

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

Interim       Final

**Date of Report**    December 21, 2018

### Auditor Information

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<b>Company Name:</b> California Department of Corrections and Rehabilitation	
<b>Mailing Address:</b> 1515 "S" St, 344-N	<b>City, State, Zip:</b> Sacramento, CA
<b>Telephone:</b> (916) 324-6688	<b>Date of Facility Visit:</b> June 19-21, 2018

### Agency Information

<b>Name of Agency:</b> Indiana Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> Click or tap here to enter text.	
<b>Physical Address:</b> 302 West Washington St. Rm E-334		<b>City, State, Zip:</b> Indianapolis, Indiana, 46204	
<b>Mailing Address:</b> Same as Above		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> (317) 232-5711		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> We promote public safety by providing meaningful effective opportunities for successful re-entry.			
<b>Agency Website with PREA Information:</b> www.in.gov/idoc			

### Agency Chief Executive Officer

<b>Name:</b> Robert Carter	<b>Title:</b> Commissioner
<b>Email:</b> rcarter@idoc.in.gov	<b>Telephone:</b> (317) 232-5711

### Agency-Wide PREA Coordinator

<b>Name:</b> Brian Pearson	<b>Title:</b> Executive Director of PREA
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<b>Email:</b> bpearson@idoc.in.gov	<b>Telephone:</b> (317) 232-5288
<b>PREA Coordinator Reports to:</b> Commissioner of IDOC	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 24

### Facility Information

<b>Name of Facility:</b>	Miami Correctional Facility
<b>Physical Address:</b>	3038 West 850 South, Bunker Hill, Indiana, 46914
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.
<b>Telephone Number:</b>	(765) 689-8920
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b>	We promote public safety by providing meaningful effective opportunities for successful re-entry.
<b>Facility Website with PREA Information:</b>	www.in.gov/idoc/2339.htm

### Warden/Superintendent

<b>Name:</b> William Hyatte	<b>Title:</b> Warden
<b>Email:</b> wrhyatte@idoc.in.gov	<b>Telephone:</b> (765) 689-8920 ext 5582

### Facility PREA Compliance Manager

<b>Name:</b> Angela Heishman	<b>Title:</b> Administrative Assistant 2
<b>Email:</b> aheishman@idoc.in.gov	<b>Telephone:</b> (765) 689-8920 ext 5579

### Facility Health Service Administrator

<b>Name:</b> Linda Frye	<b>Title:</b> Health Service Administrator
<b>Email:</b> linda.frye@corizonhealth.com	<b>Telephone:</b> (765) 689-8920 ext5333

### Facility Characteristics

<b>Designated Facility Capacity:</b> 3188	<b>Current Population of Facility:</b> 2922
<b>Number of inmates admitted to facility during the past 12 months</b>	1799
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	850

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		951	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		1153	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-80	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		162.8	
Facility security level/inmate custody levels:		1-4	
Number of staff currently employed by the facility who may have contact with inmates:		568	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		135	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		7	
<b>Physical Plant</b>			
Number of Buildings: 35		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		14	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		100	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
exacqVision Technologies 171 MCF / 10 MCA			
<b>Medical</b>			
Type of Medical Facility:		Medical staff available 24/7	
Forensic sexual assault medical exams are conducted at:		Saint Vincent Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		344	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		6	

# Audit Findings

## Audit Narrative

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

Miami Correctional Facility (MCF) is located at 3038 West 850 South, Bunker Hill, Indiana. MCF is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of June 19-21, 2018. Following coordination, preparatory work and collaboration with management staff at MCF, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

### PRE-AUDIT PHASE

On May 10, 2018, the CDCR provided the audit notice to Indiana Department of Corrections' (IDOC) PREA Coordinator (PC) with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from the IDOC PC confirmed placement of the audit notice. Notices were to be posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from IDOC- MCF on May 11, 2018.

Pre-audit section of audit: On May 11, 2018, the State of Indiana PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started compiling pre-audit notes using the compliance tool as a guideline. This auditor reviewed information from the pre-audit questionnaire and from supporting documentation making notes of how the information was or was not in compliance with PREA. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify the accuracy of the information during the on-site tour. This auditor did not receive any letters from offenders at the facility prior to arrival at the institution.

Prior to the on-site visit, telephonic contact was made with Just Detention International (JDI) to ascertain if there had been any concerns reported to their organization. This auditor was informed by JDI that they have not received any correspondence related to Miami Correctional Facility. Indiana Coalition Against Domestic Violence (ICADV) was also contacted to find out if there had been any allegations or complaints reported to them relative to MCF. The ICADV Director stated that they had received six contacts regarding issues or concerns received from offenders at MCF. The Director stated that all of the none-confidential issues were forwarded to the Administration at MCF. She did not have any concerns about MCF.

## ON-SITE PHASE

On June 19, 2018, the audit team comprised of Mr. Benton, certified auditor, Dr. K. Burkhardt, certified auditor, N. Hardy certified auditor, R. Rackley, CDCR PREA Unit, and I arrived at MCF. The audit team met with the Warden, the PCM, the Indiana PREA Coordinator and several support staff for greetings, introductions and information sharing. The meeting took place in a conference room which served as a home base for audit preparation and organization.

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

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

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. MCF custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The audit team selected the names of random and specialized staff, as well as random offenders and offenders who had been classified in special categories who would be interviewed. These lists were provided to the PCM so that the individuals could report to the offices that the interviews were taking place.

On-site Review: The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility. MCF is comprised of 35 buildings, 16 of which are housing units. MCF is three main units, Phase I, Phase II and the minimum yard. There is also a large administration building and several support buildings outside the facility. Because of the size of the facility, the team split up into two groups to tour the facility. One team was accompanied on the tour by the PCM, the Major and the Physical Plant Director. This team toured all of Phase I, including all of the housing units, the Offender Services Building, the infirmary, the gym, the Restricted Housing Unit, food services, and industries. The other team was accompanied by the Deputy Warden, the ACA Policy Coordinator and the Safety and Hazard Manager. That team toured all of Phase II, including all of the housing units, Offender Services Building, the industries and gym. This team also toured outside of the secure perimeter, including the minimum housing unit, the warehouse, the garage and recycling. Both teams toured Receiving and Release and Visiting. As the tours moved through the facility, the teams would make a notation on the map indicating that that area had been visited. Additionally staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, we asked impromptu questions of staff and offenders. The audit team also noted the placement and coverage of surveillance cameras, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. The team also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. The video monitors were reviewed to insure security coverage and confirm that offenders can change clothes, shower and toilet without being viewed on the monitors. Housing unit

logs were reviewed as well as other on-site documentation that would be relevant to demonstrating compliance with the PREA Standards.

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

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

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

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

During interviews with investigative staff, the team learned that offender grievances against staff are forwarded to the Deputy Warden; Investigations and Intelligence (I&I) may investigate where appropriate or may just track the progress of staff's response to the offender. The members of the audit team interviewed the facility investigator's supervisor and questioned designated staff about the process for logging and tracking cases assigned, and offender grievances, received by the division.

Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

The Training Manager was interviewed and explained how he tracked and logged all of the training that staff, volunteers and contractors receive. If a staff member does not attend the training as scheduled, they are pulled off post for the next training class which they must attend. The Training Manager is also responsible to insure that all volunteers and contractors have access to the training.

