stated, in interviews, they would act immediately. They stated they would take immediate action to separate that individual or to remove the youth from the threat wherever that threat is. They stated they would immediately report to their supervisor and make an emergency change of housing. They stated their options would be to make a living unit change, a room change, have a staff "shadow" the youth, provide closer supervision or put the youth in some form of protective custody.

### **Standard 115.363 Reporting to other confinement facilities**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

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

IDOC Policy and Administrative Procedure, S+XV., Reporting of Sexual Abuse, states that when a Superintendent or designee receives an allegation that an offender was sexually abused at another facility, the Superintendent or designee receiving the allegation are required to 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 provide such information The Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this Policy and Administrative Procedure.

An interview with the Superintendent confirmed if he received a report from another facility that a resident at the facility that a youth was sexually abused while at his facility he would provide any information available and ensure that an investigation was conducted.

The Pre-Audit Questionnaire reported there were no incidents reported at Madison JDC that a resident was sexually abused at another facility. Nor were there any reports of allegations at another facility that a resident was sexually abused at Madison JDC. This was also confirmed through interviews with staff.

#### **Standard 115.364 Staff first responder duties**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, X., Sexual Assault Response Team SART, A. Establishment of a Facility SART, C. Members of SART and Their Responsibilities, 1. Staff Designated as First Responders, affirms that First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They are to secure the location of the assault and any evidence collected, in coordination with Investigations and Intelligence Investigators to ensure evidence is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns.

First responders, in accordance with policy and procedures, are to inform the victim not to take any actions that could destroy physical evidence before an investigator or other member of the SART arrives. If the report is made within a ninety-six (96) hour time frame, staff will ensue that the alleged victim and alleged abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. They will also arrange for removal of any suspected perpetrator. Each custody shift is to have two (2) on-duty staff persons identified and trained. If the first responder is a non-custody staff, the responder will request the alleged victim and alleged perpetrator not take any actions that could destroy physical evidence and notify custody staff as soon as possible.

The Pre-Audit Questionnaire reported three (3) allegations of sexual abuse during the past twelve months. It documented that in three (3) cases the first security staff member to respond to the report separated the alleged victim and abuser. Finally, the PAQ documented three (3) occasions in which staff were notified within a time frame that allowed for the collection of physical evidence. The PAQ reported there were no occasions in which the first responder was not a security staff first responder.



Interviewed staff have been well trained in their roles and responsibilities as first responders. Each one described in detail the steps they would take in response to an allegation or an incident of sexual abuse. Non-direct care staff were equally responsive and described the same actions that direct care staff articulated.

#### **Standard 115.365 Coordinated response**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, X., Sexual Assault Response Team (SART), requires the Superintendent at each facility to establish a sexual assault response team and a written plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault among first responders, medical and mental health professionals, investigators, and facility executive staff. SART provides a coordinated efficient and supportive response to victims of sexual assault. Persons assigned to the facility's SARET will receive specialized training in providing comprehensive services to victims of sexual assault.

The entire section entitled Sexual Assault Response Team (SART) actually also discusses the roles of team members including first responders, medical, PREA Compliance Manager and investigators. This policy also requires the SART to receive specialized training for treatment of victims of sexual abuse and investigations.

The facility's Coordinated Response Plan is documented in a Facility Directive, Madison Juvenile Detention Center, Facility Directive, "Sexual Assault Response". This document specifies the roles of first responders, shift supervisors, mental health, PREA Compliance Manager, PREA Investigator, SANE, SART and victim advocate.

Interviews with staff first responders and other members of the facility's sexual assault response team confirmed the steps they would take acting as first responders. Staff were articulate in relating the specific actions they would take, including separating the alleged victim and perpetrator, reporting, notifying their immediate supervisor, ensuring the safety of the alleged victim, securing the crime scene and instructing the victim and alleged perpetrator not to change their clothing, eat, drink, brush their teeth, urinate, defecate or take any action to degrade or eliminate the evidence. SART members receive specialized training in learning how to respond. The Superintendent indicated he has at least two SART members on each shift and is looking to train additional staff to serve as Sexual Assault Team Members.

#### **Standard 115.366 Preservation of ability to protect residents from contact with abusers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is rated "not applicable". The facility is not involved in collective bargaining and has the ability to remove any staff from contact with an alleged victim while an investigation is being conducted.

