

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 2, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> May 25 & 26, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Reception Diagnostic Center			
<b>Facility physical address:</b> 737 Moon Rd, Plainfield, IN 46168			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> (317)-839-7727			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Superintendent C. Grage			
<b>Number of staff assigned to the facility in the last 12 months:</b> 207			
<b>Designed facility capacity:</b> 695			
<b>Current population of facility:</b> 401			
<b>Facility security levels/inmate custody levels:</b> All Levels			
<b>Age range of the population:</b> All ages to include Youth Incarcerated as an Adult (YIA)			
<b>Name of PREA Compliance Manager:</b> Michael Arthur		<b>Title:</b> PREA Compliance Manager	
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<b>Agency Information</b>			
<b>Name of agency:</b> Indiana Department Of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 302 W. Washington St., Room E334, Indianapolis, Indiana 46204			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

A certified PREA audit was conducted at the Reception Diagnostic Center located in Plainfield, Indiana. The audit began in early May with the delivery, of the statewide and facility specific documentation and the required Pre-Audit Questionnaire (PAQ). The audit tour began Wednesday, May 24, 2016, and concluded the evening of Thursday, May 25, 2016. The audit team consisted of the lead certified auditor and an additional certified PREA team member. Following coordination, preparatory work and collaboration with management staff at the Reception Diagnostic Center, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit. There were no letter's from offender's received prior to the arrival at the facility.

On May 24, 2016, the audit team met with the PREA Coordinator Bryan Pearson, Superintendent, James S. Wynn, PREA Compliance Manager Ty Robbins, and the management staff of the Reception Diagnostic Center, for greetings, introductions, and information sharing. The team was escorted to a conference room which served as a home base for audit preparation and organization during the audit process.

Upon arrival at the Reception Diagnostic Center, the auditor requested and received the names of the employees assigned in management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The auditor identified specialized staff in the following categories:

- Medical and Mental Health (Corizon contractor)
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Classification Staff
- Investigations and Intelligence Staff
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Background Clearances
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Aramark Contractor
- Volunteers
- First Responders - SART
- Training Director

The auditor also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. Reception Diagnostic Center, custody staff work 12 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff for interviews. The auditor informed the PREA Compliance Manager that the audit team would identify from the lists the custody staff selected for random interviews. The auditor communicated the standard advisory statements to the staff before proceeding with the interview in a private interview room while documenting the staff answers. Clarification was requested, as needed to ensure the staff's responses were clearly understood.

The auditor received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. Offenders were selected at random from all housing units using this offender roster. The auditor conducting the random interviews was provided a private room to conduct interviews in several locations throughout the institution. The auditors communicated the standard advisory statements to the offender before proceeding with the interview while documenting the offenders answers. Clarification was requested, as needed to ensure the offender's responses were clear and effective communication was established. A total of 23 offenders were interviewed as part of the random offender interviews and the specific categories of offenders identified for based upon their relevance to specific PREA standards.

The PREA Compliance Manager identified offenders in the following categories:

- Disabled
- Youthful
- Limited English Proficient
- Transgender & Intersex
- Gay & Bisexual
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening
- There were no Inmates in Segregated Housing for Risk of Sexual Victimization

The auditors conducted a thorough on-site review of the facility. The Superintendent, Deputy Superintendent, PREA Compliance Manager, management staff and other custody staff escorted the audit team. The auditors toured all of the housing units, intake processing area, medical, mental health, kitchen area, dining halls, the laundry, recreation, etc. The intake process was observed which included the strip-out area and clothing exchange, photo processing area, medical and classification offices. The auditors observed offenders going from one station to another being seen by medical and mental health staff, and classification. Offenders working as volunteers in the kitchen and dining halls were also observed.

During the tour, PREA posters (English and Spanish versions) were visible in the front entrance (staff search area) for staff, contractors and volunteers to view. As the team toured the facility, posters were present in the intake areas and in every building accessible by offenders including multiple locations within buildings where offenders have access. Along with the PREA posters, additional postings were observed informing victims of sexual abuse how to gain access to emotional support services including crisis intervention, information, and referrals. Based upon our random discussions with staff and offenders, the facility has been successful in educating the staff and offenders of the agency's zero tolerance policy regarding sexual abuse and harassment as well as the various methods in which allegations may be reported.

The Reception Diagnostic Center uses monitoring technology within its facility; the need for additional monitoring equipment and their placement is discussed and documented in monthly PREA Committee meetings and consideration is given in identifying blind spots prior to camera placement. Cameras are positioned in a manner to cover blind spots while affording the offenders modesty where needed, while providing for the necessary security and evidentiary needs of the facility. While conducting interviews with the Superintendent, other administrative, and supervisory staff, it is evident that the facility has considered the use of cameras in their staffing plan and staff are vigilant in ensuring offender safety.

The audit team observed camera placement, sufficient custody staff coverage in the absence of camera coverage, reviewed log books and offender files; spoke with offenders, staff, volunteers and contractors. Potential cross gender viewing issues had been mitigated by the placement of shower curtains that obscure offenders while showering, opposite gender announcements, placement of mobile screens or areas identified for use when offenders are searched that obstruct cross gender viewing during the intake process. Logs were reviewed and showed evidence of supervisory staff conducting unannounced rounds on both shifts. Both supervisory staff conducting unannounced rounds as well as opposite gender staff announcements within the housing units were observed during the on-site tour. Staff and offenders were questioned regarding PREA and reporting/responding requirements. All answered with appropriate levels of understanding in regard to PREA and agency policy and procedure.

During the tour, audit team members asked impromptu questions of staff and offenders. Offenders interviewed stated that although they are not allowed phone calls they knew of several ways to report sexual abuse to include writing the ombudsmans office at the posted address, filing an appeal, or telling any staff member. Kitchen areas are manned by offender volunteers supervised by an Aramark contracted employee. There are no offender job positions because of the short length of stay at the Reception Diagnostic Center. Audit team members also noted the placement of PREA information and support services posters in offender housing and work areas and the placement of the PREA audit notice provided to the facility; throughout the facility.

Offender grievances against staff are forwarded to the grievance coordinator; Investigations and Intelligence will investigate where appropriate. The audit team interviewed the Investigator and reviewed documentation, logs, computerized tracking, investigative reports, and other materials necessary to make a determination of compliance with the standard. During these interviews, the auditor based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations from both shifts. The interviews were conducted in the privacy of the conference room or other private area. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 8 random staff interviews and 20 specialized interviews with staff identified in the required categories were conducted.

Document Reviews: Documents related to allegations of sexual abuse (including investigation files) were reviewed. Training records, personnel records, contractor and volunteer records, and the records maintained through the offender intake process were reviewed. Copies of documents were collected, as necessary.