The Intake staff were interviewed and asked to explain the intake process for the offenders. The intake process takes two to three days and includes medical and mental health screening, PREA and Facility Orientation, Sexual Violence Assessment Tool (SVAT) and initial housing.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 15 random staff interviews were conducted.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. Two audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders from each housing unit. The audit team members completed the interviews in private offices. During the interviews the audit team member introduced themselves, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. A total of 25 offenders were interviewed as part of the random offender interviews.

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

- Disabled Inmates (six interviewees)
- Limited English Proficient Inmates (one interviewee)
- Transgender and Intersex Inmates (four interviewees)
- Gay & Bisexual Inmates (five interviewees)
- Inmates in Segregated Housing for Risk of Sexual Victimization (none)
- Inmates who Reported Sexual Abuse (four interviewees)
- Inmates who Disclosed Sexual Victimization during Risk Screening (five interviewees)

The auditors were advised by the PCM that there were not any offenders that had been placed in segregation as a result of being classified as a risk for victimization. The audit team member selected offenders from the list received from the PREA Compliance Manager. The interviews were conducted in a private office. The auditors introduced themselves, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. These offenders were also asked the same interview questions as the random offender interviewees. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. A total of 25 offenders were interviewed based upon these interview categories.

Document Reviews: The document review process was completed by three different auditors. This auditor reviewed all documents related to allegations of sexual abuse (including investigation files). One auditor made a list of random staff names and reviewed all training, personnel, contractor and volunteer records for these staff members. The third auditor made a list of random offender names and reviewed the records maintained through the offender intake process, offender records and relevant medical documentation. The audit team was provided copies of the documents to support the audit findings.

The training records reviewed included a computer printout of all staff and contactors who have taken the required training over the past fiscal year and a list of all staff that have not. 21 training files were reviewed at random to verify compliance with the IDOC PREA training procedure. 21 personnel files were reviewed

randomly for compliance with the hiring/promotional requirements. 15 offender files were reviewed for compliance with training, SVAT and Medical/Mental Health referrals. All of the relevant information from the training, personnel and offender files was transferred to the PREA Audit Documentation Review Tracking Sheets.

The PREA Compliance Manager provided Sexual Incident Reports (SIR) for all nineteen allegations received during the past 12 months. The report included the report number, date of report, name of the victim, name of the suspect, and disposition or status of the case. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Disposition
- Is Disposition Justified
- Investigating Officer
- Outcome Notification Given to Inmate
- How the information was reported
- Retaliation monitoring

The audit team recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes. There were two cases reported as a staff-on-offender sexual assault; one resulting in a finding of substantiated the other was unsubstantiated. Seventeen of the cases were offender-on-offender sexual assault; one resulting in a finding of substantiated and nine resulting in a finding of unsubstantiated. Three are still currently under investigation.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. The team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Warden, PREA Coordinator, PCM and other administrative staff on June 21, 2018. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

#### POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. This auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via e-mail and provided by the PREA Compliance Manager.

On-site audit notes: The auditor reviewed onsite documents, staff and offender interview notes, and site review notes to begin the process of completing the interim audit report. This auditor used the audit section of the compliance tool and the PREA standards as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking the notes for each applicable subsection of each standard, this auditor made an overall determination at the end of the standard indicating whether or not the facility's policies, procedures and practices exceeds, meets or does

not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

Interim Audit Report: Following completion of the audit notes, this auditor started completing the interim report. The interim report identified which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard.

The Interim Audit Report and Corrective Action Plan (CAP) were forwarded to staff at MCF on July 19, 2018. On July 23, 2018, a conference call was held with the Warden, the PCM, the IDOC PM and this auditor to discuss the CAP and what steps MCF would have to take to come in compliance with PREA. During the conference call all three areas of noncompliance were discussed and it was determined, through consensus, what actions would be taken to correct the noted deficiencies. This auditor explained what would be required as proof that corrections were made and the staff at MCF agreed with these requests. During the next five months the PCM and auditor corresponded, through e-mail, as corrections were made. The requested documentation and photographs of physical plant changes were forwarded to the auditor as proof of corrections. On December 20, 2018, the final proof of corrections was forwarded to this auditor via e-mail.

## Facility Characteristics

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

Miami Correctional Facility (MCF) is located at 3038 West 850 South, Bunker Hill, Indiana, 46914. The facility is located adjacent to the Grissom Air Force Base. The facility was established in 1998 as a high, medium and minimum security prison.

MCF was built in two phases. The construction for the first phase started in August of 1997 and the first offenders arrived in May of 1999. That same year the second phase of construction started. Phase II received its first offenders in October 2001. The facility has a total of 35 buildings, 16 of which are dedicated to housing offenders. MCF is capable of housing 3188 offenders and employing 655 staff (including medical and food services).

At the front of MCF is a large Administration Building. This is where most of the administrative offices such as the Warden's Office, Human Resources, In-Service-Training, Investigations and Business Services are located. The main entrance and Central Control are also located here. Additionally visiting processing and visiting are in the administration Building.

Inside the secure perimeter there are two separate program facilities, Phase I and Phase II. Phase I consists of six general population housing units. Each housing unit has two tiers and contains 102 cells. The housing unit is split down the middle by staff offices and a control unit, thus creating two dayrooms, one on each side. Also located on phase I is an Offender Services Building (OSB). Phase I OSB houses the medical department, including the infirmary, the education department, commissary, religious services and

library. Phase I has a stand-alone gymnasium and recreation center and a large exercise yard with several ball courts. The Restricted Housing Unit (RHU) is located on Phase I. RHU is a two tiered wagon wheel design security building with 100 cells. Phase I is where the main kitchen for MCF is located. All of the food for the facility is prepared in this kitchen. Prison Enterprise Network (PEN) has three separate industries located in Phase I.

Phase II has eight general population housing units that are the same design as Phase I. Phase II also has an OSB, similar to phase I, however does not have an infirmary. Phase II also has a stand-alone gymnasium and recreation center and a large exercise yard with several ball courts. PEN also has two industries located on this unit.

Outside the secure perimeter is the minimum yard. The minimum yard has one two tiered housing unit with 17 12-man dorms. This housing unit also contains a library, classroom and staff offices. This facility has its own recreational yard with ball courts. There are a total of eleven building outside of the secure perimeter, including the warehouse, garage, and recycling.

MCF offers several rehabilitative opportunities for the offender population. The facility offers high school and basic education classes. MCF has college level courses in Horticulture and Landscape Design, Business Technology and other correspondence courses. Offenders can achieve certificates in Barbering, Landscaping, Building Maintenance, and Housekeeping and Sanitation. There are several self-help groups that offenders can participate in including Alcoholics Anonymous, Inside Out Dads, and Celebrate Recovery. There are numerous volunteers from many different faiths that meet with the offender population on a regular basis.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded:** 2

115.31 and 115.86

**Number of Standards Met:** 43

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89, 115.401 and 115.403

**Number of Standards Not Met:**

0

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

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

Overall, it is evident that Miami Correctional Facility's staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- The Training Manager is committed to insuring that all of the staff, volunteers and contractors receive their training every year. Because of his efforts, there were no staff, currently working at MCF that were delinquent in their training.
- The PREA Compliance Manager is extremely knowledgeable and committed to helping eliminate sexual abuse and sexual harassment of offenders at MCF.
- PREA posters were in place in all housing units, and common areas.
- The PREA Review Committee reviews all PREA allegations, not just sexual assault cases, to evaluate if the facility needs to change policy, modify staffing, or eliminate blind spots.
- Supervisory and management staff have a clear understanding of the policy.
- Supervisory and management staff ensured the audit team had access to staff and offenders for interviewing. Any documentation requested was received promptly.
- Staff has already begun to address issues that the audit team identified during the site review. Most of the concerns that were presented at the exit meeting have already been corrected.
- The Medical and Mental Health Department understand the significance of their participation in the PREA process.

