

# PREA Facility Audit Report: Final

**Name of Facility:** Rockville Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/23/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Latera M. Davis	<b>Date of Signature:</b> 07/23/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Davis, Latera
<b>Email:</b>	lateradavis@djj.state.ga.us
<b>Start Date of On-Site Audit:</b>	04/26/2022
<b>End Date of On-Site Audit:</b>	04/27/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Rockville Correctional Facility
<b>Facility physical address:</b>	811 50 North, Rockville , Indiana - 47872
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Julie Stout
<b>Email Address:</b>	jstout@idoc.in.gov
<b>Telephone Number:</b>	7655693178 ext. 101

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Julie Stout
<b>Email Address:</b>	jstout@idoc.in.gov
<b>Telephone Number:</b>	765-569-3178

Facility PREA Compliance Manager	
<b>Name:</b>	Elizabeth Haven
<b>Email Address:</b>	elhaven@idoc.in.gov
<b>Telephone Number:</b>	O: 765-569-3178 423

Facility Health Service Administrator On-site	
<b>Name:</b>	Lauren Dewlen
<b>Email Address:</b>	LDewlen@idoc.in.gov
<b>Telephone Number:</b>	765-569-3178 ext.

Facility Characteristics	
<b>Designed facility capacity:</b>	1253
<b>Current population of facility:</b>	1036
<b>Average daily population for the past 12 months:</b>	1045
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females
<b>Age range of population:</b>	18.25 - 78.82 years old
<b>Facility security levels/inmate custody levels:</b>	Security Levels 1, 2, 3 Custody Levels I, O
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	213
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	65
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	19

AGENCY INFORMATION	
<b>Name of agency:</b>	Indiana Department of Correction
<b>Governing authority or parent agency (if applicable):</b>	State of Indiana
<b>Physical Address:</b>	302 W Washington St., IGCS, RM E334, Indianapolis, Indiana - 46204
<b>Mailing Address:</b>	
<b>Telephone number:</b>	317-232-5711

Agency Chief Executive Officer Information:	
<b>Name:</b>	Robert Carter
<b>Email Address:</b>	rocarter1@idoc.in.gov
<b>Telephone Number:</b>	317-232-5711

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Bryan Pearson	<b>Email Address:</b>	bpearson@idoc.in.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
2	<ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.17 - Hiring and promotion decisions</li> </ul>
<b>Number of standards met:</b>	
39	
<b>Number of standards not met:</b>	
0	
<b>Not audited at the facility level:</b> Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	4

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-26
2. End date of the onsite portion of the audit:	2022-04-27

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI-via email -no allegations reported CODA-Rebecca Moore-phone

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1253
15. Average daily population for the past 12 months:	1045
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1026
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	5
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	81
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	14
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	179
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	177
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The number of targeted residents reported was based on the information provided to the auditor during pre-audit and onsite audit file review and interviews.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	221
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	20
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	68
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The auditor received a list of staff, volunteers, and contractors from the audited site.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor received a housing roster of all inmates. The auditor randomly selected those to interview on each housing unit along with assessing the age of the residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The minimum number of interviews were conducted. Several of the random interviews also met the targeted population protocol however to avoid duplication in reporting the auditor separated the numbers to not have one particular inmate interview duplicate into the interview protocols.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that they do not place residents in segregated housing for risk of sexual victimization.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor conducted interview protocols on more targeted residents; however, to avoid duplication of numbers those additional protocols are not reported on this form. However, the additional numbers are addressed on the narrative of the report. In addition to the formal interviews the auditor conducted informal interviews during the site inspection.
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## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor was provided a list of all staff during all shifts. The auditor randomly selected based on rank, length of tenure, and shift assignment. The auditor was able to interview staff on all shifts during the onsite portion of the audit.
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### Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	30
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The specialized staff were selected based on the various roles. In addition to the formal interviews the auditor conducted informal interviews during the site inspection.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>During the inspection of the physical plant the auditor was escorted throughout the facility by the Warden, Deputy Warden, Unit Manager, PCM, PC, as well as other Executive or Security staff; integral to the functioning of the RCF. The audit team was provided unfettered access throughout the institution. Specifically, the team was not barred or deterred entry to any areas. The auditor had the ability to freely observe and ask questions of offenders and staff, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p>

## Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p>

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	11	0	11	0
<b>Staff-on-inmate sexual abuse</b>	3	1	3	1
<b>Total</b>	14	0	14	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	18	0	18	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	19	0	19	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Total</b>	0	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	11	1	0
Staff-on-inmate sexual abuse	0	1	0	1
<b>Total</b>	0	0	0	1

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	10	2	6
Staff-on-inmate sexual harassment	0	0	0	1
<b>Total</b>	0	10	2	7

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	14
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	11
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	19
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	18

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>All allegations of sexual abuse and sexual harassment reported in the last month were interviewed.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

# AUDITING ARRANGEMENTS AND COMPENSATION

<b>121. Who paid you to conduct this audit?</b>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<b>Identify the name of the third-party auditing entity</b>	Diversified Correctional Services

**Standards****Auditor Overall Determination Definitions**

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

**Auditor Discussion Instructions**

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.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Instructions for Overall Compliance Determination Narrative</p> <p>The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> <p>The Rockville Correctional Facility is a medium security adult female facility located on approximately 52 acres, one-mile northwest of Rockville, Indiana. The facility began its existence as a radar base for the</p> <p>U.S. Air Force in the early 1950’s, it was deserted approximately 10 years later when its mission ended and was resurrected by the Department of Correction as a juvenile male facility In 1970. In 1992, after moving through stages from young juveniles, to older juveniles, to co-ed with adolescent males and adult female offenders on the same grounds, to adult females alone, the facility became the largest female facility in the Indiana Department of Corrections.</p> <p>The 1995 Indiana General Assembly approved the Department’s plan to rebuild the Rockville Training Center, as it was called then, to fit its new mission as a 600-bed facility for females. Following a master plan completed in 1990, the State Office Building Commission began the design and construction process in 1995. Over the course of the next three years, 23 structures were demolished, 5 were converted to stand alone heating systems and upgraded in other ways, 13 new buildings were constructed, and the whole of the facility’s infrastructure was replaced.</p> <p>Rockville Correctional Facility has a master control post, restrictive housing control post, and master locations post. The facility has 8 pedestrian/vehicle gates, 1 perimeter maintenance access vehicle gate, and 4 perimeter maintenance access pedestrian gates. There are three checkpoint booths.</p> <p>The population consists of medium risk offenders; however, can house all levels except those sentenced to death. Rockville Correctional Facility serves as the first entry point into IDOC for all female offenders. When initially intake, offenders enter and initial offender intake process. Within two hours the offender is placed on admissions and orientation unit, for approximately 30 days. Admissions and orientation could take less than or more than 30 days. If offenders are assigned to the Rockville Correctional Facility, they will participate in another intake orientation process and assigned a bed within the facility population.</p> <p>Offenders are offered a variety of services and programs:</p> <p>Facility Complex Services</p> <ul style="list-style-type: none"> <li>· Dining</li> <li>· Visitation</li> <li>· Recreation</li> <li>· Academic</li> <li>· Vocational Education</li> <li>· Social Services</li> <li>· Library Services</li> <li>· Religious Programming</li> <li>· Case Management</li> <li>· Medical Care</li> </ul> <ul style="list-style-type: none"> <li>o Dental</li> <li>o Mental Health</li> </ul> <ul style="list-style-type: none"> <li>· Offender Work Programs</li> </ul> <p>Facility Centralized Services</p>

- Laundry
- Food Production Kitchen
- Infirmary
- Summary of Inmate Services and Programs
- Purposeful Living Units Serve (PLUS)
- Vocations:
- Master Student IN2wk
- Culinary Arts
- Building Maintenance
- Business Technology
- Cosmetology
- U.S. Department of Labor:
- Aramark IN2Work
- PEN Products
- ADOPT (Animals Depending On Prison Time)
- Substance Abuse
- Outpatient Phases
- NA/AA
- Clean Lifestyle is Freedom Forever (CLIFF)
- Education:
- Test Assessing Secondary Completion
- Literacy Skills
- OCU College Certificate Program/WorkIN
- OCU Correspondence Programs
- Parenting
- SOMM (Sex Offender Management and Monitoring)
- Thinking for a Change
- Dialectical Behavioral Therapy
- Anger Management
- Domestic Violence
- Various Bible Studies and Worship Services
- Celebrate Recovery
- Healing for Damaged Emotions/Walking the 12 Steps with Jesus Christ
- Dealing with Grief/Loss
- Kairos Women Taking Charge (A Pre-Release Program)
- Transitional Information Package Services

· Successful Transition and Re-entry Training

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Sexual Abuse Prevention

Agency Organization Chart

Indiana Department of Correction Adult Discipline Process Offenses and Sanctions (March 1, 2020)

Interviews:

PREA Coordinator

PREA compliance manager

Findings (By Provision):

115.11 (a). As reported in the PAQ, the agency has a written policy that mandates zero tolerance in all forms of sexual abuse and sexual harassment. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Policy (Sexual Abuse Prevention): The Department of Corrections is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, contractual staff, visitors, or official visitors, and offenders whether committed by staff, volunteers, contractual staff, visitors, or other offenders. Sexual activity between staff, volunteers, contractual staff, visitors, or official visitors, and offenders, regardless of whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment have been alleged, a prompt and thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment has taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution (p. 2).