#### **Standard 115.367 Agency protection against retaliation**

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

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

The PREA Compliance Manager serves as the facility's retaliation monitor. He indicated he would monitor both staff and residents for retaliation for up to and beyond 90 days, if needed. He indicated he would be monitoring such things as behavior logs, write-ups, who is writing the resident up, and housing changes. He would look for any treatment that was different. He also indicated that during treatment team meetings he would become aware of anything other staff were observing. He also related that residents have the capability of communicating with him via their tablet and they would be encouraged to let him know if they were experiencing any bullying or retaliation. Retaliation is documented on the approved state retaliation monitoring form. This form documents the things being monitored and checked every 30, 60 and 90 days. The Pre-Audit Questionnaire and interviews with staff confirmed there have been no instances of retaliation during the past twelve months.

#### **Standard 115.368 Post-allegation protective custody**

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

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

A memo from the Superintendent confirmed there have been no instances where someone who suffered sexual abuse or alleged to have suffered sexual abuse was placed in isolation.

Upon receipt of a report of sexual abuse, staff shall ensure that the Superintendent is notified immediately. Additionally, when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in

Protective Custody, Administrative Restrictive Status housing, or any other appropriate action. Apart from reporting to designated supervisors, staff shall not reveal any

IDOC Policy and Administrative Procedures, Sexual Abuse Prevention, requires, in XV. Reporting of Sexual Abuse, requires that when staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff are required to take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Housing, or any other appropriate action.

Interviews with administrative staff indicated youth victims of sexual abuse would not be placed in involuntary protective custody unless there were no alternative means available to keep the resident safe. The Superintendent indicated the perpetrator would be placed in restricted housing/confinement. The victim would be placed in another room, a single occupancy room or with another youth the victim might feel safe with or another housing unit. The Superintendent indicated that the facility is complying with minimizing the use of confinement in the spirit of the PBS. The facility treatment team meets weekly and discusses cases. Any youth who had been the victim of sexual abuse would be discussed by treatment staff and appropriate and safe housing would be discussed, if needed.

When asked about residents who may be placed in administrative protective custody and their access to opportunities and programming, the superintendent indicated that if they were placed in protective custody, they would have access to programs, including education, exercise/recreation and access to medical and mental health care. He related if they had programs to attend, they would be allowed to attend them with staff supervision. Staff also related they understood the requirement to reassess any resident in protective custody within 30 days however they all stated a resident would not be in protective custody that long. The facility has a number of youth who are mental health youth and the facility is very conscious of placing them in restricted housing.

The Pre-Audit Questionnaire and interviews with staff confirmed there have been no cases during the past twelve months in which a resident was at substantial risk of imminent sexual abuse.

Interviews with ten (10) residents, including youth who reported allegations of sexual abuse or sexual harassment confirmed they were not placed in any form of confinement while an investigation was being conducted. All ten (10) interviewed residents reported they feel safe in this facility and affirmed their belief that staff would respond to allegations immediately and that they would take immediate action to protect them.

#### **Standard 115.371 Criminal and administrative agency investigations**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, requires that staff report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Upon receipt of a report of sexual abuse or sexual harassment, the Superintendent and/or the PREA Compliance Manager ensures that the facility's Investigations and Intelligence Investigator is contacted immediately so that an investigation may be started. An investigation is required to be conducted on all reports of sexual abuse and sexual harassment. If there are questions or

concerns regarding conducting an investigation, staff may contact the Office of Intelligence and Investigations in Central Office or the Executive Director of PREA.

IDOC Policy and Administrator Procedure, Sexual Abuse Prevention, requires that when the Superintendent or designee receives a report of sexual abuse and/or sexual harassment, the Superintendent or designee shall order that an investigation be conducted. Sexual abuse reports shall be investigated by the facility's Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Superintendent to conduct administrative investigations. Staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct.

The facility's Investigations and Intelligence Investigators conduct the investigation of the incident. In the event that the Investigator is to interview an offender, an additional staff member, uninvolved in the case, shall be present during interviews, in order for one of the staff members to be of the same gender as the subject of the interview. A staff person acting as a non-participant observer must be reminded of the confidential nature of the investigation and shall be informed to not discuss the investigation with others. The names and titles of the individuals present at the offender interview shall be documented and maintained on file in the Investigator's office. If the Indiana State Police is contacted for assistance, the facility's Investigations and Intelligence staff shall work in conjunction with the Indiana State Police investigator. Staff shall ensure that any crime scene or evidence collected is maintained in accordance with the administrative procedure for Policy 00-01-103, "The Operation of the Office of the Investigations and Intelligence."