During the on-site portion of the audit there were three standards that the audit team had concerns about:

#### 115.13 Supervision and Monitoring

During the tour of MCF, the audit team found several areas of concern that could create a location for victimization. Some of the areas of concern were corrected prior to the completion of the interim report.

The areas that were corrected prior to the interim report:

Throughout the facility the offender janitorial closets have dead bolt locks on the inside of the door. This creates a situation where an offender could pull a victim into the room and lock the door on the inside. Several of these locks were replaced during the tour portion of the audit. The remainder was replaced within one month of the on-site tour. Photographs were e-mailed to this auditor showing the corrections had been made.

The following areas were found out of compliance with the PREA Standard and were in need of correction. Through e-mail correspondence proof of correction of these deficiencies was provided.

The commissary storage room in OBS I had a corner that could not be monitored from the work location of the supervisor. On August 29, 2018, photographs were provided to this auditor showing that a mirror was installed to eliminate this blind spot. The photographs were taken at angles that demonstrated the placement was sufficient in providing the staff with a clear view of that corner.

The Library Periodical Storage Room in OBS I could not be easily monitored from the library main room. Offenders did work back there without constant direct supervision. On August 29, 2018, photographs were provided to this auditor showing that room has been secured and a posting that restricts inmates' access to the room without staff supervision. Additionally the inmates work location was moved to the main library floor.

PEN Products had several locations that are "blind spots" even with mirrors and cameras. Even though staff stated that they roamed around the building to ensure the safety of the offenders, there was no documentation that demonstrates compliance with their statements. On October 3, 2018, an e-mail was received with revised duty statements that require staff to be up and move around their area of responsibility. Signed acknowledgement by the staff was also provided.

PEN Donaldson plant had an alcove right of the entrance door that was difficult to monitor and created a location for victimization. On August 29, 2018, photographs were provided to this auditor showing that a mirror was installed to eliminate this blind spot. The photographs were taken at angles that demonstrated the placement was sufficient in providing the staff with a clear view of that alcove.

#### 115.15 Limits to Cross Gender Viewing and Searches

During the tour of MCF, the audit teams observed several locations that allowed for cross-gender viewing. Some of these issues have been corrected, others remain outstanding.

The areas that were corrected prior to the interim report:

Visiting is always worked by at least one male staff so that they can conduct strip searches on the offenders. There was no documentation requiring that a male staff member be assigned to this area. The post orders have been changed to assign this as a gender specific post.

The offender restroom in visiting allows for cross gender viewing as staff walk through the doorway. A barrier has been placed on the window so that staff can still see into the restroom while maintaining the modesty of the offender.

The following areas were found out of compliance with the PREA Standard and were in need of correction. Through e-mail correspondence proof of correction of these deficiencies was provided.

All of the gang showers in Phase I and Phase II had modesty barriers that were too low. This allowed for cross gender viewing from the dayroom floor. On November 7, 2018, photographs were received showing a prototype of a shower door designed to correct the problem. The photos were taken from the dayroom floor to show modesty coverage. The auditor agreed that this design was sufficient to comply with the PREA standard. On December 20, 2018, the auditor was notified that all of the shower doors had been replaced with the new design.

Medical Security Rooms did not provide modesty for showering or toileting. These rooms are right by the entrance into the Infirmary that is accessed by all classifications of staff. On November 13, 2018, photos were received that showed that the windows of the room had been frosted at a height to allow for modesty while not creating a blind spot.

The second floor showers in Restricted Housing Unit were exposed to the first floor. This allowed for cross gender viewing by any female staff walking through RHU. On August 7, 2018, photographs were received showing that a modesty screen was put in place.

The holding cell in Receiving and Release has a toilet that is exposed to staff as they walk in the door. This post was not gender specific and female staff on transportation teams utilize this door regularly. On July 23, 2018, new post orders were created making R&R a gender specific post. Additionally a sign was placed outside requiring female staff to announce their presence.

Opposite gender announcements were not being made at the beginning of each shift in the minimum housing unit. Since a female works each shift there is never a change in the status quo. MCF policy requires the announcement to be made at the beginning of each shift and at the first mass movement. On August 29, 2018, and October 18, 2018, copies of the unit log for the minimum housing unit were provided to this auditor. The log contained notations of female staff announcements at the beginning of the shift and during the mass movement.

#### 115.81 Medical and Mental Health Screening; History of Sexual Abuse

The following areas were found out of compliance with the PREA Standard and were in need of correction. Through e-mail correspondence proof of correction of these deficiencies was provided.

Upon review of the offender's medical records, it does not appear that offenders were seen by Mental Health within 14 days of arrival when they disclose that they have been either a victim of sexual abuse or previously perpetrated sexual abuse during the intake screening. On September 14, 2018 and October 18, 2018, copies of the risk assessment form were provided to this auditor. Included with the documentation was a referral to Mental Health for any inmate

that disclosed prior victimization or predatory sexual abuse. The referrals were all completed day of disclosure. If the inmate accepted the referral for MH, they were seen within 14 days according to the documentation provided.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

MCF's PREA Compliance Manager (PCM) is Angela Heishman, Administrative Assistant II. Ms. Heishman was assigned the PREA compliance Manager at MCF on March 31, 2014. Ms. Angela Heishman reports directly to the Warden and has the authority to bring PREA issues directly to the Warden as disclosed by both the Warden and the PCM. Ms. Heishman stated that she has adequate time to coordinate the institution's efforts to comply with the PREA standards. Prior to, during and after the audit, Ms. Heishman was very involved in the process. She demonstrated tremendous knowledge of how MCF is working toward prevention, detection and responding to all aspects of PREA. During the offender interviews, the offenders knew who the PCM is and how to get hold of her. The transgender offenders stated that they have contacted Ms. Heishman to help resolve various issues in the past.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

A copy of an amendment to a contract with GEO Group dated November 13, 2014, was provided to the auditor. Section B, Item 8 of the amendment requires the contractor (GEO Group) to comply with the PREA Act. Additionally, it allows for PREA compliance monitoring by the State of Indiana. A review of three other randomly selected contracts (Lake Co., Marian-Duvall and Crane House) demonstrated compliance with this PREA standard.

An interview with the IDOC Contact Administrator disclosed that he works closely with the PREA Coordinator during the initial drafting of any new contracts and when renewing existing contracts. He stated that all contracts have provisions that allow for PREA monitoring and mandates compliance with the PREA act. IDOC has a Jail Inspector position that is responsible to inspect contracted facilities for compliance with the contract, including PREA compliance.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

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

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

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

This auditor was provided a copy of the 2018 staffing plan for MCF. The staffing plan is forwarded to the PREA Coordinator for review and input. A review of the staffing plan and staff interviews revealed that custody posts and supervisory posts are determined by the IDOC Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association (ACA) standards and the principles of the Indiana Justice Model. The staffing plan is re-evaluated every January or more frequently as necessity dictates. The Warden stated that he may change the location and placement of staff based on new programs being added, change in mission for the institution, a number of assaults in certain areas of the facility or recommendations from the PREA committee. Additionally he may request additional position authority if there appears to be insufficient staff to operate the institution safely. PAP 02-01-115, Sexual Assault Prevention, requires each institution to consult with the PREA Coordinator every January to address the staffing plan. A view of the 2018 staffing plan demonstrates that it was shared with the PREA Coordinator. The PREA Coordinator confirmed that he reviews the staffing plan.