The PREA Compliance Manager provided Sexual Incident Reports for all 3 allegations received during the previous twelve-month period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the investigation reports from facility investigative staff for each allegation. 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
- Notification Given to Inmate

At the conclusion of the on-site tour, the PREA team discussed their observations, interview responses, documents reviewed and areas of concern. Some clarifying questions were asked of the PREA Compliance Manager and additional documentation was obtained. The audit team held a close-out discussion with the Superintendent and his staff on the evening of May 26, 2016. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been preliminarily identified as areas not in compliance with the standards.

#### POST-AUDIT

The auditor, as a probationary certification, has 21 days to turn the interim report in to the Department of Justice, which has 10 days to review it. The probationary auditor then has 10 days to consider the Department of Justice's suggestions and provide the completed interim report to the facility by July 6, 2016 (total of 41 days). This information was provided to the agencies PREA Coordinator via the probationary certification template letter. The auditor and the PREA Compliance Manager agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PREA Compliance Manager.

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

**Interim Audit Report:** Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standards. The interim report was provided to the Reception Diagnostic Center on July 6, 2016.

A telephone conference was held between the Superintendent of the Reception Diagnostic Center, the PREA Compliance Manager and this auditor to discuss a corrective action plan to bring the Reception Diagnostic Center into 100% compliance with the PREA Federal Standards. It should be noted that Michael Arthur was assigned as the new PREA Compliance Manager at the Reception Diagnostic Center, replacing Ty Robbins, on May 30, 2016. Also, Superintendent Wynn retired and Superintendent Grage was assigned to the Reception Diagnostic Center. Between June and December of 2016, information was shared with this auditor to demonstrate the corrective actions taken to reach full compliance. The documents requested were forwarded to this auditor for review via e-mail. The documents provided were reviewed for completeness and to verify that they meet the requirements of the PREA Federal Standards. The final report was written to include any corrective actions taken to correct the identified deficiencies. A copy of this document was forwarded to the Indiana Department of Corrections PREA Coordinator, the Superintendent, and the PREA Compliance Manager on December 2, 2016.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Reception Diagnostic Center (RDC) is the Indiana Department of Corrections maximum security intake facility for adult males sentenced to the department of corrections. All adult males, including male offenders under 18 who were waived to adult court (Youth Incarcerated as Adults (YIA) ), are received at the Reception Diagnostic Center, classified to the appropriate security level and transferred to long-term facilities. Only those offenders sentenced to death bypass the Reception Diagnostic Center and go straight to death row at the Indiana State Prison. The Reception Diagnostic Center has the ability to house a total of 695 offenders and serves as the primary transportation unit for the state.

The Reception Diagnostic Center has an intake/medical/administration level, three floors of housing units, and a basement on 10 total acres of land. It was completed in two phases: the first phase consisted of two hundred four (204) cells and was completed in 1971. Phase two was completed in 1993, which added one hundred forty-four (144) additional cells and administrative and operational space. The first phase are open bar multi floor/tier cells and the second phase are solid door, windowed cells. All offender packets are processed in the Administrative Processing Unit at the Reception Diagnostic Center.

Due to the short duration of time spent at intake, programs are not available to offenders. During the intake process each offender is evaluated through interviews, reports and diagnostic tests. This evaluation forms the basis of the offenders' facility and program assignment. While at the Reception Diagnostic Center, every offender receives a medical examination, dental examination, psychological interview, lab work, including taking DNA samples, TB testing, and education testing.

Visitation for offenders at the Reception Diagnostic Center is limited to legal representatives and clergy only and is arranged on a case by case basis. Offenders are not allowed visits from friends and family while at the Reception Diagnostic Center, however they may send and receive mail correspondence.

## SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were helpful and responsive to the questions and concerns expressed during this portion of the audit. The Superintendent's pride in the facility, staff, and their efforts put forth in preparation for the audit were evident. It was a pleasure for the audit team to have the opportunity to assist the Reception Diagnostic Center in their PREA compliance efforts.

Overall, it is evident that the Reception Diagnostic Center has 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:

- Through the use of staff posts and video surveillance, blind spots were mitigated.
- PREA posters were in place in all housing units.
- Supervisory and Management staff have a clear understanding of the policy.
- Announcement of opposite gender staff entering the housing units is routine practice.
- The offender population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation.
- Classification staff takes ownership of the PREA intake process and are very thorough in their assessments of newly arriving offenders.
- Custody, Medical and Mental Health Staff work close together as "one family" ensuring that offenders needs are met.

Some of the areas of general concern:

The Reception Diagnostic Center is currently not in compliance with standard §115.14(a) Youthful Inmates. Youth Incarcerated as Adults (YIA) are not sight and sound separate from adult offenders. The population at the Reception Diagnostic Center is currently low, allowing for the temporary designation of a youthful offender tier which provides sight but not sound separation from adult offenders on other tiers. This is temporary and changes as the population totals change.

During the corrective action period the policy was amended and staff were noticed of the change that requires youthful offenders to be processed through intake at a Designated Division of Youth Services Facility.

The Reception Diagnostic Center is currently not in compliance with standard §115.63 Reporting to Other Confinement Facilities. The Reception Diagnostic Center documents and reviews offender allegations of sexual abuse that occurred while confined at another confinement facility in monthly PREA Incident Monitoring Meetings. Investigative staff interviews each offender that alleges they were the victim of sexual abuse at another confinement facility and forwards the information to the Superintendent and PREA Compliance Manager. The PREA Compliance Manager contacts the facility the incident occurred. The PREA Compliance Manager confirmed this process. However, confirmation of contact with other confinement facilities within 72 hours was not provided.

During the corrective action period, documentation of contact with other confinement facilities within 72 hours was provided.

The Reception Diagnostic Center is currently not in compliance with standard §115.67(c) Agency Protection Against Retaliation. Investigation files were reviewed for allegations made in the previous twelve month period. Retaliation monitoring was not documented. Although offenders are at the Reception Diagnostic Center for a short length of time the 90 day monitoring will be initiated and continued at the assigned institution.

During the corrective action period, documentation was provided evidencing retaliation monitoring was conducted in compliance with the standard.

The Reception Diagnostic Center is currently not in compliance with standard §115.71(a) Investigations. Investigative cases reviewed showed confusion between findings of unsubstantiated vs unfounded. This is significant in that unsubstantiated findings require retaliation monitoring and review of the incident by the PREA Committee, where unfounded cases do not.

During the corrective action period, documentation of training for staff on investigative findings was provided and past allegations were reviewed for appropriate findings.

The Reception Diagnostic Center is currently not in compliance with standard §115.86(a) Data Collection and Review. All investigation files from the previous twelve months were reviewed. Of the two that were unsubstantiated one did not include documentation that a PREA Committee Incident Review was completed.