Furthermore, the Sexual Abuse Prevention policy provides guidance on how the agency has implemented its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Indiana Department of Correction Adult Discipline Process Offenses and Sanctions (March 1, 2020), outlines the definitions of prohibited behaviors and sanctions regarding sexual abuse and sexual harassment.

Documentation Reviewed

Organization Chart

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.11 (b). As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. Policy 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program further states the agency shall designate an Agency PREA Coordinator. The policy further states that the PREA coordinator will:

- 1) Develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program.
- 2) Establish, maintain and review annually a PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual that provides written direction for staff concerning the national standards approved and promulgated by the Attorney General pursuant to the Prison Rape Elimination Act of 2003.
- 3) Develop or approve standardized modules for training staff. Training shall include, but may not be limited to:
  1. The Department's zero tolerance policy;
  2. The Department's Sexual Abuse and Harassment Prevention and Intervention Policy;
  3. An individual's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual

abuse and harassment;

4. The dynamics of sexual abuse and sexual harassment in confinement;
5. Common signs of sexually abusive or harassing behavior;
6. Common signs of being a victim of sexual abuse or harassment;
7. Protocol for initial response, including identification and separation of individual in custody;
8. Reporting procedures; individual how to comply with relevant laws related to mandatory reporting of sexual abuse outside authorities; and
9. Preservation of physical evidence of sexual abuse.

4) Develop or approve specialized training modules for all staff responsible for investigating allegations of sexual abuse in confinement settings in accordance with 01.12.1115.

5) Develop or approve specialized training modules for all full and part-time medical and mental health care practitioners who work regularly in facilities. Training shall include:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

6) Ensure each year at least one-third of the Department's facilities undergo a PREA audit performed by a contracted PREA auditor certified by the Department of Justice (pp. 3-4).

The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure:

Documentation Reviewed:

Organization Chart

Interviews:

PREA Coordinator: The agency PREA Coordinator reported that they have adequate time to fulfill their responsibilities. The agency wide PREA Coordinate has 21 PREA Compliance Managers that report to me. I communicate with them by visiting their facility, calling them, sending email, teams meeting or conducting training via classroom or webinar. I provided a PCM training in March of 21 and hold quarterly meetings on teams.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.11 (c). As reported in the PAQ, the facility has a designated PREA compliance manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The person to whom the PREA Compliance Manager reports: Warden Julie Stout.

Policy (Sexual Abuse Prevention): The duties of the PREA Compliance Manager shall include:

Monitoring for PREA standards compliance at the facility by conducting quarterly compliance reviews;

Monitoring the need for new SART first responders to attend training;

Ensuring that the facility has a program for the evaluation, treatment, and counseling of sexual abuse victims and sexual abuse perpetrators;

Assisting in the identification and utilization of community resources available for the provision or development of emotional support services for offenders through victim advocates and collection of evidence through forensic exams by SANEs or SAFEs;

Completing Sexual Incident Reports for all allegations of sexual abuse and sexual harassment occurring in the facility. This information can be found through the use of the facility incident reports and any other sources deemed appropriate. The SEXUAL INCIDENT REPORT is to be initiated no later than one week from the initial report of sexual abuse or sexual

harassment being made or upon completion of the investigation.

Ensuring the PREA Potential Aggressor flags and PREA Potential Victim flags are updated in the offender information system/juvenile data system based upon the most recent Sexual Violence Assessment Tool;

Serving as Facility PREA Committee Chairperson; and,

Managing and preparing the facility for PREA audits by:

- Providing required facility documentation;
- Making staff and offenders available for interview.
- Providing auditors, a facility tour; and,
- Completing a corrective action plan, when applicable.

Documentation Reviewed

RCF Organization Chart

Interviews:

PREA Compliance Manager (PCM): The interviewed PCM stated that her schedules provide enough time to manage the PREA related responsibilities.

During the post-audit phase, the agency had a change in the PREA compliance Managers. The new primary PREA compliance manager is the Deputy Warden.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

The agency has a very thorough and comprehensive policy to address all of the provision of the standard. The policy is routinely reviewed, and any necessary updates are addressed to meet full compliance with the policy portions of the standards. Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Lake County Community Corrections</p> <p>Volunteers of America of Indiana</p> <p>John P. Craine House, Inc.</p> <p>The Geo Group Inc. (3)</p> <p>PREA Audits:</p> <ul style="list-style-type: none"> <li>· Craine House</li> <li>· VOA Brandon Hall</li> <li>· Bartholomew County</li> <li>· VOA Hope Hall</li> </ul> <p>Interviews</p> <p>Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.12 (a). As reported in the PAQ, the agency has entered or renewed a contract for the confinement of individual in custody. All of the above contracts require contractors to adopt and comply with PREA standards.</p> <p>The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 6</p> <p>The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0</p> <p>Policy (Sexual Abuse Prevention): When the Department contracts for the confinement of its offenders with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards (p. 7).</p> <p>Documentation Reviewed</p> <p>Lake County Community Corrections</p> <p>Volunteers of America of Indiana</p> <p>John P. Craine House, Inc.</p> <p>The Geo Group Inc. (3)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.12 (b). As reported in the PAQ, the agency requires the contracts to monitor the contracts compliance with PREA standards. There were zero contracts that that the agency did not require to monitor for the compliance of PREA standards.</p> <p>The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0</p> <p>Policy (Sexual Abuse Prevention): Any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA standards. The Department shall ensure that all agencies and organizations that house offenders committed to the Department, including county jails, group homes, private contractors,</p>

etc. are made aware of the Department's position. During inspections of county jails, county juvenile detention facilities, group homes, community corrections facilities or any facility holding Department offenders, the Executive Liaison for Sheriff and County Jail Operations or Director of Policy Development and Accreditation or designee(s) shall ensure that the facility being inspected has a mechanism in place to address allegations of sexual abuse and sexual harassment. Also, when contracts are prepared with agencies and organizations to house offenders for the Department, a provision shall be included to ensure that the agency/organization maintains zero (0) tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment in accordance with PREA standards (p. 8).