According to the 2018 staffing plan, there are no findings of inadequacies by judicial ruling or Federal Investigative Agencies. There was a finding of inadequacy by an internal or external oversight bodies. In October 2015, American Correctional Association found that MCF was exceeding a 10% vacancy rate among staff working directly with inmates. Since that audit, MCF has run an aggressive hiring campaign to keep staffing levels above 90%. The shift roster is reviewed every day by the Warden and Major to insure staffing levels are complied with. Voluntary and mandatory overtime is authorized if the staffing levels fall below the accepted standard. All deviations from the staffing plan are documented on the shift report (copies of the shift reports were provided to the auditors). If the facility falls below a predetermined minimum staffing level, the institution would write an incident report. Both the Warden and the PCM told this auditor that there are no incidents of this nature in the past year. The Warden provided a signed document to the audit team stating this.

To insure that the staffing plan addresses any "blind spots", the MCU Executive Staff and Custody Managers complete security assessments to determine if additional staff are needed in any locations in the facility. During interviews with the PCM and Warden, both stated that MCF staffing plan is developed by IDOC, as a result of an onsite analysis. This analysis was completed by National Institute of Corrections trained staff and included ACA standards, and best practices. According to the

Major and the Warden, MCF has recently created several new Sergeant positions to insure proper supervision of the staff and offenders.

During the facility tour, the auditors observed sufficient staffing to insure safety of the offender population. In every living area, work area, recreational area or program area that offenders had access to, there were staff present. MCF has recently assigned supervisors to each housing unit. The auditors observed an adequate number of staff present to monitor movement and insure safety.

Currently MCF has 181 cameras to augment their security and aid in investigations. The monitors were viewed by the auditors to insure safety while providing modesty to the offenders.

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

During the tour of MCF, the audit team found several areas of concern that could create a location for victimization.

The areas of concern were:

Throughout the facility the offender janitorial closets have dead bolt locks on the inside of the door. This creates a situation where an offender could pull a victim into the room and lock the door on the inside. Several of these locks were replaced during the tour portion of the audit. The rest were replaced prior to completing this report.

The commissary storage room in OBS I had a corner that could not be monitored from the work location of the supervisor. On August 29, 2018, photographs were provided to this auditor showing that a mirror was installed to eliminate this blind spot. The photographs were taken at angles that demonstrated the placement was sufficient in providing the staff with a clear view of that corner.

The Library Periodical Storage Room in OBS I could not be easily monitored from the library main room. Offenders did work back there without constant direct supervision. On August 29, 2018, photographs were provided to this auditor showing that room has been secured and a posting that restricts inmates' access to the room without staff supervision. Additionally the inmates work location was moved to the main library floor.

PEN Products had several locations that are "blind spots" even with mirrors and cameras. Even though staff stated that they roamed around the building to ensure the safety of the offenders, there was no documentation that demonstrates compliance with their statements. On October 3, 2018, an e-mail was received with revised duty statements that require staff to be up and move around their area of responsibility. Signed acknowledgement by the staff was also provided.

PEN Donaldson plant had an alcove right of the entrance door that was difficult to monitor and created a location for victimization. On August 29, 2018, photographs were provided to this auditor showing that a mirror was installed to eliminate this blind spot. The photographs were taken at angles that demonstrated the placement was sufficient in providing the staff with a clear view of that alcove.

Based on the documentation provided by the facility, MCF complies with this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Miami Correctional Facility does not house Juvenile offenders.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

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PAP 02-03-101, Searches and Shakedown, page 8, section XI, states "Except during an emergency as declared by the superintendent or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender." Any strip search conducted by a staff member of the opposite gender must be documented on an incident report and submitted to the custody supervisor. MCF has not had any cross gender strip searches or visual body cavity searched in the past 12 months according to the memorandum signed by the Warden provided to this auditor. All strip search areas allow for offenders to be strip searched without being exposed to female staff. Visiting and Receiving and Release both are staffed by at least one male officer. This ensures that male officers conduct the strip searches in these locations. None of the strip areas have video surveillance that allows for cross gender viewing. All of the offenders interviewed stated that they have not been strip searched by a female staff member while housed at MCF.

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

The Opposite Gender Announcement Procedure for MCF requires the announcement of all female staff as they enter the housing units. The procedure is specific as to how the announcements are made and who makes the announcement based on the physical design of the housing unit. All announcements are to be logged in the unit log book. If a female staff is assigned to a post in the housing unit, the requirement is to announce their presence at the beginning of shift and the first mass movement of the shift. All offenders that were interviewed stated that female staff routinely announce their presence when entering a housing unit. Every staff member interviewed knew the policy for cross gender announcements and stated it was taking place. During the tour the auditor observed female staff announce their presence while entering the housing unit each and every time with the exception of the minimum yard housing unit. The housing on the minimum yard has female staff assigned during all shifts. As a result of this, staff were not announcing their presence at the beginning of each shift. This is addressed further in this standard.

The physical design of the facility allows for the offenders to shower and toilet without being observed by female staff in most cases. During the tour of the facility, the audit team found some locations that did not provide modesty to offenders while they were showering, or toileting. These areas of concern, as well as different solutions, were discussed with the administrative staff at MCF. The shower and restrooms that do not allow for modesty are discussed at the end of this standard. There are eight cells in Disciplinary Segregation that have camera surveillance. The posts assigned to monitor these cameras are gender specific to male staff.

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

an offender for determining their genital status. Medical staff determine the offender's gender identity if there is a question of whether to classify an offender as male or female. If an offender does not agree with this assessment he or she may file a grievance. All of the transgender offenders that were interviewed denied that they had been strip searched solely for the purpose of determining their gender identity.

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

The following non-compliance concerns were noted during the tour of the facility and the document review:

The offender restroom in visiting allows for cross gender viewing as staff walk through the doorway. This was fixed prior to the completion of this report.

All of the gang showers in Phase I and Phase II had modesty barriers that were too low. This allowed for cross gender viewing from the dayroom floor. On November 7, 2018, photographs were received showing a prototype of a shower door designed to correct the problem. The photos were taken from the dayroom floor to show modesty coverage. The auditor agreed that this design was sufficient to comply with the PREA standard. On December 20, 2018, the auditor was notified that all of the shower doors had been replaced with the new design.

Medical Security Rooms did not provide modesty for showering or toileting. These rooms are right by the entrance into the Infirmary that is accessed by all classifications of staff. On November 13, 2018, photos were received that showed that the windows of the room had been frosted at a height to allow for modesty while not creating a blind spot.

The second floor showers in Restricted Housing Unit were exposed to the first floor. This allowed for cross gender viewing by any female staff walking through RHU. On August 7, 2018, photographs were received showing that a modesty screen was put in place.

The holding cell in Receiving and Release has a toilet that is exposed to staff as they walk in the door. This post was not gender specific and female staff on transportation teams utilize this door regularly. On July 23, 2018, new post orders were created making R&R a gender specific post. Additionally a sign was placed outside requiring female staff to announce their presence.

Opposite gender announcements were not being made at the beginning of each shift in the minimum housing unit. Since a female works each shift there is never a change in the status quo. MCF policy requires the announcement to be made at the beginning of each shift and at the first mass movement. On August 29, 2018, and October 18, 2018, copies of the unit log for the minimum housing unit were provided to this auditor. The log contained notations of female staff announcements at the beginning of the shift and during the mass movement.

Based on the documents provided to the auditor, MCF is in compliance with this standard.