During the corrective action period, allegations requiring PREA Committee Incident Reviews were monitored and documentation showing completion was provided.

Number of standards exceeded: 0

Number of standards met: 42 (100%)

Number of standards not met: 0 (0%)

Number of standards not applicable: 1

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, page 2, section IV, states “The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment by staff, volunteers, contractors, or offenders/residents against offenders/residents.” The policy outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The policy mandates that a PREA Coordinator will be assigned, at the Level of Executive Director. The Indiana Department of Corrections PREA Coordinator is Bryan Pearson, Executive Director.

The policy also mandates the assignment of a facility PREA Compliance Manager that has the authority and time to coordinate the facility’s efforts to comply with the standards. The PREA Compliance Manager at the Reception Diagnostic Center is Ty Robbins, Classification Supervisor. A memorandum from Superintendent Wynn identifying Mr Robbins as the PREA Compliance Manager and an organization chart showing that he reports directly to the Superintendent was provided.

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

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

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Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), page 7, section IV, requires that all agencies and organizations that house offenders of the Indiana Department of Corrections are made aware of the Department’s policy on zero tolerance of sexual abuse and sexual harassment. During inspections of any facility that houses Indiana Department of Corrections

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 Indiana Department of Corrections, 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 two current and one expired contract with GEO Group was provided to the auditor. All three have amendments that require the contractor (GEO Group) to comply with the PREA Act. Additionally, the amendments allow for PREA compliance with, "on-site", monitoring by the State of Indiana.

### **Standard 115.13 Supervision and monitoring**

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

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Custody posts and supervisory posts are determined by the IDOC's Master Roster Post Analysis. The facility's custody staffing plan is based on American Correctional Association standards and the principles of the Indiana Justice Model. The factors considered in developing staffing levels include the operational mission of each facility, video monitoring capabilities, and generally accepted correctional practices. There was no identified deviation from the staffing plan during this review. This was confirmed via documentation provided by the facility. Indiana Department of Corrections does not have collective bargaining; therefore the Reception Diagnostic Center can move staff from location to location as the security needs change or deficiencies in offender supervision is realized.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), requires that each facility develop, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. The 2016 Reception Diagnostic Center Staffing Plan was reviewed January 2016 and a copy was provided.

According to the 2016 Staffing Plan and interview with the Superintendent, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. In addition, the facility conducts an ongoing monthly review of the staffing plan, video monitoring, construction, and programs with its management staff; the staffing plan is reevaluated at the agency level every January. Currently the Reception Diagnostic Center has 60 cameras to augment their security and aid in investigations.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012) requires Intermediate-level or higher-level supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct and sexual harassment on all shifts. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

Supervisory staff makes random unannounced rounds through their areas of responsibility. This was observed during the site review. Unannounced rounds are conducted by supervisors on all shifts and are documented in the Supervisors Shift Logs. Copies of Supervisor Shift Logs were provided and observed during the on-site tour.

### **Standard 115.14 Youthful inmates**

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

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Indiana Department of Corrections, Policy and Administrative Procedures, 01-04-102 Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth (dated 3/02/2016), requires male offenders under the age of eighteen (18), waived to adult court Youth Incarcerated as Adults (YIA), be received for intake at the Reception Diagnostic Center (male Youth with Alternative Sentences are received at the Logansport Juvenile Intake Facility).

Youth Incarcerated as Adults (YIA) are offenders under the age of eighteen (18) years who have been committed as adults to the Department of Corrections. When a YIA is received for intake the Executive Director of Classification is notified within one business day. The intake process and classification process is completed and the transfer of the youthful offender to Pendleton Juvenile Correctional Facility is coordinated.

Reception Diagnostic Center reports 106 Youth Incarcerated as Adults have been processed through intake in the past 12 months.

The Reception Diagnostic Center does not house youthful offenders in permanently designated housing units that comply with 115.14(a). The Superintendent said that they try to process and transport youthful offenders to Pendleton Juvenile Correctional Facility very quickly and that there are never very many at one time making it difficult to designate an entire housing unit for them. The facility attempts to house youthful offenders in cells separate from the adult population when able.

The population at the Reception Diagnostic Center is currently low allowing for the two youthful offenders identified during the on-site tour by the auditor to be housed on a range/tier separate from adult offenders. This provided sight separation. The design of the unit doesn’t allow for sound separation from adult offenders on other ranges/tiers. Youthful offenders interviewed said adult offenders on other range/tiers have not attempted to communicate with them. They are provided dayroom access daily separate from adult offenders. During the on-site tour the two youthful offenders were observed housed on a range/tier by themselves.

When escorted for medical or other areas outside of the housing unit youthful offenders are under direct staff supervision. They are fed in-cell. Because of the average short length of stay education and jobs are not provided at the Reception Diagnostic Center.

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

1. Provide sight, sound and physical separation from adult offenders in compliance with Standard provision 115.14(a).

During the corrective action period, the agency amended and implemented Policy and Administrative Procedure, 01-04-102 Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth (dated 10/1/2016). RDC was noticed of the change in policy via Executive Directive #16-55. The amended policy now requires counties to deliver youthful offenders to be processed through intake at designated Division of Youth Services (DYS) facilities. The DYS facility will complete the adult and juvenile intake process for all youthful offenders. Based on the changes made, RDC is in compliance with this standard.

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

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

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

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. Reception Diagnostic Center has not had any cross gender strip searches or cavity searches in the past year. This information was verified through random and specialized interviews of staff and offenders and logs provided by the prison.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), page 22, section XIV, forbids staff to search or physically examine an offender for the sole purpose of determining their genital status. The offender’s genital status is determined during conversation, reviewing records, or by a medical practitioner. This information was verified through interviews.

During the tour of the facility, and in interviews with staff and offenders, female staff confirmed they do not strip search male offenders. Strip searches are completed in designated areas by male staff. The intake processing area has stations that offenders process through to include a strip room to prevent cross gender viewing.

The training presentation guide “Pat, Frisk, and Modified Frisk Searches” outlines the process used to conduct opposite gender pat searches and searches of transgender or intersex offenders. Training acknowledgements regarding searches of transgender offenders were provided. All staff interviewed knew the proper way to pat search transgender offenders. The transgender offender interviewed also described how a pat search is conducted; this description is consistent with the description given by the custody staff, the “T” method was described or demonstrated by both.

Female staff announce their presence when entering a housing unit. This was observed during the tour and confirmed through offender and staff interviews.

The Reception Diagnostic Center has in-cell video-monitoring capability in designated cells for providing increased supervision for offenders that are in crisis or who may self-harm. Access to the system is designated to male staff via individual logon’s. The video-monitoring system is gender restricted. This was verified through observation and interviews with random and supervisory staff.