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

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

Interviewed staff indicated that the Facility's Sexual Assault Response Team would be called in to conduct a preliminary investigation into any allegation of sexual abuse or sexual harassment. The purpose of this investigation is to determine if the allegations are PREA related and if the alleged incident happened. The investigators would use the preponderance of the evidence as the standard for substantiating a case of sexual abuse. If the allegations are PREA related the SART reports their findings and if the allegation appears criminal, the internal affairs investigator, located presently at the Madison Correctional Facility, will be called to conduct an investigation along with the Indiana State Police. The SART's role in these cases is to protect the evidence until law enforcement and/or the internal affairs investigator from the correctional facility, arrives to investigate. If the allegation is administrative in nature, the investigation would be conducted by the internal affairs investigator.

An interview with a facility investigator indicated the investigation would continue even if a staff member under investigation, terminates his employment by resigning. It would also continue if the victim of the sexual abuse was moved to another facility or because the resident making the allegation recants. The Superintendent indicated, in an interview, he is considering sending designated staff to attend a nine (9) weeks Correctional Police Officers Training.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

IDOC Policy and an interview with a facility investigator confirmed the standard used to substantiate a case of sexual abuse is a preponderance of the evidence of 51%.

**Standard 115.373 Reporting to residents**

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

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

IDOC Policy and an interview with a facility investigator confirmed the standard used to substantiate a case of sexual abuse is a preponderance of the evidence of 51%.

**Standard 115.376 Disciplinary sanctions for staff**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention, XVI, Investigating Sexual Abuse requires that all staff terminations for violations of the Department’s sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal.

Too, any staff member, contractor or, volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer.

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

The facility reported there have been no substantiated cases involving a staff member during the past twelve months. Interviews with administrative staff confirmed any staff who violated a sexual abuse policy would be disciplined and the presumptive discipline would be termination.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

Policy requires that any staff member, contractor or, volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility is required to take appropriate remedial measures, and consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual conduct or sexual harassment policies by a staff member, contractor, or volunteer.

Interviews with administrative staff indicated that the facility requires each volunteer and contractor to complete a successful Diana Screening for potential for being a pedophile. They confirmed the volunteer or contractor would be immediately be removed from contact with any resident and not allowed on the grounds until an investigation is completed. If the allegations appear to be criminal the allegation will be referred to and investigated by the Indiana State Police who will make referrals for prosecution as indicated from an investigation.

### **Standard 115.378 Disciplinary sanctions for residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Residents who violate a sexual abuse or sexual harassment policy are subject to disciplinary action depending on the specific violation and nature of the violation. The agency and facility student handbook describes minor rule violations and potential sanctions and major rule violations and potential sanctions. Sexual acts with staff, other students or with a visitor are Class A Major Rule Violations. Abusive Sexual Contact with Staff, Visitors or Another Student and Sexual Conduct are also Class A Major Rule Violations. Sanctions for Class A Major Rule Violations may include filing criminal charges. If criminal charges are not filed, the facility's potential sanctions include the following: 1) Segregation, 2) Change in Assignment or Status and Loss or Limitation of privileges. Youth sentenced to this facility have indeterminate sentences and violations may affect their length of stay in the facility. The student handbooks advise youth that they will have due process rights before being disciplined. Caution is given reminding youth that if they do something that is against the law, they can be charged with a crime.

Interviews with administrative staff confirmed youth would be sanctioned in compliance with the resident disciplinary code and if the youth violated the law, the youth may be referred for criminal investigation and prosecution. Youth who may be isolated would not be isolated for long however they would be provided recreation as well as access to education, recreation, medical services and mental health services as well. Too, multiple visits from staff would be documented as well.