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

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

### 115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

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

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

IDOC has an agreement with PROPIO Language Services to provide interruptive services. Most staff were aware of this service and understood how to access it. MCF has staff members that are qualified interpreters in Spanish, French, German, Somalian and American Sign. Copies of the Sexual Abuse Policy are available in brail for offenders who have vision impairment issues. The PREA offender brochure is available in both English and Spanish. The PREA posters that are located throughout the facility are also in English and Spanish. If an offender does not mentally comprehend the information provided about PREA, the caseworker explains the policy to them using effective communication. The sexual abuse policy video has closed caption for offenders that are hearing impaired.

The audit team interviewed random offenders that needed assistance with accessing the PREA Policy and information either because of physical limitations, mental limitations or language barriers. The offenders explained how they were provided the information. This included having the information read and explained to them or use of a staff interpreter. All of the offenders stated that they were provided the information to their satisfaction.

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

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PAP 04-03-103, Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates The Department shall not hire or promote an individual to a position that may have contact with offenders who:

1. Has engaged in sexual abuse in a correctional facility, including prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,

3. Has been civilly or administratively adjudicated to have engaged in the activities addressed in numbers 1 and 2 above. Additionally, this PAP requires that during the hiring, promotion, demotion or transfer interview, or application process, that perspective candidates be asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Current employees must have a subsequent background check every four years.

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

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

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

A random sample of personnel files and additional documentation provided, confirms that criminal background checks are done on all staff, volunteers, and contractors. All current employees have had a background check within the last four years. The Human Resources Department completes a background check on all current employees during the same year in a four year cycle. All of the staff that were working at MCF in 2017, had their backgrounds completed in 2017. None of the files reviewed, or documentation, provided reflected that any staff, volunteers, or contractors had engaged in sexual abuse in a confinement setting in the past.

During the interview with the Human Recourse Manager, she explained the background screening process. This includes the criminal background check, reference checks with previous employers (including all previous employment that involved working with offenders) and checks with the PREA Coordinator in the event of promotion from another facility. During the background process she screens for any civil, administrative or criminal actions as a result of sexual abuse or sexual harassment of an offender. The personnel documents provided, support that this background process. This auditor was informed by the Human Resource Manager that she staff does contact previous institutions, either by letter or e-mail, which new employees has worked for to see if they resigned or was terminated during a PREA investigation or allegation.

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

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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There has not been any new construction, nor is any planned, at MCF. MCF has added 28 cameras in December 2016 and January 2017 to aid in the protection of the offenders. These cameras were placed in locations that would help eliminate blind spots while still providing modesty to the offender population. Most hallways, program areas, stairwells, and common areas have video surveillance. MCF has submitted requests to install additional cameras in the future to further enhance the safety of the institution. This auditor was told that placement of the cameras would be decided after discussion with a verity of staff including the PCM.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PAP 00-01-103, The Operations of the Office of Investigations and Intelligence, section XII, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. This includes discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. The training that the investigators receive is provided by NIC and is the standardized training of the industry. IDOC and MCF utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently MCF has an agreement with Saint Vincent Hospital in Indianapolis, Indiana to conduct all forensic exams.

IDOC policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. MCF uses a coordinated team approach to respond to reports of sexual assault. They provide access to a victim advocate, and provide immediate medical care. All allegations are investigated. MCF utilizes a qualified SAFE/SANE nurse from St. Vincent Community Hospital to conduct medical exams and the process is handled, keeping the victims confidentiality in mind. During the interview with the SAFE/SANE nurse at St. Vincent Hospital, she disclosed that there is always a SAFE/SANE nurse on call. In the event that St. Vincent Hospital could not examine the alleged victim, Eskenazi Hospital is the back-up facility. The SAFE/SANE nurse stated that the protocols that they follow at St. Vincent Hospital follow the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. There are ten nurses on staff that are certified to conduct forensic exams. St. Vincent has conducted sexual assault forensic exams on eight offenders during the past twelve months.

IDOC has a community Partnership Agreement with Indiana Coalition Against Domestic Violence (ICADV) in place to provide victim advocacy services to the victims of sexual assault. The copy of the contract provided is dated June 3, 2016. ICADV is the parent organization for all of the Rape Crisis Centers in the State of Indiana. The offenders have direct access to ICADV via offender phone system. During the interviews with first responders and supervisory staff, they were able to express how they would contact the ICADV for advocacy services. Posters with the ICADV address and phone number were visible in every housing unit during the tour of the facility. During the interview with the Director of ICADV, she stated that there are ten trained victim advocates in the region of the state that MCF is located.

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

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

IDOC employs trained peace officer staff that have the authority to conduct sexual abuse/sexual harassment investigations. MCF has four full time investigators that are trained to investigate allegations of sexual abuse and sexual harassment. During the past 12 months, MCF has received nineteen PREA allegations. All nineteen were for sexual abuse; two involved a staff member or volunteer and the rest involved other offenders. All nineteen cases were investigated. The Warden stated that all allegations of sexual abuse and sexual harassment are taken seriously. He insures that every allegation received is investigated completely. All staff interviewed knew their responsibility to report any allegation of sexual abuse/sexual harassment. This auditor could not find any evidence that indicated that an investigation was not opened when a report of sexual abuse/sexual harassment was received.

MCF had two third party allegations of sexual assault. These allegations were investigated to its conclusion.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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PAP 02-01-115, Sexual Assault Prevention, section V, requires that all staff receive training on the PREA policy during new employee orientation and annual in-service training. A review of the In-Services-Training presentation guide confirms that all ten topics required by section 115.31 of the PREA Act are included in the PREA class provided. Mandatory training includes:

- IDIC's zero tolerance policy for sexual abuse and sexual harassment
- How to prevent, detect and report sexual abuse and sexual harassment
- The offender's rights to be free from sexual abuse and sexual harassment

The rights of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment

The dynamic of sexual abuse and sexual harassment in a confined setting

Common victim's reactions to sexual abuse and sexual harassment

How to detect and respond to signs of actual and threatened sexual abuse

How to avoid inappropriate relationships with offenders

How to effectively communicate with offenders of the LGBTI population

How to comply with mandatory reporting laws

Once the training is provided, the employees are required to sign an acknowledgement of receipt of training and brochure. Employees are required to attend the training on an annual basis. The training is tailored toward a male offender population.

A review of 21 random training files demonstrates compliance with the training policy in that employees signed acknowledgment of the training. Random interviews with staff confirmed that all employees are knowledgeable in the IDOC Sexual Abuse Policy. All of them knew their responsibility to prevent, detect, report and respond in an effort to eliminate sexual abuse and sexual harassment in an institutional setting. They were also aware of IDOC's zero tolerance policy toward sexual abuse or sexual harassment of an offender.

The training manager at MCF does an excellent job of providing PREA training to all staff, contractors and volunteers. During the interview with the training manager, he explained how he insures staff stay current on the training annually and how he tracks staff that are delinquent in training. A review of the training tracking records shows that all of the employees currently working (not off because of long term illness, military leave or other long term leave) have been trained in PREA in the past 12 months. This is outstanding based on the number of employees that work at MCF.