Modesty screens were in place in medical areas where a clinician may require an offender to disrobe when needed.

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

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

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

The facility ensures offenders with disabilities have equal opportunity to participate in or benefit from all aspects of the agency’s efforts. PREA postings are posted in both English and Spanish. The agency has an agreement with Language Training Center Inc. to provide interpreter services for all languages to include American Sign Language.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), pages 9 and 10, section VII, requires that staff shall determine if an offender is in need of accommodations to assist in making the PREA information easily understandable to the offender. 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. 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. This information was confirmed through interviews with intake staff and case managers who, if needed, read information to offenders, or when language is a barrier; seek the assistance of certified staff interpreters.

Limited English offenders were interviewed using certified staff interpreters. They said it they received education on PREA and ow to report. Classification staff said they generally use staff interpreters and can use the interpreter services if needed. They asses each offender individually and ensure effective communication.

Written documents to include the PREA brochures are provided in English and Spanish. The PREA Coordinator, stated the brochures are also available in braille.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012), Information and Standards of Conduct for Departmental Staff, section VIII, A, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17(a)(b). Additionally, this Policy and Administrative Procedures requires that during the hiring, promotion, demotion or transfer interview, or application process, perspective candidates are 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. Reviews of employee files confirm applicants are asked the questions relative to this standard.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-103 (dated 12/01/2012), Information and Standards of Conduct for Departmental Staff, requires any other persons who will have routine access in Department facilities or have contact with offenders or offender information as a normal part of their duties shall submit to a criminal background check, including a driver’s license check and fingerprinting. Additionally, 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, sexual harassment in a correctional setting.

Indiana Department of Corrections, Policy and Administrative Procedures, 04-03-102 (dated 03/01/2015), Human Resources, has a mechanism in place for other correctional agencies to verify any history of a current or former employee relative to any substantiated allegations of sexual abuse and sexual harassment for hiring purposes.

Documents provided to this auditor, included samples of background checks ran through Indiana Department of Motor Vehicles, the Indiana State Police and National Crime Information Center (NCIC) on new employees, promotional employees, contract staff and volunteers.

Personnel files and additional documents were randomly reviewed during the on-site review and confirming that background checks are done on all staff, volunteers, and contractors. All current employees have had a background check within the last four years. None of the files reviewed, or documentation provided reflected that any staff, volunteers, or contractors had engaged in sexual abuse in a confinement setting in the past.

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

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

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

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

The Reception Diagnostic Center has a total of 60 video monitoring cameras and continues to evaluate the facility for the need to install, modify or relocate current monitoring technology during quarterly reviews and PREA Committee Incident Reviews. There have been no additional buildings constructed or substantial modifications to current structures made since August 2012.

The Superintendent stated that during PREA Committee Incident Reviews, identified blind spots are discussed and considered when determining the placement of cameras.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/21/2015 Restricted), The Operations of the Office of Investigations and Intelligence, section XII, address the protocols uniformly for collection of evidence for use in an administrative proceedings and criminal prosecution. A review of this policy reflects it is based off of the, National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents publication as the department policy and the facility policy clearly address the procedures required in the discovery, handling, delivery, retrieval, logging, storage, retention, destruction and testing of all evidence. There is detail relative to all aspects of conducting an investigation from the initial contact of the victim, the forensic examination process and evidence processing and up to and including referral and prosecution of the suspect.

The Reception Diagnostic Center utilizes the local hospital, Terre Haute Regional Hospital, Sexual Assault Nurse Examiner (SANE) to conduct the forensic medical exams. The hospital SANE confirmed they perform the forensic exams for the Reception Diagnostic Center and are available 24 hours a day. Reviews of investigative files and other documentation provided by the facility reflect no forensic medical exams were conducted during this auditing period.

Victim advocacy and victim support services are available to offenders through the Indiana Coalition Against Domestic Violence (ICADV). These services are available to offenders, free of charge; postings throughout the facility with the phone number and address were observed in areas where staff and offenders are likely to view them. The additional services: emotional support, crisis intervention, information, and referrals, are included on the postings making the offender population aware of these services. A copy of the contract with ICADV was provided. Offenders do not have access to a phone system but can write to ICADV or call them from their permanent institution once they are transferred. Additionally, Reception Diagnostic Center has trained victim advocates on staff in the event that ICADV cannot respond.

The victim advocate provides assistance and support during the forensic medical examinations and interviews through to the local court process. Victims are provided with the victim advocate contact information and offered follow-up services.

Indiana Department of Corrections, Sexual Assault Manual directs staff to transport victims of sexual assault for a Forensic Medical Examinations to the designated outside hospital where medical staff will conduct the forensic exam. All victims of sexual assault are provided with emergency contraception, follow-up care/treatment for sexually transmitted diseases, education, and vaccinations. In addition, offenders are provided follow-up education on contraception and sexually transmitted infections according to offenders who reported sexual abuse.

Investigation files reviewed contained photos of crime scenes, video evidence where applicable, interviews conducted with the victims, suspects and witnesses where applicable. In addition, interviews with investigative staff and a review of the investigative training records reflect the staff have been trained and understand their responsibility in the processing of evidence related to sexual abuse and referral for

prosecution.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), 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.” When the Superintendent or designee receives a report of actual or threatened sexual abuse, the Superintendent or designee shall order that the investigation be conducted.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted). The Operation of the Office of Investigations and Intelligence, The facility conducts its own criminal investigations and all allegations are investigated. For substantiated cases that appear to be criminal in nature shall be referred for prosecution. Criminal cases are referred to the Indiana State Police and presented to the Hendricks County Prosecutor. None of the three allegations investigated in the past 12 months was referred for criminal investigation.

The Indiana Department of Corrections, web site shows information regarding agency policy and includes a toll-free phone number to the Indiana Sexual Assault hotline, and email address for reporting third party reporting. This information is current and active.

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.

### **Standard 115.31 Employee training**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse 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 9 of the 10 criteria outlined in standard provision 115.31 are included in the PREA class provide. Civil immigration was not included because Indiana Department of Corrections does not house offenders detained for civil immigration purposes. Once the training is provided, the employees are required to sign an acknowledgement of receipt of training and brochure.

Indiana Department of Corrections, Policy and Administrative Procedures, 01-05-101 (dated 10/21/2014), Staff Development and Training,

requires that all staff and volunteers receive training on the PREA policy on an annual basis.

The Reception Diagnostic Center reported all but 10 staff received training during the last 12 months. The 10 are either scheduled or a plan is in place to ensure they are trained when they return to work. Random interviews with staff, volunteers and contractors confirmed that all employees are knowledgeable in the agencies Zero Tolerance Policy. The training also included prevention, detection, reporting and response.