#### Documentation Reviewed

#### PREA Audits:

- Craine House
- VOA Brandon Hall
- Bartholomew County
- VOA Hope Hall

#### Interviews

Agency Contract Administrator: The interviewed agency contract administrator stated that the PREA Coordinator reviews new and renewed contract proposals for confinement services to ensure compliance with PREA practices. The PREA Coordinator, either visits the contracted facility or I have them send me a copy of their PREA audit final report if they had a PREA audit. It was further reported that PREA compliance results have been completed on three sites in the last year. The IDOC PREA Coordinator monitors and ensures compliance with PREA. The IDOC PREA Coordinator ensures PREA Compliance Results are completed and submitted. Currently, the IDOC PREA Coordinator has an audit report for Bartholomew County Work Release, Craine Housework release, and VOA Brandon Hall work release.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Daily Roster Review</p> <p>Staffing Plan</p> <p>2021 Staffing Review</p> <p>2020 PREA Committee Meeting Review</p> <p>2021 PREA Committee Meeting Review</p> <p>Deviations from the staffing plan</p> <p>Unannounced Rounds (27)</p> <p>Interviews:</p> <p>Warden</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Intermediate or Higher-Level Staff (2)</p> <p>Findings (By Provision):</p> <p>115.13 (a). As reported in the PAQ, the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 106.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 1066.</p> <p>Policy (Sexual Abuse Prevention): The Department shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities, shall take into consideration:</p> <p>Generally accepted adult/juvenile detention and correctional practices.</p> <p>Any judicial findings of inadequacy;</p> <p>Any findings of inadequacy from Federal investigative agencies;</p> <p>Any findings of inadequacy from internal or external oversight bodies;</p> <p>All components of the facility's physical plant (including "blind- spots" or areas where staff or offenders may be isolated);</p> <p>The composition of the offender population; The number and placement of supervisory staff;</p> <p>Institution programs occurring on a particular shift;</p> <p>Any applicable State or local laws, regulations, or standards;</p> <p>The prevalence of substantiated and unsubstantiated incidents of sexual abuse;</p>

Staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented and include on security trained staff (Division of Youth Services facilities Only); and,

Any other relevant factors (pp. 8-9)

Documentation Reviewed

Daily Roster Review

Staffing Plan

2021 Staffing Review

2020 PREA Committee Meeting Review

2021 PREA Committee Meeting Review

Annual Report

Interviews

Warden: The interviewed Warden reported that the facility has as staffing plan. The staffing plan is reviewed every January to ensure adequate levels of staffing, the need for additional video monitoring, potential blind spots in the physical plant, and any possible link between substantiated cases and staffing/monitoring. Video monitoring is a part of the plan. Diagrams of each building and camera placements within each building is attached to the plan. The staffing plan is completed by the Major, Deputy Wardens, Warden and the PREA Compliance Manager and reviewed by the PREA committee prior to submission to Central Office.

The facility has been accredited by the American Correctional Association since 2003 and found to be compliant with PREA standards in 2016 and again in 2019. Due to our long history of compliance facility staff are aware of best correctional practices and strive to be a model of best correctional practices daily. The facility has not had any judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies; again, demonstrating best correctional practices. The staff plan also considers the facility physical plant and blind spots. Quarterly walk-throughs and incident reviews assist in finding those areas. The facility has been designated a medium/maximum security facility housing all security levels with the exception of any female offender who may be sentenced to death. Indiana has three female facilities with Rockville having the largest population. Due to the limited facilities, we are designated to house all security levels. The facility hasn't been at capacity (1253) for a while. However, that may change with changes in legislation and housing of those offenders who commit less serious offenses. Typically, they were housed in the county jail but now will be returning to the DOC. Supervisory staff is adequate for the facility. Schedules are reviewed daily by the Custody Supervisor and the Warden. Programming was stopped in the fall of 2020 when the facility was hit with COVID. During the spring/summer of 2021 we gradually eased back into programming. And, in the beginning of 2022, we were hit again with COVID. Programming has since been returned. However, volunteer services are not at fully capacity yet. All programming occurs in the Offender Services Building after hours and the building is occupied by custody staff as well. There are no applicable state or local laws, regulations or standards that govern staffing levels. As stated previously, we are accredited through the American Correctional Association and adhere to those standards. And, we have been compliant with PREA standards for two audit cycles as well. The staff levels are also based upon substantiated and unsubstantiated incidents of sexual abuse as well. Incidents are reviewed at the monthly PREA meetings or sooner if the need arises.

Compliance is checked with the staffing plan. The Warden reported that she reviews schedules every day. It was further reported that she monitors staff attendance on a spreadsheet, and I review post closings (if occurred) to ensure adequate coverage. I also review each shift report for any information that may assist with staffing plan issues.

PREA Compliance Manager: The interviewed PREA Compliance Manager further reiterated the above. Correctional staff are trained in zero tolerance of sexual abuse or sexual harassment from training and again at every in-service. This facility has not had any judicial findings of inadequacy and has not been found to have inadequacies from federal investigation agencies or from internal or external oversight bodies. Annually the facility staffing plan is completed. We comply on a regular basis with our staffing plan and place mirrors and cameras, and add additional staff as needed to protect offenders from sexual abuse and sexual harassment. If there are circumstances where the staffing plan is not complied with, we will document and justify the deviations from the staffing plan. Unannounced rounds are documented in logs by supervisory rounds to deter staff sexual abuse and sexual harassment on all four brackets. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.13 (b). As reported in the PAQ, each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Policy (Sexual Abuse and Harassment): The staffing plan shall be reviewed, updated, and submitted to the assigned Executive Director of Adult Facilities, Executive Director of Youth Services, and Executive Director of PREA annually, no later than January 31 of each year.

- In circumstances where the staffing plan is not compliant, the facility shall document and justify all deviations from the plan on shift reports (p. 9).

Documentation Review

Deviations from the Staffing Plan

Interviews

Warden: When the Warden was asked whether the facility documents all instances of non-compliance with the staffing plan, it was reported that each shift documents staff absences. If posts are closed as a result of a staff absence, then that absence is recorded on the recapitulation form. Those are reviewed daily.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.13 (c). As reported in the PAQ, at least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy (Sexual Abuse Prevention): During the annual review of each facility staffing plan the assigned Executive Director of Adult Facilities or Executive Director of Youth Services, in consultation with the Executive Director of PREA, shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph (1) of this section;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and,
- The resources the facility has available to commit to ensure adherence to the staffing plan (p. 9).

Documentation Reviewed

2021 Staffing Review

2020 PREA Committee Meeting Review

2021 PREA Committee Meeting Review

Interviews

PREA Coordinator: The interviewed PREA Coordinator stated that every facility completes an annual staffing plan review and sends them to the PREA Coordinator for review. The PREA Coordinator will contact the PCM if there are questions or concerns about the review. The Warden has direct involvement in staffing levels at the facility and works with HR to maintain appropriate levels. The PREA Coordinator also monitors plans for juvenile staffing ratios compliance and upgrades to video surveillance.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.13 (d). As reported in the PAQ, the facility requires that the intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and staff are prohibited from alerting other staff of the conduct of such rounds.

Policy (Sexual Abuse and Harassment): Each facility shall require intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment on each shift. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is

related to the legitimate operational functions of the facility. Rounds will be documented in housing unit logs (p. 9).

#### Documentation Review

#### Unannounced Rounds (27)

#### Interviews

Immediate or Higher-Level Staff: The interviewed staff reported that they conduct unannounced rounds of all posts assigned to me are conducted daily. All unannounced rounds are properly documented in the appropriate post logs. The unannounced rounds are conducted at various times and in irregular orders. Staff are not advised where I intend to conduct the next unannounced round. Also, it is in policy that staff are not to alert other staff of these rounds.

The facility provided documentation of unannounced rounds, which the rounds cover all shifts to included night and different timeframes. Upon review of the unannounced rounds, it was determined that the log was very brief and did not detail what was observed during the unannounced rounds. The policy prohibits staff from alerting other staff when unannounced rounds are conducted.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Harassment</p> <p>12-month roster of individuals in custody</p> <p>Findings (By Provision):</p> <p>115.14 (a). As reported in the PAQ, the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility does not house youthful inmates.</p> <p>In the past 12 months, the number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters: 0</p> <p>In the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility: 0</p> <p>Policy (Sexual Abuse and Harassment): A youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any offender eighteen (18) years of age or older through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>Youthful offenders shall be processed through a DYS Intake unit when being received by the Department. Youthful offenders will not be housed in adult facilities. They shall be housed in designated Division of Youth Services facilities in accordance with Policy and Administrative Procedure 01-04-102, "Classification Assignments for Youthful Offenders. (p. 10).</p> <p>Documentation Reviewed</p> <p>12-month roster of individuals in custody</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115. 14 (b). The Indiana Department of Corrections does not house Youthful Inmates.</p> <p>115.14 (c). The Indiana Department of Corrections does not house Youthful Inmates. In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: 0.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Policy: Searches</p> <p>Standard Memo 115.15 d-1</p> <p>Training Curriculum: Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and All Juveniles</p> <p>PREA Training Curriculum</p> <p>Training Logs (30)</p> <p>Email Correspondence: 115.15d</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Random Sample of Inmates (40)</p> <p>Transgender Inmates (4)</p> <p>Findings (By Provision):</p> <p>115.15 (a). As reported in the PAQ, the facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates.</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0.</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0.</p> <p>Policy (Sexual Abuse Prevention): Staff shall not conduct cross-gender strip searches or cross-gender visual searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. No staff shall conduct cross-gender strip searches except in emergency circumstances. Body cavity searches shall only be performed by medical personnel in accordance with Policy and Administrative Procedure 02- 03-101, "Searches." (p. 10).</p> <p>The Searches policy provides additional guidance on the agencies procedure for conducting searches. Pat searches of an adult male offender may be conducted by female staff in accordance with the approved opposite gender search lesson/training plans.</p> <p>When a staff member determines that exigent circumstances exist, a pat search of an adult female or juvenile offender is necessary, and a staff member of the same gender is not available, staff shall securely escort the adult female or juvenile offender to an area where a same gender staff member is available, or relievable, to conduct the pat search. If neither of these options is available, the staff member may perform the search. Opposite gender pat searches of an adult female or juvenile offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property or contraband would jeopardize the safety, order, and/or security of the facility.</p> <p>Staff shall document all cross-gender searches of adult female and juvenile offenders by completing and submitting a completed State Form 7212, "Incident Report," to the Custody Supervisor or designee.</p> <p>In those cases when an opposite gender pat search is conducted, staff shall follow the technique/procedure for opposite gender pat searches contained in the approved lesson/training plans developed and presented by the Division of Staff Development and Training (p. 6).</p>