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

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

#### **115.32 (a)**

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Currently there are 78 contractors and 220 volunteers that work with offenders at MCF. All of the contractors have completed the required PREA training during the past twelve months according to file reviews and training lists provided by in-service training. All of the training records randomly selected for review confirm that MCF is in compliance with the required training for all contractors and volunteers. The acknowledgement of training was present in the random training files reviewed by this auditor. Additional copies of the acknowledgement forms were provided to this auditor in the pre-audit materials. During interviews with contracted and volunteer staff, they demonstrated knowledge of the sexual abuse sexual harassment policy and their responsibility to comply. All of contractors and volunteers interviewed knew the zero tolerance policy and how to report an allegation of sexual abuse or sexual harassment.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy requires that all offenders receive the Sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign that they received the information. These brochures are available in English and Spanish. The policy is also in brail for offenders with vision disabilities. IDOC has a contract in place with PROPIO Language Services to provide interpretive services, including American Sign Language for offenders who do not understand English or Spanish. The policy is read to the offender, according to the PCM, if the offender cannot read. Copies of the brochures were provided to this auditor for review. This information is handed out to the offenders within the first three days of arrival. Typically offenders are trained the same day that they arrive at MCF.

The intake staff explained the intake process to the audit team in detail. Staff discuss the PREA policy in depth with offenders their first couple of days of orientation. Offenders are required to watch two videos on the PREA policy, how to report sexual abuse and sexual harassment and the right to a sexual abuse/harassment free environment. After the staff present the information to the new offenders, they are able to ask questions from the staff.

All of the offenders interviewed knew the IDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Most of the offenders that the audit team talked to acknowledged receiving the brochure, and received additional information through a video. Those offenders that stated that they did not receive the information had documents, in their files, that they had signed acknowledging receiving the PREA training. Signed acknowledgement of receiving the information was in all 15 of the random offender's files that were reviewed.

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

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

MCF has its own investigative unit trained to investigate sexual abuse cases as well as other criminal cases. This unit has 6 PREA investigators. These investigators are Peace Officers, unlike the other correctional officers that work for IDOC. PAP 00-01-103, The Operations of the Office of Investigations and Intelligence, section IX, requires that all investigators receive specialized training for conducting sexual assault and sexual harassment investigations.

The investigators at MCF receive their training through National Institute of Corrections. The training includes: techniques for interviewing victims, suspects and potential witnesses; using Maranda and administrative warnings prior to conducting compelled interviews; sexual abuse evidence collection and concerns in a confined setting; and how to prepare a case for prosecution.

The investigators interviewed during this audit had a firm understanding of the investigative process and how to proceed with both criminal and administrative investigations. They were familiar with the investigative steps to follow when investigating a sexual assault. Both of the investigators that the audit team talked to knew what evidence was required to substantiate a case, how to refer a case for prosecution and how to interview victims of sexual assault and potential witnesses. The training certificate for all six of the investigators at MCF was provided to this auditor.

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

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

MCF medical staff do not conduct forensic exams. MCF utilizes Saint Vincent Hospital in Indianapolis for all forensic exams. This auditor interviewed the SAFE/SANE Nurse at Saint Vincent Hospital via telephone and she confirmed the hospitals responsibility to conduct such exams.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

PAP 02-01-115, Sexual Assault Prevention, section XII requires a reassessment whenever referred, requested, sexual abuse incident, or additional information is received that bares on the offender's risk of sexual victimization or abusiveness. A sample of a transferring offender's SVAT and an offenders reassessment, due to an incident, were included in the pre-audit documentation provided to this auditor.

A review of records, interviews and offender files demonstrated compliance with IDOC Policy for initial and follow-up screening. All offenders are screen initially using an abbreviated screening form as soon as they arrive at MCF. Within 72 hours, usually the same day, the offenders are screened using the SVAT by one of the caseworkers or medical staff assigned to the facility. Once the newly arrived offender is processed off of the transport vehicle, they are asked some basic safety questions. On the day of arrival the offender is seen by medical staff. At this time the offender is asked the questions on the SVAT form. During the audit tour, while talking to offenders, the offenders told this auditor about the screening process and the PREA training that they received. Within 30 days the caseworker re-interviews the offender, and completes another risk assessment. In cases where an offender is involved in a PREA, another risk assessment is completed.

The SVAT is maintained in the confidential section of the offender's file. Only certain employees have access to this file. The offenders are not informed if they have been determined to be at risk for sexual victimization or at risk for sexual abusiveness. A memorandum authored by the PCM to the staff at MCF reiterates the confidentiality of the screening.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

## 115.42 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

MCF has several different housing options to separate potential predators from potential victims. The facility inside the secure perimeter is comprised of 14 different celled housing units, each with two different dayrooms. On the minimum yard there are two buildings with eight dorms each. Each dorm houses 12 offenders. Because of the large selection of housing assignments available, they are able to

keep potential victims separated from potential predators. The Classification Unit completes all housing moves. Prior to approving any housing move, the offender's file is reviewed. Classification staff will not house an offender that is deemed high risk to be victimized in the same cell as an offender deemed high risk of sexual abusiveness. Prior to being placed in a work assignment or education program, the offenders risk assessment is reviewed. Potential predators and potential victims are placed in separate assignments from each other.

The transgender offenders that were interviewed during this audit stated that they can shower spatially if they request to. They send their requests to the PCM. The PCM then sends a list of offenders that have requested to shower separately to the housing units. The PCM confirmed that this is the process used at MCF.

IDOC policy does not allow institutions to place LGBTI offenders in designated facilities or housing units. Facility staff are required to reassess transgender and intersex offender's cases every 6 months. The offender's views on their own safety are given serious consideration when making program decisions. A review of the Transgender Six Month documentation provided to this auditor shows that the offender is an active participant in the review. The offender is asked about her safety, and if she wishes to shower separately from other offenders. While interviewing offenders identified as transgender, the offenders stated that they appear before the Unit Team at least twice a year, more often if required. They do remember being asked about their safety in these meetings. All of the transgender offenders that were interviewed by the audit team stated that they felt sexually safe at MCF.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

During the on sight portion of this audit there were no offenders housed in Restricted Housing based on their perceived victimization concerns. During the interview with the RHU Supervisor he stated that he does not recall ever having an offender involuntarily placed in RHU based on potential victimization concerns. The supervisor did say that in the event that an offender was involuntarily placed in RHU solely due to high risk for sexual victimization, he would give the offender whatever privileges he could without jeopardizing the safety of the offender and the housing unit.

The Warden provided a memorandum to this auditor stating that MCF has not had any offenders at high risk for sexual victimization placed in RHU in the past 12 months.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

MCF has several methods for offenders to report sexual abuse or sexual harassment, retaliation for reporting sexual abuse or sexual harassment, or staff neglect or violation of responsibility that may have contributed to such incidents. They can write the Ombudsman, the PREA Unit in headquarters, they can talk to any staff member or they can write a grievance. All of the offenders are seen by a medical clinician upon arrival at MCF. The offenders can talk one of these medical professionals or write an anonymous note to them. The offenders can also contact a friend or family member and have them report it.

Documents provided to this auditor included a report received via the Ombudsman, an anonymous report, a third party report and a written report to staff.

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

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

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

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

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

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

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

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

### 115.52 (b)

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

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

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

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

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

Several of the offenders that were interviewed stated that filing a grievance was one of the ways to report sexual abuse or sexual harassment. None of the offenders stated that they have reported any PREA incidents in this manner.

At MCF all grievances are reviewed by the Grievance Coordinator and the Assistant Deputy Warden. Any grievous that contains a PREA allegation is immediately forwarded to the Warden and the PCM. The allegation is then referred for investigation. According to both the Assistant Deputy Warden and the PCM, there have not been any PREA related grievances filed during this audit period.