Between trainings, the facility provides training to staff via the Indiana Department of Corrections, Sexual Assault Prevention and Reporting brochure, on line training and/or tailored training provided by the supervisor. A review of random training files and interviews with staff demonstrate compliance with the training policy in that employees sign acknowledgment of the training. The facility has demonstrated an effective tracking method for tracking staff training.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse and Prevention, 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.

A review of Reception Diagnostic Center's training records show contractors and volunteers have consistently received the required training. The signed acknowledgement of training was present in the random training files reviewed by this auditor. The Reception Diagnostic Center reported all but 4 contract staff received training during the last 12 months and a plan in place to train them when they return.

Interviews with contracted staff and volunteers indicated they are provided annual PREA training. They were able to explain the components of the training and the requirement to report immediately, should they be made aware of an incident.

### **Standard 115.33 Inmate education**

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

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

VII, requires that all offenders housed in the department 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. The brochure is available in English and Spanish; in addition, the Reception Diagnostic Center has a contract for interpreter services if needed to provide PREA information.

All of the offenders interviewed, including limited English speaking offenders, knew the Indiana Department of Corrections, Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through several different reporting methods. Offenders interviewed acknowledged receiving the PREA brochure, watching the PREA video, and were able to articulate the reporting process. Signed offender PREA Education acknowledgements were observed for offenders.

Intake and Classification staff interviewed explained that every offender is shown a video on the department's zero tolerance PREA policy.

Housing units, medical areas, and other areas had PREA posters visible to the offender population including addresses and toll-free reporting numbers that family members could call and postings for Victims of Sexual Abuse was also observed in these areas.

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

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

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

The Reception Diagnostic Center has one investigator trained to investigate sexual abuse cases as well as other criminal cases. Indiana Department of Corrections, Policy and Administrative Procedures, 00-01-103 (dated 07/01/2015 Restricted) The Operation of the Office of Investigation and Intelligence, section IX, requires: All investigators to have received specialized training for conducting sexual assault and sexual harassment investigations in confinement settings to include the proper use of Miranda and Garrity warnings, Evidence Collection and prosecution referral.

The Reception Diagnostic Center Investigator also attended a Sexual Assault Response Training (SART) training which details the specific duties related to being a first responder to a PREA incident. The training covers the following topics: Process and Protections, Victim Advocacy, Sexual Assault Evidence Protocols, Staff Sexual Misconduct, Legal Considerations, Conducting Sexual Assault Investigations, and Court Preparation and Testimony.

The investigative staff interview and training records confirmed knowledge and receipt of specialized training in all areas required per this provision during SART training and the investigators academy/training. Garrity training is provided during NIC training. Training records verified the required training.

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

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-10-115 (dated 12/01/2014) Sexual Abuse Prevention, requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This requirement does not exclude medical staff. Additionally, Corizon provides specialized training for medical and mental health staff. Auditors reviewed training materials which addressed the requirements of 115.35(a).

Facility medical staff do not conduct forensic exams. The Reception Diagnostic Center utilizes Terre Haute Regional Hospital, Sexual Assault Nurse Examiner’s (SANE) to conduct the forensic exam. Interviews with medical staff confirm the SART exam is performed at the local hospital; not at the facility. Interviews with the SANE confirmed they perform the forensic exams.

A review of training files and interviews with staff showed that the training requirement was met and the staff are knowledgeable of their roles and responsibilities.

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

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

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

Executive Directive #16-21 (dated 04/11/2016) amending Policy and Administrative Procedure, 02-02-115 Sexual Abuse Prevention, requires within 24 hours of an offenders admission into an intake unit, staff shall assess an offender through interviews and reviews of the offender records to determine if an offender is a potential sexual aggressor or potential victim. Within 72 hours the Indiana Department of Corrections, Sexual Violence Assessment Tool (SVAT) – Adult, and additional Level of Service Inventory (LSI) for Youth Incarcerated as Adults shall be completed. The SVAT includes 9 of the 10 risk criteria as listed in 115.41 (d) of the PREA. The Reception Diagnostic Center does not receive offenders detained solely for civil immigration purposes. The SVAT includes questions about prior acts of sexual abuse, convictions for violent offences, prior institutional violence or sexual abuse and asks questions relative to the offenders own perceived vulnerability. Offender’s refusal to answer the questions or participate in the screening does not result in disciplinary action.

The auditor reviewed Diagnostic and Classification Summary’s evidencing completion of the SVAT immediately upon arrival at the Reception Diagnostic Center.

Policy requires that all facilities within thirty (30) days, shall review the offender’s SVAT, considering any additional information received and update the SVAT, if necessary. Most offenders are transferred from the Reception Diagnostic Center to a permanent facility prior to 30 days.

Classification Specialists interviewed explained the process and provided additional documents regarding the SVAT and how it is utilized. Appropriate controls on who can access information obtained are in place. Random offenders interviewed stated they were asked the questions relative to their commitment offence, sexual orientation, sexual abuse history, safety concerns, etc. when they arrived.

Intake staff interviewed explained offenders complete a PREA Screening Form upon arrival. This form is reviewed by staff prior to cell assignment and, if there are any affirmative answers the offender is interviewed by our PREA Compliance Manager, Investigations Staff or Psych before being assigned to a cell. If an offender arrives after-hours and indicates any previous sexual abuse or sexual aggression to any of the questions the offender is single-celled until cleared by our PREA Compliance Manager, Investigations Staff or Psych Staff.

### Standard 115.42 Use of screening information

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Sexual Abuse Prevention, requires that the facility utilize the information obtained during the assessment in determining housing, work, education and program. The risk assessment information is incorporated into the electronic offender record. Offender flags are utilized to signal potential aggressor’s and potential victim’s and are incorporated into the electronic offender record for review when assessing housing.

Additionally, Indiana Department of Corrections, Policy and Administrative Procedures, 01-04-101, Adult Offender Classification, Section XIII, further protects potential aggressor or potential victims from potential abusers offenders while considering double celled housing assignments.

Indiana Department of Corrections, policy does not allow institutions to place lesbian, gay, bisexual, transgender or intersex (LGBTI) offenders in designated facilities. Transgender or intersex housing in either male or female facilities and programming assignments are determined on a case-by-case basis. Facility staff are required to reassess transgender and intersex offender every 6 months. The offender’s views on their own safety are given serious consideration when making program decisions. Offender and staff interviews confirm the facility does not place gay, bisexual, transgender or intersex offenders in dedicated units or wings solely on the basis of such identifications. Interview with Classification Staff verified that agency policy requires a transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration on a case-by-case basis in the twice yearly reassessment.