Documentation Reviewed

Personal Search Card

Personal Search Curriculum

Interviews

Non-medical staff involved in cross gender strip or visual cavity searches: The interviewed staff reported that the facility will never have urgent circumstances to require cross gender strip searches and visual body cavity searches.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.15 (b). As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 inmates). The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The number of pat-down searches of female inmates that were conducted by male staff: 0.

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0.

Policy (Sexual Abuse Prevention): Female facilities shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict a female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Staff shall not conduct cross gender pat searches of male or female juvenile offenders except in exigent circumstances (p. 10).

Interviews:

Random Sample of Staff – All of the interviewed staff reported that there is always female staff available at the facility; therefore, there is never a time female staff are not available to conduct pat-down searches of female inmates.

Inmate Interview Questionnaire (Female inmates): All of the interviewed inmates reported that they have never been unable to participate in activities outside of your cell because female staff was unavailable to conduct pat-down searches.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.15 (c). As reported in the PAQ, the facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented. Facility policy requires that all cross-gender pat-down searches of female inmates be documented.

Policy (Sexual Abuse Prevention): All cross-gender strip searches, cross-gender visual, cross-gender pat-down searches of female offenders, and cross gender pat searches of juvenile offenders conducted during emergency circumstances shall be thoroughly documented and provide justification for the search. Each incident shall be reviewed by the Warden or designee to determine that the exigent circumstances standard was met. Body cavity searches shall only be performed by medical personnel in accordance with Policy and Administrative Procedure 02-03-101, "Searches." (p. 10).

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.15 (d). As reported in the PAQ, the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera. Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Policy (Sexual Abuse Prevention): All offenders and juvenile offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks. All staff of the opposite gender of the offender population shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit in which they are assigned at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present. These announcements shall be documented in housing unit logs. Opposite gender staff shall make announcements prior to entering bathroom and shower

areas to give offenders and students a chance to cover up when they are in a state of undress (p. 11).

The policy further states that "Opposite gender video surveillance monitoring of offenders who are confined to restrictive status housing or Protective Custody or are in an area where offenders can be observed in a state of undress, other than incidental viewing or viewing for purposes of an investigation shall be prohibited. Offenders who are placed on constant observation status by Mental Health staff shall be provided constant visual supervision by a person of the same gender" (p. 11).

A memo was issued by the facility director reporting that there were no exigent circumstances which led to a cross gender search.

#### Documentation Reviewed

Standard Memo 115.15 d-1 (dated 2/23/22)

Inmate Interview Questionnaire: Thirteen of the forty interviewed inmates reported that staff do not always announce themselves when entering the housing areas. It was reported that night shift doesn't always make announcements or sometimes they can't hear the announcement. Six of the forty interviewed inmates reported that they believe some of the staff can see them sometimes in the shower area. When probed, the inmates could not describe an instance where it happened; other than a perception that they could see them.

#### Interviews

Random Sample of Staff: One hundred percent (100%) of the interviewed random staff reported that inmates can dress, shower, and toilet without being viewed by staff of the opposite gender and that female presence on housing units is announced. The staff reported that they will make announcement by saying "different gender staff". It was further reported that the inmates are able to dress shower and toilet without being viewed by staff of the opposite gender.

Random Sample of Inmates: Forty inmates were interviewed. Ten of the interviewed inmates reported that the announcements are not consistently made, the announcements are not always conducted on night shift, and that some staff do not make announcements. When the inmates were asked if "you or other inmates are ever naked in full view of female staff", five of the inmates expressed concern that they feel opposite gender staff had the potential to see them in the shower. One of the interviewed, had diminished mental and physical capacity and is housed in the infirmary. That individual was not always cognitively able to understand what was going on.

PREA Audit Site Review: While conducting the site inspection the announcements were made. However, when randomly talking to the residents during the site inspection most of the residents reported that the staff do not consistently make announcements.

Corrective Action: The facility shall devise a memo to staff reminding them of their duty to make announcements when entering the housing area, or where residents may dress, shower or toilet. Email correspondence was sent to the facility staff reminding them of their duty to make announcements. No further action is needed. The facility is compliant with the standard.

115.15 (e). As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex individual in custody for the sole purpose of determining the individual in custody's genital status. There were zero searches that occurred in the last 12 months.

Policy (Sexual Abuse Prevention): Staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender by medical and mental health staff, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner (p. 11).

#### Interviews

Transgender/Intersex Inmates: Four transgender inmates were interviewed. The inmates reported that there is no special housing area only for transgender or intersex inmates. The inmates further reported that they do not believe they have been striped search for the sole purpose of determining their genital status.

Random Sample of Staff: All of the interviewed randomly selected staff reported that they are not allowed to search or physically examine a transgender or intersex individual in custody for the purpose of determining the individual in custody's genital status. Several staff further reported that medical would take on that responsibility.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted

115.15 (f). As reported in the PAQ, 100% of security staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex individual in custody in a professional manner with security needs.

Policy (Sexual Abuse and Prevention): The Department shall train security/Custody staff how to conduct cross- gender pat searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Upon review of the Training Records, it has been determined that the searches training is conducted during the week 1 New Employee Orientation.

Documentation Reviewed

Training Curriculum: Pat, Frisk, and Modified Frisk Searches of Adult Female Offenders and All Juveniles

Training Logs (30)

Interviews

Random Sample of Staff: Twelve staff, representing staff from all shifts, were interviewed. All the interviewed random staff reported that officers are trained to conduct cross-gender pat down searches. The staff further reported that the training is conducted annually. One staff could not recall the details of the training related to searching a transgender resident.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Corrective Action: The facility shall devise a memo to staff reminding them of their duty to make announcements when entering the housing area, or where residents may dress, shower or toilet. Email correspondence was sent to the facility staff reminding them of their duty to make announcements. No further action is needed. The facility is compliant with the standard.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Standard Memo 115.16 c-2

List of Offenders in Custody who are Disabled or Limited English Proficient

Adult Offender Handbook (Spanish)

PREA Adult Female Poster (Spanish) (2)

ICADV Spanish Version

Sexual Abuse Report to Ombudsman (Spanish)

Offender Brochure (Spanish)

Telephonic Interpretive Services

RCF Telephonic Interpreting Account Services

Language Training Center (In Person Interpretive Services)

Interviews:

Agency Head

Inmates with disabilities or limited English speaking (7)

Random Sample of Staff (12)

Findings (By Provision):

115.16 (a). As reported in the PAQ, the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy (Sexual Abuse and Harassment): The Department shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164 (pp. 11-12).