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

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

### **115.53 (a)**

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

### **115.53 (b)**

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

### **115.53 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Both Ombudsman and the ICADV have toll free phone numbers posted throughout MCF. Additionally both of these agencies can be reached via e-mail through the kiosk. Phone calls to the Ombudsman and ICADV are not recorded according to the PCM. The Director of ICADV stated that all calls to them are confidential. They will not disclose the information without the caller's consent. ICADV received a total of seven calls from MCF during this audit period according to the call logs reviewed for this audit. Any mail written to the Ombudsman is treated like legal mail. The mail is not reviewed by staff. Offenders seal the envelope in front of staff, once the staff member has made sure it is free of contraband. The offenders that were interviewed knew that correspondence with ICADV and the Ombudsman were confidential and not subject to monitoring.

ICADV is the parent organization for all of the rape crisis centers in Indiana. When ICADV receives a call or request for services, they would contact the nearest rape crisis center who in turn would provide assistance or a victim advocate.

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

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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IDOC PAP 02-01-115, Sexual Abuse Prevention, section XV, states that third party reports by family, friends, and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning toll free. This information is available on the IDOC webpage and includes a telephone number and e-mail link on their webpage so that third parties can report sexual assault. MCF also has PREA information available to the public in the visiting area.

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

Two PREA allegation investigations was a result of a third party report.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

## Auditor Overall Compliance Determination

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

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

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

During random interviews with staff, it was apparent that staff knew their responsibility to inform their supervisors about reported sexual abuse or sexual harassment and they know the parameters of confidentiality. In the event that their supervisor was unavailable staff knew to report it through the chain of command. All of the staff stated that they would only discuss allegations with staff that did have a need to know such as supervisors, managers, medical providers or investigators.

PAP 02-01-115, Sexual Assault Prevention, Section XVII, requires medical staff to discuss with the offender, and report their suspicions to Internal Affairs Staff, any signs of potential sexual abuse that any have been discovered during a routine medical or dental screening. The limits of confidentiality are discussed with the offender and they sign knowledge of those limits. Nine examples of signed Limits of Confidentiality forms were provided to this auditor as proof of practice. The inmates may refuse medical or mental health care; however, they shall sign a refusal form. Medical staff were able to effectively explain this process during to the auditors.

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

As disclosed in in 115.22, all allegations of sexual abuse and sexual harassment are referred for investigation through the chain of command. Reviews of the investigative files showed that when staff receive a PREA allegation from an offender, it gets investigated. The audit team could not find any instances where a PREA allegation was reported to staff and then not reported through the chain of command.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

During formal and informal interviews of different classifications of staff, they described what steps they would take to insure the immediate safety of offenders who reported abuse. In each case the staff member stated that they would separate the alleged victim from the alleged suspect immediately. They would keep the alleged victim with them until additional assistance arrived or they could get the alleged victim to their supervisor's office. Documentation provided to the audit team demonstrated the steps that staff took to separate offenders who felt that their safety was in jeopardy.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

MCF provided a memorandum and e-mail notifying the Warden at another facility of a PREA allegation that allegedly happened at that facility. The documents showed that the other facility was notified within 24 hours of receiving the allegation.

MCF received one allegation from a different facility during this audit period. The alleged victim reported to staff at the other facility that he had been sexually assaulted two years ago while housed at MCF. An investigation was opened into the allegation. The investigation was ongoing at the time of the audit.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PAP 02-10-115, Sexual Assault Prevention, Section X, requires each Facility to establish a Sexual Assault Response Team (SART). The goal of the SART is to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of the assault and any evidence collected, in accordance with Internal Affairs Investigators, is preserved and that the evidence chain of command is handled properly. They must 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 the ninety-six (96) hour time frame, staff shall ensure that the alleged victim and alleged abuser do not take any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy also requires the first responder to arrange for the removal of suspected perpetrator and prevent the destruction of evidence. If the first responder is not a custody staff member, they are to request that the victim does not take any action that could destroy physical evidence and notify custody staff as soon as possible.

MCF has a SART in place. IDOC's policy is well written and staff are well versed in this policy. During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault. Each one knew their responsibility to separate the victim and suspect as well as immediately notify their supervisor. They would summon for emergency medical aid if needed. Additionally they were able to articulate what requests they would have of the victim to help preserve physical evidence such as not bathing, brushing his teeth, going to the restroom or drinking liquids. The first responders that were interviewed during this audit were all able to explain their responsibility during a PREA incident including: separating the suspect from the victim; taking steps to preserve any potential crime scene; requesting the victim not perform any activity that may destroy physical evidence; and placing suspects, under constant supervision, while awaiting transfer to the SAFE/SANE nurse to avoid destruction of evidence.

A review of the incident reports demonstrates compliance with IDOC policy. In each case the alleged victim was kept separated from the alleged victim. If the report was received in a timely manner, the offender was seen by medical staff and referred to the SAFE/SANE Nurse. Additionally the crime scene was preserved for evidence processing.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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MCF Facility Directive MCF-II-006, dated January 2017, spells out the responsibilities of all staff involved in a coordinated response to a sexual assault. The current roster has a minimum of five SART members are on each shift. The directive lists the responsibilities of each member of the SART team to include first responders, Internal Affairs Instigators, medical and mental health staff and the PCM (facility leadership).

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

Documents provided for this audit included worksheets utilized during the activation of SART. The notes were detailed in the description of what occurred, who was involved and each staff member's actions. The notes are forwarded to investigators upon completion.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

MCF has designated the PCM and her assistant as the monitors for the institution. In the absence of both, the Captain will assume these responsibilities. MCF monitors all PREA allegation victims and reporters for both sexual abuse and sexual harassment.

MCF had nineteen Sexual Assault allegations during this audit period. Four were unfounded and three are ongoing. The other twelve cases all complied with the retaliation monitoring requirements. The retaliation monitoring forms were reviewed by the audit team while on-site.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

MCF has not involuntarily placed offenders in Restrictive Housing Unit (RHU) for protective reasons during this audit period. The facility has enough housing unit options that offenders can be safely separated from the potential predators without being placed in RHU. During the interview with the supervisor of RHU, he stated that if an offender was placed in RHU solely as a result of being a victim of sexual assault, he would provide the privileges that the offender was entitled to prior to being placed in RHU, as long as it did not jeopardize the safety of the offender or the housing unit.

Of the offenders that were interviewed who had reported a PREA, none of them stated that they were placed in RHU because they were a victim of sexual assault. The one offender that had previously reported a PREA that was housed in RHU informed the audit team that his placement was not a result of filing a PREA complaint.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

All sexual abuse cases and sexual harassment cases involving staff-on-offender are investigated by an employee who is classified as an investigator. They are Peace Officers, unlike the Correctional Officers in Indiana. MCF has six staff members trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that the MCF investigators are current on their PREA training.

MCF had nineteen PREA allegations during the audit period. Two allegations were staff-on-offender sexual assault, and seventeen allegations were offender-on-offender sexual assault. Eight of the PREA allegations resulted in the victim being sent to the SAFE/SANE nurse for collection of DNA or other physical evidence. The reports were prompt, thorough and objective. Only two of the cases were substantiated. Both of those cases were referred to the District Attorney. The DA declined one of the cases. The other case is currently in the court process.

During interview and discussion with the investigation supervisor, she stated that investigators are trained that the creditability of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual bases. Reviewing the cases did not demonstrate that

staff testimony was given more credibility than offender testimony. There was no evidence of use of a lie detector test at MCF and investigative staff stated that they do not use such devices.