Indiana Department of Corrections, Policy requires that the facility give transgender and intersex offenders the opportunity to shower separately from other offenders. Individual showers with shower curtains allowing for privacy were observed. Transgender offenders interviewed said they are able to shower separately and feel relatively safe. Staff are professional.

### Standard 115.43 Protective custody

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention, 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.

Indiana Department of Corrections, policy requires that any placement of this nature extending 30 days shall be documented providing justification for such placement.

The Reception Diagnostic Center has not housed offenders in involuntary isolation/protective custody solely based on risk of sexual victimization during the last 12 months. This is confirmed by documentation provided by the facility, reviewed during the on-site tour and conversations with management staff and the Investigator.

### **Standard 115.51 Inmate reporting**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014) Sexual Abuse Prevention requires the facility have multiple methods for offenders to report sexual abuse, sexual harassment, and retaliation.

The Reception Diagnostic Center is an intake facility. After intake and classification offenders are transported to the appropriate permanent institution. As such, the Reception Diagnostic Center does not set up phone or email kiosk access for offenders. Offenders are provided with paper, stamped envelopes and pencils to write letters. They can report to any staff member. They can write to the posted addresses for the Ombudsman or the Indiana Coalition Against Domestic Violence (ICADV). They can write a family member who can contact the agency, Ombudsman or Indiana Coalition Against Domestic Violence (ICADV). Offenders can submit a grievance. All of these resources allow for offenders to report confidentially and also allows for third party reporting.

Policy requires staff to accept reports made verbally, in writing, anonymously and from third parties and staff 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, PREA Compliance Manager, or the Indiana Department of Corrections, Executive Director of PREA via the Indiana Department of Corrections, Sexual Assault Hotline. During interviews with staff, staff articulated the options available to them to report sexual abuse and sexual harassment; referencing the PREA posters in the housing units.

During informal and formal offender interviews, offenders articulated options available to report sexual abuse and sexual harassment. Offenders referenced postings in the housing units with addresses and confidential phone numbers, family reporting on their behalf, grievances and submitting a note to the facility. Offenders stated they feel sexually safe at the Reception Diagnostic Center.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 00-02-301, (dated 04/05/2015) Offender Grievance Process, removes any standard time limits to the grievance process submitted 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 resolve the grievance with an alleged incident of sexual abuse. For an offender to file a grievance related to sexual abuse 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 Indiana Department of Corrections, policy complies with section 115.52 (d) of the PREA relative to issuing the offender the final decision on the merits of the grievance. This section 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. During offender interviews, offenders stated they may use the grievance process as an option to report any PREA incident, but feel comfortable in approaching any staff to make a report.

Executive Directive #13-82, (dated 4/08/2016) amends the policy to require the initial response within forty-eight (48) hours of the offender filing the grievance, and the Department's Offender Grievance Manager shall issue a final Department decision within five (5) calendar days to the offender filing the grievance.

The has not been any grievances received alleging sexual abuse over the past 12 months. During the document review this auditor did not find any grievances related to PREA. All of the documents reviewed showed compliance with this Policy. In addition, reviews of staff training records reflect staff has been trained on this updated policy.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 (dated 12/01/2014), Suicide Prevention, addresses outside victim advocates for emotional support services. It requires the facility to provide access to outside victim advocate groups by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. Indiana Department of Corrections has a current contract (EDS# D12-15-015) in place with Indiana Coalition Against Domestic Violence (ICADV) to provide crisis intervention and case management services. Posters are displayed throughout the facility educating offenders on how to contact outside confidential support services which are provided by the ICADV.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-103 (dated 9/01/2015), Offender Correspondence, addresses offenders in intake at the Reception Diagnostic Facility are provided stationary, postage and envelopes as a means to write ICADV for support services.

Additionally, the Sexual Assault Prevention and Reporting Offender Information Brochure contain 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. During offender interviews, several stated they had seen the postings with addresses for ICADV.

### **Standard 115.54 Third-party reporting**

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

- Does Not Meet Standard (requires corrective action)

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

The Indiana Department of Corrections public webpage includes a specific link to department PREA information to include; a toll-free telephone number to the Indiana Sexual Assault hotline; additionally, e-mail link is provided so third parties can report on behalf of offenders. Information is also provided in the Visitor's Information Brochure on how to report inappropriate sexual contact. This information was verified and is current and active.

Indiana Department of Corrections, Policy and Administrative Procedures, 00-02-301, (dated 04/05/2015) Offender Grievance Process states in part; Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.

During the tour there were posters and information posted. Offenders interviewed were able to articulate how they would report on behalf of another offender; the offenders gave multiple options in which they could report.

No allegations were made by a third party during the last twelve month period.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires all staff, contractors and volunteers to immediately report any actual or threatened sexual abuse to their supervisor, facility executive staff, or the Executive Director of PREA. Additionally, staff shall immediately report any retaliation for reporting sexual abuse or staff neglect that may have contributed to the sexual abuse or retaliation. The policy requires staff not to reveal any information related to the sexual abuse apart from reporting it to the supervisor, the PREA Compliance Manager or staff investigating the incident.

During interviews with random staff, specialized staff, contractors, and volunteers all stated they would immediately make a report to custody staff or their immediate supervisor, and would provide a written report. Written reports documenting allegations received by staff were reviewed during the on-site tour.

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, also requires medical staff to discuss with the offender, and report their suspicions to Investigations and Intelligence (I&I) 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. Documents were reviewed during the on-site review. Interviews with Medical and Mental Health staff reflect they would report any suspicions and/or reported claims immediately to the Investigator.

The Investigator and Superintendent both confirmed an allegation made by a Youth Incarcerated as an Adult (YIA) would be reported to Child Protective Services.

### Standard 115.62 Agency protection duties

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), 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 random and specialized interviews, staff, contractors, and volunteers stated they would immediately make a report to custody staff or their immediate supervisor, documenting this information; additionally staff stated they would separate the alleged victim from the perpetrator.

Investigative case files for allegations made within the past twelve month period were reviewed. All three indicated that an offender in substantial risk of imminent sexual abuse was immediately removed from the situation/scene to ensure the offender's safety and those actions were documented in reports.

### Standard 115.63 Reporting to other confinement facilities

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires when a facility receives an allegation that an offender was sexually abused at another facility, the facility receiving the information will notify, in writing, the head of the facility where the alleged abuse took place within 72 hours. The Superintendent that receives the information will ensure the alleged incident is investigated according to policy.

The Reception Diagnostic Facility documents and reviews offender allegations of sexual abuse that occurred while confined at another confinement facility in monthly PREA Incident Monitoring Meetings. Investigative staff interviews each offender that alleges they were the victim of sexual abuse at another confinement facility and forwards the information to the Superintendent and PREA Compliance Manager. The PREA Compliance Manager contacts the facility the incident occurred. The PREA Compliance Manager confirmed this process. However, confirmation of contact with other confinement facilities within 72 hours was not provided.