Documentation Reviewed

List of Offenders in Custody who are Disabled or Limited English Proficient

Interviews

Agency Head: The interviewed agency head stated that the agency has an established procedure to provide disabled individual in custodys equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Each facility has a braille copy of the offender PREA brochure. We also have a QPA for telephonic interpreter service and in person sign language if needed. The staff that provide the PREA

education have access to classification codes that can identify visual or learning disabilities as well as limited English proficiency. Staff can read the material to persons that are blind if they do not read braille or if they cannot read. The staff providing the information will make sure the offender understands what they are being told.

Inmates (with disabilities or who are limited English proficient): The interviewed residents reported that the staff have provided information to them in a manner in which they can understand. Three residents who had diminished cognition were interviewed, and while they did not always comprehend, they were able to tell the auditor that the staff assists them with anything needed. There was one resident who reported that English was a second language. It should be noted that she spoke English proficiently, however she reported that she does not read it very well. The inmate was being evasive and at times manipulative during the interview; however her since she reported having limitations reading in English, the auditor notified the Warden; as the inmate was not listed as a limited English proficient inmate. Several of the interviewed inmates stated that additional assistance was not needed due to their disability, however they can seek assistance.

PREA Audit Site Review: Rockville Correctional Facility (RCF) had posters located throughout the facility in Spanish and English, providing information on reporting to the Indiana Coalition Against Domestic Violence. The RCF Adult Offender Handbook and sexual assault prevention and reporting brochure, contains PREA related information to prevent, detect, and respond to sexual abuse and sexual harassment is provided in English and Spanish.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.16 (b). As reported in the PAQ, the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy (Sexual Abuse and Harassment): Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education, and classification records in addition to interviewing the offender. Offenders that have a disability may be accommodated in accordance with Policy and Administrative Procedure 00-02-202, "Offenders/Students with Physical Disabilities." Accommodations may be made using a Braille version of the offender PREA brochure, an American Sign Language interpreter through a State QPA, showing the PREA video with closed captioning, reading the offender PREA brochure, etc. Mental Health or Education staff may assist with communications with offenders with developmental disabilities.

The Department shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders with limited English proficiency, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Written materials that communicate the sexual abuse prevention program will be provided in Spanish. Interpretive services, in-person and telephonic, are available to offenders with limited English proficiency through a state QPA. All facilities shall have an account with the contractor to utilize these services as needed. All staff shall be made aware that these services are available and the staff designated to provide access to the interpretive service(p. 12).

#### Documentation Reviewed

Adult Offender Handbook (Spanish)

PREA Adult Female Poster (Spanish) (2)

ICADV Spanish Version

Sexual Abuse Report to Ombudsman (Spanish)

Offender Brochure (Spanish)

Telephonic Interpretive Services

RCF Telephonic Interpreting Account Services

Language Training Center (In Person Interpretive Services)

#### Interviews

Inmates (with disabilities or who are limited English proficient): The interviewed residents reported that the staff have provided information to them in a manner in which they can understand. Three residents who had diminished cognition were interviewed, and while they did not always comprehend, they were able to tell the auditor that the staff assists them with anything needed. There was one resident who reported that English was a second language. It should be noted that she

spoke English proficiently, however she reported that she does not read it very well. The inmate was being evasive and at times manipulative during the interview; however her since she reported having limitations reading in English, the auditor notified the Warden; as the inmate was not listed as a limited English proficient inmate. Several of the interviewed inmates stated that additional assistance was not needed due to their disability, however they can seek assistance.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.16 (c). As reported in the PAQ, the agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. (Absence of such documentation does not result in noncompliance with the standard

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0.

Policy (Sexual Abuse and Harassment): The Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under 115.64/364, or the investigation of the offender's allegations. Offender interpreters shall not be used to provide the PREA education to offenders at intake to a facility (pp. 12-13).

A memo provided by the Warden indicated that there were no circumstances where incarcerated individual interpreters, readers or other types of incarcerated individual assistants were used.

Documentation Reviewed

Standard Memo 115.16 c-2

Interviews

Random Sample of Staff: All of the interviewed staff reported that they have never seen an instance where an inmate was allowed to interpret to report allegations of sexual abuse. Several staff reported that they would get an interpreter and there are staff interpreters onsite.

Inmates (with disabilities or who are limited English proficient): The interviewed residents reported that the staff have provided information to them in a manner in which they can understand. Three residents who had diminished cognition were interviewed, and while they did not always comprehend, they were able to tell the auditor that the staff assists them with anything needed. There was one resident who reported that English was a second language. It should be noted that she spoke English proficiently, however she reported that she does not read it very well. The inmate was being evasive and at times manipulative during the interview; however her since she reported having limitations reading in English, the auditor notified the Warden; as the inmate was not listed as a limited English proficient inmate. Several of the interviewed inmates stated that additional assistance was not needed due to their disability, however they can seek assistance.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.17	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy (Sexual Abuse Prevention)</p> <p>Policy (Information and Standards of Conduct for Departmental Staff)</p> <p>Personnel Files:</p> <ul style="list-style-type: none"> <li>· New Hire employee Background Checks (20)</li> <li>· 5-year background checks/promotions (12)</li> <li>· Pre-employment Request for Information/Reference Check (5)</li> <li>· Mandatory Pre-employment questionnaire (30)</li> <li>· Contracted Employee Background Checks (14 (3 of which were re-checks))</li> </ul> <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.17 (a). As reported in the PAQ, the agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2).</li> </ol> <p>Policy (Sexual Abuse and Harassment): The Department shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).</p> <p>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section. (See also Policy and Administrative Procedure 04-03-103, "Information and Standards of Conduct") (p. 13).</p> <p>Policy (Information and Standards of Conduct for Departmental Staff): All persons recommended for hire in the Department shall undergo a thorough background check (e.g., criminal history background check, including a driver's license check and fingerprinting, sex offender registry check, employment verification, educational verification, license verification, and in appropriate cases Children Protective Services check, DIANA® screen, in limited cases, credit history check, or any screen or check deemed necessary by the facility appointing authority or designee). Additionally, criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the Department on contract who have direct contact with offenders. Also, any other persons who will have routine access in Department facilities or contact with offenders or offender information as a normal part of their duties shall submit to a criminal history background check, including a driver's license check and fingerprinting. It is at the discretion of the facility appointing authority or designee to conduct the above background check requirements on any non-staff person who has contact with the Department (e.g., outside repair personnel).</p>

Subsequent criminal history background checks shall be completed at least every four (4) years on current employees, contractors, and volunteers who may have contact with offenders.

The Department shall not hire or promote an individual to a position that may have contact with offenders who:

- Has engaged in sexual abuse in a correctional facility, including prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,
- Has been civilly or administratively adjudicated to have engaged in the activities addressed in numbers 1 and 2 above (pp. 11-12).

Policy (Human Resources): Further reiterates the agencies process to conduct background investigations and reference checks.

Documentation Reviewed

New Hire Background Investigation (20)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.17(b). As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Policy (Sexual Abuse and Harassment): The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders (p. 13).

Documentation Reviewed

Background Checks (20)

Contractor Background Checks (14)

Volunteer Background Checks (7)

Interviews

Administrative (Human Resources) Staff - The interviewed human resources staff reported that the all-new hires, promotion candidates and contractors must complete the PREA Pre-Service questions to inform us of any previous incidents of sexual misconduct.

The final analysis of the evidence indicates the facility does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. Based on this analysis, the audit finds the facility meets standard.

115.17 (c). As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 49

Policy (Sexual Abuse and Harassment): Before hiring new employees, who may have contact with offenders, the Department shall:

Perform a criminal background record check.

Consult any child abuse and sex offender registry maintained by the State or locality in which the employee would work; (Juvenile Facilities only) and,

Human Resources staff shall make their best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The employment background check shall be documented on the PREA Questionnaire for Prior Institutional Employers form (pp.

13-14).

There were five identified staff that had prior institutional employment. The auditor reviewed the reference checks that were completed on the five individual employees who were hired in the last 12 months.

#### Documentation Reviewed

- New hire employee Background Checks (20)
- 5-year background checks/promotions (12)
- Pre-employment Request for Information/Reference Check (5)
- Mandatory Pre-employment questionnaire (30)

#### Interviews

Administrative (Human Resources) Staff - all new hire employees have a criminal background check run prior to a job offer being made. All employees who are offered a promotion are subject to an updated criminal background check and all contractors must have a criminal background check run prior to starting a position with a contract employer. This can be confirmed with an audit of employee files. The system that is used to conduct criminal background record checks of current employees and contractors is the Sr. HR Business Partner for the facility monitors the dates background checks are completed. All staff and contractors have their background re-checked every three years to ensure compliance with PREA standards and the IDOC Standards of Conduct.