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

The policy establishes a substantiation level as preponderance of evidence and requires for prosecution in substantiated cases of a criminal nature. This auditor agreed with the conclusion on all nineteen PREA investigations. The facility appears to apply a preponderance of evidence to substantiate a case.

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

PAP 02-01-115, Sexual Assault Prevention, Section XVI requires that all allegations of sexual abuse and sexual harassment be investigated, even if the alleged perpetrator or victim has separated from employment or custody supervision. If this occurs, outside law enforcement shall be contacted. MCF has one case where the suspect separated from employment prior to the investigation. That case is currently in the court process.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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PAP 02-01-115, Sexual Assault Prevention, Section III, W, establishes a substantiation level as preponderance of evidence for sexual abuse and sexual harassment cases. Of the nineteen PREA allegations that were received during this audit period, two were substantiated. During the interview with the PCM, Warden and Investigative Supervisor, it was evident that preponderance of evidence is evidentiary level used to substantiate a case.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

the staff member is convicted of on a charge related to sexual abuse within the facility. If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

MCF provided an example of the offender notification with the pre-audit materials. The notice complied with IDOC policy and the PREA Act requirements. A review of the investigation files revealed sixteen completed sexual abuse cases. All sixteen cases had the notifications completed and copies were in the investigation file. The notifications that were in the file contained information as to the outcome of the investigation. Additionally on the substantiated case involving a contractor, it contained the required information about employment status of the contractor member and the court status of the case. The substantiated case involving the other offender the notification contained the District Attorney's declining of the case. All of the offenders that were interviewed, that had made allegations of sexual assault claimed to have been notified of the outcome of the investigation. These notifications complied with the PREA standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

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

MCF has not had any substantiated staff-on-inmate sexual assault cases involving a state employee in the past year.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

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

MCF had one PREA allegation (sexual assault) involving a contractor during this audit period. The case was substantiated and the contractor was gate stopped (not allowed on grounds). The case was referred to the district attorney for possible prosecution. The case was in the court process at the time of the audit.

### Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

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

During the interview, the Warden explained the hearing process for offenders. If an offender is charged with an offence, their due process rights are observed. The Hearing Officer allows the offender to state his defense. The Hearing Officer makes a determination of guilt or innocence based on the evidence provided. Prior to imposing sanctions the hearing officer considers all contributing factors, both mitigating and aggravating, including the mental health of the offender. The Hearing Officer is required to follow the disciplinary schedule set forth by IDOC when determining what sanctions to impose.

One offender-on-offender PREA allegation was substantiated. The suspect in this case did receive a disciplinary action. The disciplinary action received was consistent with the offence that the offender was charged with.

None of the offenders made a PREA allegation that was unsubstantiated received disciplinary action for making a false allegation.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

### 115.81 (b)

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

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

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

Six files of offenders who had claimed prior victimization upon arrival were reviewed by the audit team. Of those six files only one had been seen by MH for evaluation. There was no record that MH requested to evaluate the other five. Upon further review, it appears that the classification staff are referring the offender to MH, however MH is not receiving the referrals. This was discussed with Administrative staff at MCF. A corrective action plan was already implemented prior to leaving the facility. This is addressed further in this section.

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

MCF medical and mental health staff explain the limits to confidentiality to the offender and receives informed consent on all cases that are not mandatory reporting cases.

Upon review of the offender's medical records, it does not appear that offenders were seen by Mental Health within 14 days of arrival when they disclose that they have been either a victim of sexual abuse or previously perpetrated sexual abuse during the intake screening. On September 14, 2018, and October 18, 2018, copies of the risk assessment form were provided to this auditor. Included with the documentation was a referral to Mental Health for any inmate that disclosed prior victimization or predatory sexual abuse. The referrals were all completed day of disclosure. If the inmate accepted the referral for MH, they were seen within 14 days according to the documentation provided. Of the ten inmates that were referred to mental health, only two declined to be seen.

MCF is now in compliance with this standard.

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

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

#### **115.82 (a)**

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

#### **115.82 (b)**

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

During staff and offender interviews, and review of documentation, MCF's medical staff immediately sees every offender when a case of sexual abuse is reported. The medical staff treats the offender for any life threatening injuries and prepares the offender for transport to Saint Vincent Hospital for the forensic exam. The medical staff confirmed that offenders are not charged for these services.

According to the medical staff at MCF, they are the ones who determine the nature and scope of the medical and mental health treatment. Medical staff appeared to be very knowledgeable in their response to sexual assault and the information that they provide the offenders.

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

Documentation provided to the audit team included medical notes in chart of offenders that had reported sexual abuse. These documents reflected timely response to the offender's allegation.

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

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

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

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

The audit team reviewed six medical files of offenders that had made PREA allegations. All victims and abuser were offered mental health treatment. According to medical staff, the medical file is forwarded to the next facility with the offender. If an offender is evaluated and a treatment plan is prescribed, that treatment plan is continued at the next facility.

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

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

PAP 02-01-115, Sexual Assault Prevention, Section XVII, requires mental health staff to complete a mental health evaluation of the abuser within 60 days of a substituted case of offender-on-offender sexual abuse and offer treatment when necessary. MCF had one substantiated case of offender-on-offender abuse. The offender that perpetrated the crime was offered MH treatment within 72 hours. The offender declined to participate.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The Sexual Assault Review Committee at MCF is chaired by the PCM. The minutes reviewed by the audit team reflect participation by the Warden, the Director of Nursing, investigative staff, managers and supervisors. The committee reviews all PREA incidents (sexual abuse and sexual harassment) even if they are unfounded. MCF's PREA Committee addressed whether or not the incident:

Could have been avoided with a change of policy;

If the incident was motivated by race, ethnicity, gang, LGBTI, or was caused by group dynamics;

If the incident was a result of physical barriers (blind spots);

Was a result of insufficient staffing;

And If monitoring techniques need to be enhanced.

The committee makes recommendations for improvements to the Warden based on their findings. The committee minutes are detailed and clear as to the recommendations of the committee. All of the cases reviewed demonstrated the committee being held within thirty days of the conclusion of the investigation.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

The audit team was provided with the agency's Survey of Sexual Victimization State Prison Survey form. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there. This auditor reviewed the aggregated data for years 2015, 2016 and 2017.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

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

MCF submits its annual Sexual Assault Prevention Report to the Departmental PREA Coordinator with all relative data. Included in the report is noted problem areas and corrective action taken to fix those areas of concern. The IDOC compiles all of the annual reports and posts them on the departmental website for public access. This report is signed by the Commissioner of the Indiana Department of Corrections. This report is posted on the IDOC website. The copy of the report from MCF was provided to the audit team. This document was dated January 29, 2018. This report contained all of the information referenced above.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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PAP #02-01-115, Sexual Assault Prevention, Section XIX, requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available. Agency website information provides no personal identifiers. The Executive Director of PREA is required to maintain sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

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

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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### Instructions for Overall Compliance Determination Narrative

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The IDOC website contains the results of all of the PREA audits conducted during the past three years. A review of these audits appears to show that all of the facilities operated by IDOC were audited in a three year period starting in August 2015. The number of audits conducted was approximately one third of their facilities each of the three years.

During this audit, the audit team had access to, and toured, the entire facility. The audit team had access to every inmate, staff member, volunteer and contractor that they requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and offender files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. No letters were received from inmates prior to, during or at the conclusion of this audit.

### Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not

excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The IDOC website contains a copy of the previous audit conducted at MCF. The audit was completed on January 2, 2017, and posted on the website on January 2, 2017.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

John Katavich

December 21, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.