#### **Standard 115.381 Medical and mental health screenings; history of sexual abuse**

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

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

Click here to enter text. IDOC Policy and Administrative Procedure, XI., Offender Intake Into Department, 1<sup>st</sup> Paragraph, requires that staff are not to discuss an offender's PREA flag status with an offender at any time. If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

An interview with a Mental Health Professional, a licensed professional counselor and with staff performing the initial victimization screening confirmed if a resident discloses prior sexual abuse, the resident is offered a follow-up with a medical

or mental health professional within 14 days. Usually, that follow-up is conducted either the same day or not more than a few days. Screening staff indicated they would offer the resident a mental health follow-up and would email the referral to mental health. In an interview with a facility Mental Health Professional, the licensed staff stated Mental Health also conducts and intake screening of every resident and one of the questions asked on their screening also asks if the resident has been the victim of prior sexual abuse. If the answer is in the affirmative the need for additional counseling or treatment is considered.

Interviews with three young ladies who stated they reported prior sexual victimization stated they were offered mental health services or follow-up. One of the young ladies said the abuse occurred many years ago so she refused while the other two stated they were seen by mental health either the same or the next day and that they were being helped through the mental health services.

The mental health professional stated if an individual disclosed having perpetrated prior sexual victimization they would also be seen by mental health within 14 days. The facility documented that there were no cases in which a resident reported that they had sexually abused anyone.

#### **Standard 115.382 Access to emergency medical and mental health services**

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

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

IDOC Policy and Administrative Procedure XVII., Medical and Mental Health Services, states that If an allegation is of sexual abuse, the victim is required to be referred to the facility's Health Services staff for examination in accordance with Health Services Directive (HCSO and JHCSO) 2.30, "Sexual Assault," and the Health Services Sexual Assault Manual. Victims of sexual abuse are required by policy to receive timely, unimpeded access to quality medical and mental health services free of charge, following an incident of sexual abuse, whether they name an abuser or cooperate with the investigation. The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility must provide victims with medical and mental health services consistent with the community level of care.

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

Victims of sexual abuse are required to be provided counseling by Health Services staff in a sensitive, culturally competent, and in an easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse. Female offenders that are victims of sexual abuse shall be offered a pregnancy test when appropriate. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in



an institutional setting, unless the offender is under the age of 18. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

An interview with a medical staff at the facility indicated in the event of a sexual assault at the facility, her role would be to treat any immediate injuries requiring attention, taking care not to destroy any evidence. She related the resident would then be transferred to Floyd Memorial Hospital. The mental health professional related he could provide crisis intervention services and make any referrals needed

### **Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

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

The Agency's Health Services Division has developed a Sexual Assault Manual that provides comprehensive and specific guidance to health care staff in assessing and following up with victims of sexual abuse/assault. It requires the following with regard to ongoing medical and mental health. The manual requires the following for follow up for all victims:

- 1) Hepatitis B vaccination should be considered if the alleged perpetrator is known to be HB positive.
- 2) If the victim returns from an off- site provider without HB being considered, the on- site staff needs to consider vaccination within 5 days. Follow up doses of vaccine should be administered 1-2 and 4-6 months after the first dose
- 3) If the care is being given on site, such vaccination should be considered.
- 4) Empiric antimicrobial regimen for Chlamydia, gonorrhea and trichomonas should be considered
- 5) HIV status should be assessed at the time of presentation and again at 6, 12, and 24 weeks post-exposure should be considered and offered to the victim. If HIV exposure has occurred or there is high risk of HIV transmission, post exposure therapy (PEP) should be considered. Discuss antiretroviral prophylaxis, including toxicity and lack of proven benefit and provide PEP only if the victim wants to take it. Reevaluate the victim 7 days after initial assessment and assess tolerance of medications.
- 6) Emergency contraception should be considered for female victims if the assault could have resulted in pregnancy.
- 7) Follow up of all sexual assault victims approximately 2 weeks after the assault should be scheduled in order to evaluate for the presence of sexually transmitted diseases not immediately obvious (including gonorrhea, syphilis, HIV, HB, trichomonas, and chlamydia.

IDOC Policy and Administrative Procedure, Sexual Abuse Preventions requires victims of sexual abuse to be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding

transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse.

Female offenders that are victims of sexual abuse shall be offered a pregnancy test when appropriate.

Policy also requires that the facility provide victims with medical and mental health services consistent with the community level of care.