The final analysis of the evidence indicates the facility requires that before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. The facility exceeds this portion of the provision, as background checks are conducted every four years.

115.17 (d). As reported in the PAQ, the agency policy requires that a criminal background record check will be completed before enlisting the services of any contractor who may have contact with inmate. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 4.

Policy (Sexual Abuse and Harassment): The Department shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with offenders (p. 14).

#### Documentation Reviewed

Contracted Employee Background Checks (14 (3 of which were re-checks))

#### Interviews

Administrative (Human Resources) Staff - The interviewed agency human resources staff reported that all new hire employees have a criminal background check run prior to a job offer being made. All employees who are offered a promotion are subject to an updated criminal background check and all contractors must have a criminal background check run prior to starting a position with a contract employer. This can be confirmed with an audit of employee files.

The final analysis of the evidence indicates the facility does perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents in practice. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.17 (e). As reported in the PAQ, the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

Policy (Sexual Abuse Prevention): The Department shall conduct criminal background records checks every four (4) years of current employees, contractors, and volunteers who may have contact with offenders (p. 14).

#### Documentation Reviewed

5-year background checks/promotions (12)

Contracted Employee Background Checks (14 (3 of which were re-checks))

## Interviews

Administrative (Human Resources) Staff: The interviewed human resources staff reported that the Sr. HR Business Partner for the facility monitors the dates background checks are completed. All staff and contractors have their background re-checked every three years to ensure compliance with PREA standards and the IDOC Standards of Conduct.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. The facility exceeds this portion of the standard, as background checks are conducted every four years.

115.17 (f). The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Policy (Sexual Abuse Prevention): The Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph 1 of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Human Resource staff shall ensure the Mandatory PREA Questions form is completed by the applicant prior to hire or promotion (p. 14).

There were five identified staff that had prior institutional employment reference checks.

## Documentation Reviewed

Pre-employment Request for Information/Reference Check (5)

Mandatory Pre-employment questionnaire (30)

## Interviews

Administrative (Human Resources) Staff - all new hires, must complete the Pre-Service PREA questions prior to hire and current employees complete the Pre-Service PREA questions every calendar year during their annual training. The IDOC Standards of Conduct and Arrests and Convictions policy require employees to report any arrest in writing within five days of the date of the arrest. This information is assessed to determine what, if any, employment action is appropriate.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.17 (g). As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy (Sexual Abuse Prevention): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination (p. 14).

The final analysis of the evidence indicates the facility considers material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Both the Pre-Employment Questionnaire and facility policies provide evidence to compliance with the standard. Based upon the evidence and analysis, the auditor finds the facility meets standard 115.17 (g).

115.17 (h). Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Policy (Sexual Abuse Prevention): Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Release of Information form shall be used to document the release of that information. This form must be signed by the former employee before the Department can provide the information. (Also, see Policy and Administrative Procedure 04-03-102, "Department of Correction Human Resources") (p. 14).

## Interviews

Administrative (Human Resources) Staff - The interviewed HR staff confirmed that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of

sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The IDOC completes the PREA "Request for Information" form for prior employees of this facility and we request it of any employee we are looking to re-hire or transfer from another facility.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

No corrective action is recommended for this standard. It should be noted that the facility/agency exceeded the requirements of the standard in that five-year background checks are conducted every four years. Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Standards Memo 115.18. a-1</p> <p>Meeting Minutes for Video Install (Dated 2/24/2022)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.18 (a). As reported in the PAQ, the agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The facility Warden provided a memo stating that the facility has not designed any new expansions or modifications.</p> <p>Documentation Reviewed</p> <p>Memo: PREA Standard 115.18 a-1 (Dated 3/11/2022)</p> <p>Interviews</p> <p>Agency Head: The interviewed agency head stated that aall renovations, additions or new buildings are designed with the PREA standards in the planning. Cross- gender viewing and blind spots are to be prevented as part of the plan. The Executive Director of Constructions Services is very aware of these PREA requirements and consults with the PREA Coordinator when there are questions.</p> <p>Warden: The interviewed Warden reported that there have been no expansions.</p> <p>PREA Audit Site Review: Tour areas of the facility that were renovated, modified, or expanded.</p> <p>A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. The considerations made to the modified construction exceeded the requirements of the standard. Onsite observation further confirmed the above.</p> <p>115.18 (b). As reported in the PAQ, the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Documents Reviewed</p> <p>Meeting Minutes for Video Install (Dated 2/24/2022)</p> <p>Interviews</p> <p>Agency Head: The interviewed agency head stated that they use new monitoring technology to enhance the protection of residents from incidents of sexual abuse. It was further reported that we are always working to upgrade existing camera systems with longer data retention and improved high- definition cameras to aid in monitoring offenders. Video technology cannot replace direct staff supervision but can be a deterrent to prohibited behavior and assist with investigations.</p> <p>Warden: The interviewed Warden reported that the facility the facility uses technology to enhance inmates' protection from sexual abuse when installing or updating monitoring technology, such as video monitoring system or electronic surveillance. We consider substantiated or unsubstantiated incidents, line of sight by staff, remote locations and the ability or inability to account for those areas. For example, last year a staff member was caught bringing in eye shadow to an offender. As the investigation progressed it was discovered that the staff member and offender were engaged in a sexual relationship that occurred in the maintenance areas of the housing units. Camera placements were identified along with having the maintenance staff announce over the radio any time they enter these areas and when they leave.</p> <p>PREA Audit Site Review: During the onsite inspection the auditor was able to review some of the enhancements. It was also determined that there are still some blind spots in the housing area that could benefit from additional cameras</p>

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Investigations and Intelligence</p> <p>Policy: Sexual Abuse Prevention</p> <p>Medical Treatment Facilities in Indiana for Sexual Assault</p> <p>Standard Memo 115,21 c-2</p> <p>DV Agency Match DOC</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.21 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).</p> <p>Policy (Investigations and Intelligence): A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin:</p> <ul style="list-style-type: none"> <li>· As outlined in Investigating Allegations of Misconduct (section VIII of this document).</li> <li>· Upon activation of a facility SART team; and/or,</li> <li>· If determined to be necessary, following an administrative review (p. 1).</li> </ul> <p>Policy (Sexual Abuse Prevention): To the extent the Department is responsible for investigating allegations of sexual abuse; the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (Also see Policy and Administrative Procedure 00-01- 103 Investigations and Intelligence) (p. 15).</p> <p>Documentation Reviewed</p> <p>First Responders Evidence Protocols</p> <p>Interviews</p> <p>Random Sample of Staff: During the onsite audit, 12 random staff were asked, "Do you know and understand the agency's protocol for obtaining usable physical evidence if an Inmate alleges sexual abuse?". One hundred percent of the interviewed staff were aware of some of the agency's protocols. Many staff were able to describe the process and steps required to protect physical evidence, which included securing the area, protecting the physical evidence, not allowing the victim to shower or brush teeth, and immediately seeking medical attention. Staff explained they would immediately move Inmate to a safe location, stop all movement on the housing unit, ensure Inmate does not shower, brush teeth, or use restroom until seen by medical, contact supervisor and complete incident report. The staff reported that IA and the PCM conduct the investigations.</p> <p>A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.21 (b). NA-there are no youth housed at the facility. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p>

Documentation Reviewed

First Responders Evidence Protocols

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.21 (c). As reported in the PAQ, the facility offers all inmates who experience sexual abuse access to forensic medical examinations. The facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

Policy (Sexual Abuse Prevention): The Department shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department shall document its efforts to provide SAFEs or SANEs.

Health Services staff can aid in the preservation of evidence by instructing both the alleged victim and alleged abuser not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE at a local hospital at no cost to the offender whether they name an abuser or cooperate with the investigation. The Sexual Assault Nurse Examiner (SANE) is to provide the forensic exam component of the SART. Non-Facility SANE personnel will take a medical history, perform the physical assessment of the victim, collect, document, and initiate the preservation of physical evidence found on the victim and their personal effects. They will provide information on medical matters; document the examination and, if called upon, present expert testimony in court. Identification of SANE professionals in the local community shall be arranged by the PREA Compliance Manager and the contracted medical provider. Only qualified SANE professionals shall be utilized to conduct the forensic sexual assault examination (pp. 15-16).