The following corrective measure is recommended to bring the Facility into compliance with this Standard.

1. Provide documentation evidencing contact with other confinement facilities within 72 hours.

During the corrective action period the PREA Compliance Manager provided documentation showing contact with other facilities for all new allegations is being made within 72 hours. Follow-up to the notification was also provided.

Based on the additional documentation provided, this standard has been met.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires that first responders are to ensure that the alleged victim and suspect are separated and the victim receives prompt medical attention. They must ensure the location of the assault is secured and evidence is not destroyed. If the first responder is not a custody staff member, they are to request that the victims not take any action that could destroy physical evidence and notify custody staff as soon as possible.

First responders interviewed said they would separate the alleged victim, close off the location and make sure evidence is not destroyed. Investigations and Intelligence (I&I) staff usually collect the evidence. The Investigator said he either collects or directs a SART Officer in the collection of evidence.

During interviews with non-custody staff; responses were consistent with policy and standard requirements, all staff knew their responsibilities when responding to a sexual assault.

#### **Standard 115.65 Coordinated response**

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

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

Reception Diagnostic Center, Facility Directive, Sexual Assault Response Team, RDC# 3-24, (dated 02/29/2016), defines the responsibilities of all staff involved in a coordinated response to a sexual assault. Staff includes first responders, Internal Affairs Investigators, Victim Advocates, medical staff, mental health staff and the PREA Compliance Manager (facility leadership). This Operational Directive is thorough including all areas of responsibility, and staff are well versed in this policy.

Both statewide policy 02-01-115, Sexual Abuse Prevention, and local policy establishes the coordination to be followed in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Executive and line staff understood the role they have in the response required when allegations of sexual abuse are made. During interviews with staff from different areas of the facility and classifications, all staff knew their responsibilities when responding to a sexual

abuse. The Superintendent spoke to the coordinated response by the Sexual Assault Response Team (SART) and explained the actions to be taken.

During the site visit, we did not observe response to an allegation of sexual abuse; however, through staff interviews, SANE interview, and policy review, the auditor has determined the Reception Diagnostic Center is in compliance with this standard.

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

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

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

Indiana Department of Corrections does not have collective bargaining. This section is not applicable.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), set forth protections from retaliation for offenders and staff that report sexual conduct or sexual harassment, or for cooperating with an investigation. Policy requires monitoring to include reviewing offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency continues monitoring beyond 90 days if a continuing need is identified. Policy establishes multiple protection measures such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with offenders or staff who fears retaliation for reporting sexual abuse, sexual harassment, or for cooperating with investigations.

Retaliation monitoring is required for 90 days from the date the allegation is received unless it is unfounded. This responsibility at the Reception Diagnostic Center is under the PREA Compliance Manager. The PREA Compliance Manager stated that monitoring starts immediately for a minimum of 90 days and continues if any indication of retaliation was identified. Retaliation would be investigated and actions to protect the staff or offender would be taken immediately.

The PREA Coordinator said that the protection against retaliation process includes follow-up with victims and those who report sexual abuse. The form includes 15 day checks and staff will take appropriate action if there appears to be any indication of retaliation. Once follow-up is completed, the documents are maintained in the investigation file. Possible actions for retaliation include additional monitoring, transfer of housing or work location and discipline for the person who is retaliating.

Investigation files were reviewed for allegations made in the previous twelve months. Retaliation monitoring was not documented.

Although offenders are at the Reception Diagnostic Center for a short length of time the 90 day monitoring can be initiated and continued at the assigned institution utilizing the agency approved form.

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

1. Ensure retaliation monitoring is adequately documented on the approved agency form. During the corrective action period, this process will be monitored.

During the corrective action period, the process used to ensure protection against retaliation was monitored. RDC staff provided completed documents demonstrating they are following the process for allegations of sexual violence and staff sexual misconduct.

Based on the additional information provided, this standard has been met.

### **Standard 115.68 Post-allegation protective custody**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014), requires all available alternatives be assessed when housing an offender at high risk for sexual victimization, including determining that there is no alternative means of separation from likely abusers prior to placement in restrictive housing. Policy 02-01-107, The Use and Operation of Protective Custody, requires offenders placed in protective custody receive programs and services as outlined in 115.43.

Reception Diagnostic Center reports that, over the past 12 months they have not had any offenders who have allegedly suffered sexual abuse placed in involuntary isolation/protective custody. During the on-site tour this auditor did not find any evidence that offenders had been placed in involuntary isolation/protective custody for reporting any sexual abuse.

The Superintendent said offenders are at the facility for short time making separation from abusers an easy process additionally offender transfers to their assigned institution can be expedited if the need arises. All housing options are considered and generally the longest a victim would be in a higher supervision cell would be one day pending investigation. The facility doesn't have segregation.

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

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

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

and investigative reports, training records and certificates, SART training curriculum, and the Records Retention and Disposition Schedule were reviewed.

Indiana Department of Corrections, Policy and Administrative Procedures, #00-01-103 (Restricted) (dated 07/01/2015) mandates that investigations of sexual abuse and sexual harassment be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. All investigators receive specialized training for conducting sexual abuse investigations in confinement settings. Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy states that special attention shall be paid to all interviews, including compelled interviews. Training for investigators includes use of Miranda and Garrity warnings.

The alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by their status as an offender or staff. A voice stress analysis exam is not used as a condition of proceeding with an investigation. Administrative investigations require an assessment of whether staff actions or failure to act contributed to the abuse. Investigation files were reviewed by the auditor evidencing the assessment of staffs actions.

The policy establishes a substantiation level as preponderance of evidence for administrative cases and beyond a reasonable doubt for criminal cases. It requires prosecution for substantiated cases of a criminal nature. Investigation files are kept the length of the offender's sentence and/or staff employment plus five years. The Indiana Department of Corrections, records retention policy requires sexual incident reports and investigation reports and reports shall be retained for five years beyond the abusers incarceration or employees departure.

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Indiana State Police and investigative staff work together if this occurs.

Interviews with investigative staff indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively, and documented in written reports. They are contacted for all PREA allegations and respond to the facility. If trained staff are on-site they start collecting evidence. Investigative staff investigate all allegations against staff and/or offenders, and review the past history of prior complaints. Investigators may contact the Indiana State Police for assistance if it appears the case is going towards felony prosecution. The State Police will contact the prosecutor for consultation as necessary to ensure the compelled interview does not affect the criminal case. Staffs actions not within policy, are investigated. Investigative staff stated that the investigation is continued on both staff and offender allegations and referred for prosecution if warranted, regardless of the perpetrators continued presence/employment at the facility.