Victims of sexual abuse are provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection (STI) treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six (6) to eight (8) weeks following the sexual abuse. Female offenders that are victims of sexual abuse shall be offered a pregnancy test when appropriate.

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

An interview with the contracted health care staff confirmed their roles in the event of a sexual assault. She also indicated that victims would be treated at Floyd Memorial Hospital and would be offered STI Prophylaxis at the hospital. She also confirmed if a resident became pregnant as a result of a sexual assault the victim would be offered information related to lawful options related to the pregnancy. All health care as a result of a sexual assault would be provided at no charge to the resident. The mental health staff indicated they would be involved with the youth in crisis intervention and follow-up assessment and treatment as needed and referrals as well if indicated.

#### **Standard 115.386 Sexual abuse incident reviews**

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

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

IDOC Policy and Administrative Procedure, Sexual Abuse Prevention. The facility PREA Committee conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. The review considers and requires all the following:

1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

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

The facility reported having had three allegations of sexual abuse and/or sexual harassment during the past twelve months. Of those allegations, the facility completed incident reviews as required.

An interview with a member of the incident review team indicated that members of the review team are the Captain, PREA Compliance Manager, Superintendent, Medical, Mental Health and Program Director. This team meets monthly and in addition to reviewing any substantiated and unsubstantiated incidents of sexual assault/abuse, they review and discuss any residents who may have been determined to be at risk for victimization or for abusiveness. The interview confirmed the team would meet within 30 days because they are already meeting every month and reviewing the findings of an incident would be a part of the team's meeting and discussions. The PCM, also a member of the team, indicated, in an interview, that the committee discusses each incident and considers all of the items required by the standard and the reporting form covers each of those items. He said, as a result of that review, that includes going to the scene to see if there were any obstacles to viewing, camera coverage etc., consider the adequacy of staffing, review the prevalence of incidents in a particular area or involving a particular resident or staff and develop corrective action plans if indicated. The facility staff have been proactive in identifying blind spots and the PCM indicated staff placement and supervision have been addressed to mitigate the blind spots. In that endeavor, they have moved the library shelves to facilitate viewing and have advocated for cameras to cover a vulnerable area in the gymnasium.

#### **Standard 115.387 Data collection**

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

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

Policy requires the facility to collect accurate, uniform data for every allegation for sexual abuse using a standardized instrument and set of definitions and to aggregate the incident-based sexual abuse data annually and provide it to the US Department of Justice via the Survey of Sexual Violence.

The facility collects accurate, uniform data for every allegation for sexual abuse using a standardized instrument and set of definitions. Policy provides the definitions that are specified in the PREA Standards to ensure uniform application. The data is reported to the PREA Coordinator who prepares annual reports in compliance with the standards.

#### **Standard 115.388 Data review for corrective action**

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

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

IDOC policy requires data to be reviewed by the PREA Executive Director and the facility's PREA manager to identify problem areas and take corrective action. Identified problem areas and the corrective action for each will be documented in the annual report. The report will include a comparison of the current year's data and corrective actions with those from previous years and shall provide assessment of the agency's progress in addressing sexual abuse. The report is approved by the State Training School Superintendent and Division Administrator and made readily available to the public through the appropriate website. The State Training School may redact specific material from the reports of the State Training School, but must indicate the nature of the material redacted.

The Pre-Audit Questionnaire indicated there have been no allegations of sexual abuse during the past twelve months. Interviews with the Division Director, Superintendent and PREA Compliance Manager indicated the facility uses any data to make improvements where needed however the facility just has not had many incidents or allegations of sexual abuse.

#### **Standard 115.389 Data storage, publication, and destruction**

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

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

The Madison Juvenile Facility, in compliance with policy, requires that data collected pursuant to this policy is securely retained. Too, the facility is required to make all aggregate data from its facility readily available to the public at least annually through the appropriate website. Before making aggregate sexual abuse data publicly available, the State Training School will remove all personal identifiers. Lastly, the facility maintains sexual abuse data collected pursuant to this policy for at least ten years after the date of initial collection. Interviews with the agency's PREA Executive Director and PREA

Compliance Manager indicated that the facility collects data in compliance with policy, securely retains it, makes that information available to the public, redacts any personally identifiers and retains it for ten years.

**AUDITOR CERTIFICATION**

I certify that:

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

Robert Lanier

June 22, 2017

Auditor Signature

Date