The number of forensic medical exams conducted during the past 12 months: 0.

The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

A memo was provided by the Warden that stated there was not an occasion in the last 12 months to utilize SANE or SAFE.

Documentation Reviewed

Medical Treatment Facilities in Indiana for Sexual Assault

Standard Memo 115,21 c-2

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.21 (d). As reported in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. Such efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Policy (Sexual Abuse Prevention): The facility shall attempt to make available to the victim a community victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services with a qualified facility staff member. The qualified staff member shall be staff trained as a SART first responder that demonstrates an understanding of the role of a victim advocate from the SART victim advocate curriculum.

As requested by the victim, the community victim advocate, qualified SART first responder shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals (p. 16).

Documentation Reviewed

DV Agency Match DOC

PPT Victim Advocacy Training Curriculum

## SART Members

### Interviews

PREA Compliance Manager (PCM): The interviewed PCM reported that if requested by the victim, a victim advocate, qualified agency staff member or a qualified community-based organization staff member will accompany and provide emotional support, crisis intervention, information and referrals during the forensic medical examination process and investigatory interviews. It was further reported that the PCM will ask the offender if she would like a victim advocate during the interview and if they would like to have them accompany them for the exam. The facility will make an advocate available by calling the rape crisis center to see if someone is available, and if not make SART member available to the victim.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse, it was stated that they facility did not allow them contact anyone; however, they are allowed to contact anyone on their own, so they did not need the facilities permission.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.21 (e). As reported in the PAQ, if requested by victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Policy (Sexual Abuse Prevention): For the purposes of this section, a qualified staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general through the SART First Responder training (p 16).

### Interviews

PREA Compliance Manager: The interviewed PCM stated that they would verify with the rape crisis center to ensure there is a qualified community-based staff member who has been screened to serve in this role and has received education concerning sexual assault and forensic examination.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse, it was stated that they facility did not allow them contact anyone; however, they are allowed to contact anyone on their own, so they did not need the facilities permission.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.21 (f). As reported in the PAQ, iff the agency is responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards.

115.21 (g). N/A- the agency is responsible for administrative and criminal investigations.

115.21 (h). For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 363 358">Documents:</p> <p data-bbox="240 389 552 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 568 474">Policy: Sexual Abuse Prevention</p> <p data-bbox="240 506 549 533">Website: IDOC: PREA (in.gov)</p> <p data-bbox="240 564 935 591">Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul data-bbox="240 622 738 873" style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p data-bbox="240 904 352 931">Interviews:</p> <p data-bbox="240 963 379 990">Agency Head</p> <p data-bbox="240 1021 424 1048">Investigative Staff</p> <p data-bbox="240 1079 480 1106">Findings (By Provision):</p> <p data-bbox="240 1137 1461 1196">115.22 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1227 1485 1285">Policy (Sexual Abuse Prevention): The Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1317 480 1344">As reported in the PAQ:</p> <ul data-bbox="240 1375 1409 1514" style="list-style-type: none"> <li>· In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 32</li> <li>· In the past 12 months, the number of allegations resulting in an administrative investigation: 32</li> <li>· In the past 12 months, the number of allegations referred for criminal investigation: 1</li> </ul> <p data-bbox="240 1545 501 1572">Documentation Reviewed</p> <p data-bbox="240 1603 501 1630">Investigation Reports (33)</p> <p data-bbox="240 1662 336 1688">Interview</p> <p data-bbox="240 1720 1477 1912">Agency Head: An interview with the agency head, indicated that they ensure than an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Every report of possible sexual abuse or sexual harassment received at a facility receives an administrative investigation. All allegations of sexual abuse are investigated by an Investigations &amp; Intelligence (I &amp; I) division investigator. If there appears to be a criminal violation, and I &amp; I officer will (often in partnership with the Indiana State Police) contact the prosecutor's office to discuss the possibility of charges. Only staff that have attended specialized training for sexual abuse investigations are assigned to investigate.</p> <p data-bbox="240 1944 1445 2002">A review of the appropriate documentation, interviews with staff, website, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 2033 1485 2159">115.22 (b). As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the</p>

agency website or made publicly available via other means. All allegations of sexual abuse or sexual harassment are documented.

Policy (Investigations and Intelligence): Provides additional guidance on the investigators responsibility to investigate allegations of sexual abuse and sexual harassment.

#### Documentation Reviewed

Website: IDOC: PREA (in.gov)

#### Investigation Reports

#### Interviews

Investigative Staff: The interviewed investigators reported that the agency policy requires that allegations of sexual abuse or sexual harassment are investigated. The facility has two Investigators I Correctional Police Officers along with a PREA Compliance Manager that investigates all a/legations of sexual abuse or sexual harassment. Depending on the allegations, it may not be the investigators at the facility completing the investigation, but all cases are investigated, documented and followed through by an investigator.

A review of the appropriate documentation, interviews with staff, website, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.22 (c). N/A-A separate entity is not responsible for conducting administrative and/or criminal investigations of sexual abuse or sexual harassment at the facility.

115.22 (d). The audit is not required to audit this provision.

115.22 (e). The audit is not required to audit this provision.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>PREA Audit Questionnaire</p> <p>Website: IDOC: PREA (in.gov)</p> <p>PREA Lesson Plan Curriculum</p> <p>Training Records (30)</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.31 (a). As reported in the PAQ, the agency trains all employees who may have contact with individual inmates on the following matters:</p> <ul style="list-style-type: none"> <li>§ Agency's zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>§ How to fulfill their responsibility under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>§ The right of inmates to be free from sexual abuse and sexual harassment;</li> <li>§ The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>§ The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>§ The common reactions of sexual abuse and sexual harassment victims;</li> <li>§ How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>§ How to avoid inappropriate relationships with inmates;</li> <li>§ How to communicate effective and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and</li> <li>§ How to comply with relevant laws related to mandatory reporting of sexual abuse t outside authorities.</li> </ul> <p>Policy (Sexual Abuse Prevention): The policy confirms that the department shall train employees who may have contact with offenders.</p> <p>Documentation Reviewed</p> <p>Training Records (30)</p> <p>Interviews</p> <p>Random Sample of Staff: Interviews with all staff, including randomly selected staff (12) confirmed that they received PREA education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and Inmate rights, signs and symptoms of sexual abuse, reporting and responding. Interviews with all 12 random staff sampled confirmed that they received PREA education when employed during initial employment and annually. When probed the staff was able to describe various signs, common reactions and or what to look for if someone is being victimized.</p> <p>115.31 (b). As reported in the PAQ, the training is tailored to the gender of the inmates at the facility. It was also reported that employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p>Policy (Sexual Abuse Prevention): Such training shall be tailored to the gender of the offenders at the employee's facility and the unique needs and attributes of juvenile offenders (DYS facilities only). The employee shall receive additional training if</p>

the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa (p. 18).

Documentation Reviewed

Training Records (30)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.31 (c). As reported in the PAQ, between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements is annually.

Policy (Sexual Abuse Prevention): All new employees shall complete the PREA training during the new employee training process and all current employees shall complete the PREA training annually as part of the in-service training requirement. (Also see Policy and Administrative Procedure 01-05-101, "Staff Development and Training.") (p. 18).

Twenty of the thirty staff reviewed who were eligible for refresher training received the required refresher training.

Documentation Reviewed

Staff Brochure

Training Records (20)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.31 (d). As reported in the PAQ, the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. The Employee Training policy states that:

Policy (Sexual Abuse Prevention): The Department shall document, through employee signature or electronic verification that employees understand the training they have received and shall be documented on the PREA Training Acknowledgement form (p. 18).