Investigation files for the previous twelve month period were reviewed.

The documents reviewed included forensic exam reports, reports from responding staff, interviews with identified witnesses, and assessments of staffs actions. The investigation reports thoroughly document the steps taken to reach the conclusion. There were no substantiated cases. Two of the three cases showed confusion between the findings of unfounded or unsubstantiated.

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

1. Provide training to staff on unfounded vs unsubstantiated findings and review cases for the correct conclusion. If applicable, address retaliation monitoring and the PREA Committee Incident Review.

During the corrective action period, the PREA Compliance Manager provided training acknowledgements for staff that were provided additional training by the PREA Coordinator on unfounded vs unsubstantiated allegations. The PREA Compliance Manager and Investigator reviewed the investigation files and made appropriate determinations on the findings. Documentation of these reviews were provided.

Based on the additional information provided, this standard has been met.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014) requires the agency impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Investigative staff confirmed no evidentiary standard higher than a preponderance of evidence is required when determining whether allegations are substantiated for administrative investigations.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Sexual Abuse Prevention (dated 12/01/2014) requires the PREA Compliance Manager 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 of the four events listed in 115.73 (c). 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.

Copies of notices to offenders were reviewed during the audit, confirming compliance with this standard.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 and 04-03-103, Information and Standards of Conduct for Departmental Staff, Section VII, state, “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).

Investigative staff and the Superintendent said staff would be disciplined and prosecuted if the investigation substantiated an allegation of  
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sexual abuse. The Reception Diagnostic Center has not had any substantiated cases against staff in the past year.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, 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.

The Superintendent confirmed allegations against contractors and volunteer are immediately investigated. If substantiated, the contractor or volunteer would be restricted from the facility and referred for prosecution when appropriate. The Reception Diagnostic Center has not had any substantiated cases against contractors or volunteers in the past year.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-04-101, The Disciplinary Code for Adult Offenders, (dated 03/01/2015), 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 applies to all adult offenders to include Youth Sentenced as Adults. Mitigating and aggravating factors are considered during the hearings (including prior history, mental health issues, etc.)

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVII, requires mental health staff to complete a mental health evaluation of an abuser within 60 days of a substantiated case of offender-on-offender sexual abuse and offer treatment when deemed necessary.

Medical and Mental Health Staff said they assess abusers and other counseling or interventions to address/correct underlying reasons for abuse would be provided at the institution the offender is assigned to.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, 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. 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.

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

Interviews with Classification staff who perform risk screening said offenders who indicate they have previously perpetrated sexual abuse are usually seen by medical and/or mental health staff the same day. Documents were provided confirming referral to mental health.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, Section XVII, and the Sexual Assault Manual require a victim of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services at no cost to the offender. The nature and scope are determined according to their professional judgement. Medical and mental health staff documentation is only accessible to medical and mental health staff. Victims of sexual abuse are 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 sexual abuse.

Medical and mental health staff interviewed said offenders who allege sexual abuse are seen immediately. There is always medical staff on shift. Offenders who reported said they were seen by medical staff right away and investigation reports document having the offender immediately seen by medical staff.

First responders said that when notified of sexual abuse they respond immediately and the offenders are separated and escorted to the medical area. They take steps to protect the victim per standard 115.62.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, and the Sexual Assault Manual were reviewed. Policy requires each facility to offer medical and mental health evaluations and treatment to offenders who have been victims of sexual abuse. Policy requires victims receive follow-up services and referrals for continued care following their transfer to, or placement in, other facilities and upon the offender's release. Victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate and treatment services without financial cost and regardless of cooperation with an investigation. Mental health evaluations are required for all known abusers within 60 days of learning of such abuse history. Treatment should be offered when deemed appropriate by mental health practitioners.

During interviews with medical and mental health staff, they said offenders are screened, provided with treatment, and follow-up mental health services that continue at the institutions they are assigned, as determined appropriate by mental health staff. If an offender has a history of sexual abuse, the offender would be seen and counseling services provided.

There is no mention in the policy about providing services consistent with the community level of care; however, the policy indicates that the offender will have access to a forensic exam at the designated medical center and to victim advocates. Medical staff interviewed stated that services are at or better than the community level of care.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 requires the Superintendent of each facility to establish a Facility PREA Committee comprised of upper-level management officials, with input from line supervisors, investigators, and practitioners. The Facility PREA Committee is responsible to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. Policy mandates the Facility PREA Committee to consider all six criteria as outlined in standard provision 115.86(d). The standardized departmental Sexual Abuse Incident Review Form includes the required criteria. The additional meeting minutes include who was present, their title, and additional discussion.

Interviews with PREA Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard. Committees recommendations are followed up on by the PREA Compliance Manager.

All investigation files from the previous twelve months were reviewed and of the two that were unsubstantiated one did not include

documentation that a Sexual Abuse Incident Review by the committee was completed.

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

1. Ensure PREA Committee Incident Reviews are done on all investigations found substantiated and unsubstantiated. Ensure the committee members present and discussions are documented. Ensure any recommendations are followed up on and documented.

During the corrective action period, the PREA Compliance Manager provided copies of Sexual Abuse Incident Reviews and PREA Committee Meeting minutes. All required information is contained within these documents to include who was present and discussions.

Based on the additional information provided, this standard has been met.

### **Standard 115.87 Data collection**

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115 and the Survey of Sexual Violence documents were reviewed by the auditor and require the agency 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 conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility maintain, review, and collect data for all allegations.

The PREA Compliance Manager maintains a record of all reports of sexual abuse and sexual harassment at the facility. Each individual Sexual Incident Report is submitted to the PREA Coordinator and discussed at the monthly Facility PREA Committee. Documentation provided by the facility and a review of meeting minutes reflect, PREA Meetings are held on a monthly bases.

The Indiana Department of Corrections and Reception Diagnostic Center, collects data relative to sexual abuse in compliance with PREA data collections standards. Aggregated data was reviewed for years 2013, 2014, and 2015.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, the Agency's Website and the previous years PREA Audit Report

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

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

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

The audit team was provided with 2015 Sexual Assault Prevention Program Annual Report which compares data from the past two years. No personal identifying information was included in this report.

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

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

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

Indiana Department of Corrections, Policy and Administrative Procedures, 02-01-115, was reviewed by the auditor and 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 before making data publicly available. The PREA Coordinator/Executive Director of PREA maintains 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. A review of the website demonstrates aggregated sexual abuse data from facilities under its control is accessible to the public and is posted, as required. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

**AUDITOR CERTIFICATION**

I certify that:

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

Shannon Stark

12/02/2016

Auditor Signature

Date