Documentation Reviewed

Training Records (30)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Training Records (22)</p> <ul style="list-style-type: none"> <li>· Volunteer (7)</li> <li>· Contractor (15)</li> </ul> <p>Interviews:</p> <p>Volunteers or Contractors (3)</p> <p>Findings (By Provision):</p> <p>115.32 (a). As reported in the PAQ, aall volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 84</p> <p>Policy (Sexual Abuse Prevention): The Department shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures (p. 18).</p> <p>The following documents were reviewed, showing the agency response to volunteer and contractor training:</p> <p>Documentation Reviewed</p> <p>Training Records (22)</p> <p>Interviews:</p> <p>Volunteer(s) or Contractor(s) who have Contact with Inmates: The interviewed volunteer and contracted staff reported that they have received training in their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.32 (b). As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Policy (Sexual Abuse Prevention): All contractors, volunteers, interns, and community crew supervisors shall complete the PREA training curriculum that employees are required to complete. This training shall be completed prior to contact with an offender and shall be completed annually. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents by being provided with a copy of the Staff PREA Brochure (p. 18).</p> <p>Documentation Reviewed</p> <p>Training Curriculum</p> <p>Training Records (22)</p>

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates: The interviewed volunteer and contracted staff reported that annual in-service training covers PREA Sexual Abuse and Prevention. Handouts are provided that include various definitions or terms used when discussing PREA related information. A PowerPoint was utilized to deliver content during the training. The volunteer further reported that the training also addressed boundaries and how to make a report. All of the interviewed reported that they were notified of the agency's zero-tolerance policies on sexual abuse and harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.32 (c). As reported in the PAQ, the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

Policy (Sexual Abuse and Prevention): The Department shall maintain documentation confirming that volunteers and contractors understand the training they have received. The training shall be documented on the PREA Training Acknowledgement form (pp. 18-19).

Documentation Reviewed

Acknowledgment and Receipt of Training Brochures (22)

Training Records (22)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Inmate Education/Signed Acknowledgement Statements (50)</p> <p>PREA Posters (English/Spanish)</p> <p>IDOC Adult Offender Handbook</p> <p>PREA Inmate Brochure</p> <p>IDOC Adult Disciplinary Process</p> <p>Rockville Rules and Information</p> <p>Sexual Abuse Report to Ombudsman (English/Spanish)</p> <p>Interviews:</p> <p>Intake Staff (2)</p> <p>Random Sample of Inmates (40)</p> <p>Onsite Observation:</p> <p>PREA Posters (English/Spanish)</p> <p>Findings (By Provision):</p> <p>115.33 (a). As reported in the PAQ, inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment.</p> <p>The number of inmates admitted during past 12 months who were given this information at intake: 1078.</p> <p>Policy (Sexual Abuse Prevention): During the Intake process, offenders shall receive information explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided a copy of the Offender PREA Brochure.</p> <p>All offenders housed in the Department shall receive as a part of the orientation to a facility an educational segment regarding sexual abuse and sexual harassment prevention. The offender shall be provided with verbal, video and written information regarding:</p> <ul style="list-style-type: none"> <li>· The Department's zero tolerance of any sexual abuse and sexual harassment;</li> <li>· Offender rights to be free from sexual abuse and sexual harassment;</li> <li>· Offender rights to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>· How to prevent sexual abuse;</li> <li>· Self-protection.</li> <li>· Reporting sexual abuse and sexual harassment; and,</li> <li>· Treatment and counseling available to offenders who are victims of sexual abuse.</li> </ul> <p>As a part of the offender's orientation, the offender shall be given a brochure created by the Department advising the offender of the potential dangers of sexual abuse and sexual harassment and the Department's zero (0) tolerance for such behavior. Additionally, staff at the facility shall supplement the information in the brochure by providing information specific to reporting sexual abuse and sexual harassment at the facility. This information shall also be included in the facility's orientation information given to the offender. Staff shall address any questions the offenders might ask regarding sexual abuse and</p>

sexual harassment (p. 19).

#### Documentation Reviewed

Inmate Education/Signed Acknowledgement Statements (50)

PREA Posters (English/Spanish)

IDOC Adult Offender Handbook

PREA Inmate Brochure

IDOC Adult Disciplinary Process

Rockville Rules and Information

Sexual Abuse Report to Ombudsman (English/Spanish)

#### Interviews

**Intake Staff:** The interviewed intake staff reported that inmates are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. It was reported that the policy is provided, and the information is verbally discussed along with showing a video during the intake orientation. Within 24 hours new intakes sit through orientation. During this orientation it is explained in detail as to how they can report, who they can report to, and they are given booklets. The inmates are presented with a sign off sheet which is dated and signed, then placed in the facility packet and scanned into IRIS. There are flyers hanging everywhere throughout the facility, tablets have information on them. All inmates go through orientation that is where they are provided with a booklet and watch the DVD and are explained the zero tolerance for sexual abuse or sexual harassment.

**Inmate Interview Questionnaire:** Forty inmates were interviewed. All but one of the interviewed inmates reported that they received information when they first arrived about the facility's rules against sexual abuse and harassment.

**Onsite observation:** The auditor was able to observe a portion of the offender intake/orientation process. The intake process at RCF, is multi-leveled. Rockville Correctional Facility serves as central intake and

orientation facility for all female offenders who initially enter the prison system. When inmates originally arrive at the facility there is an initial intake that occurs with the receiving staff. Several inmates who had arrived on the same day of the first day of the audit was provided information on zero tolerance policy along with completing the inmate questionnaire (assessment). The residents are then placed on an orientation wing of the facility.

On day two the new intakes will participate in an offender lead peer orientation process. The offender intake/orientation process at RCF is offender/peer lead. One offender along with a staff member educate the new offenders on the facility rules, PREA related forms, watch a PREA video, and sign have all necessary documents signed. Informal interviews occurred with the offenders during the intake/orientation process. The offenders were receiving the education and provided the auditor with details of the PREA related information discussed. If there is an offender who has a disability or limited English proficient intake staff will coordinate with a translator and if possible, read and explain the PREA education material to the offender. The Offender Education Acknowledgement form has an identifier for those offenders who may require a translator.

As previously noted, RCF serves as the intake/orientation facility for all female offenders assigned to IDOC. Many of the offenders do not stay past 30 days. If an offender is assigned to the facility, they will go through another intake/orientation process.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.33 (b). There were inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

It should also be noted that quarantined offenders received the education after two weeks in quarantine.

**Policy (Sexual Abuse Prevention):** Within seven (7) days of Intake or transfer, the facility shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Department policies and procedures for responding to such incidents (p. 19).

#### Documentation Reviewed

Inmate Education/Signed Acknowledgement Statements (50)

PREA Posters (English/Spanish)

IDOC Adult Offender Handbook

PREA Inmate Brochure

IDOC Adult Disciplinary Process

Rockville Rules and Information

Sexual Abuse Report to Ombudsman (English/Spanish)

Interviews

Intake Staff: During the intake process the offenders are presented with a pamphlet and a video that details the Prison Rape Elimination Act (PREA) and all steps to take if the offender should feel the need to report an incident or uncomfortable feeling. This pamphlet is also gone over verbally with each offender coming in at the time. Then during the Sexual Violence Assessment Tool (SVAT) that is administered by an Intake Caseworker there is another sign off sheet once the offender is asked if she saw the PREA Video and if she understood what she saw. By showing them that every allegation is investigated to the fullest. By holding perpetrators accountable and making sure victims have an advocate, medical, and investigators available in situations of need. The new offenders and return offenders are given in-person orientation within 24 hours of arrival, unless they arrive on a Friday, in that case it would be first thing Monday for an in-person orientation. However, they are given written information to read before that. Immediately, it is announced while they are being received, once they get down to dorm to it is announced again, then orientation the next morning. Inmates are advised they can approach anyone in regard to sexual abuse, sexual harassment, or any type of intimidation.

Inmate Interview Questionnaire: Forty inmates were interviewed. All but one inmate reported that when they first came to the facility, they were told that you have a right to not be sexually abuse or sexually harassed, how to report sexual abuse or sexual harassment, and a right to not be punished for reporting. One resident who had diminished mental capacity could not fully understand the question or recall when they arrived at the facility. When how long after arriving at the facility did they get the information and the answers varied to not being able to recall, same day, within a couple of days, and a couple of weeks.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.33 (c). As reported in the PAQ, current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

Policy (Sexual Abuse Prevention): All offenders shall receive PREA education upon transfer to a different facility (pp. 19-20).

Documentation Reviewed

Inmate Education/Signed Acknowledgement Statements (50)

PREA Posters (English/Spanish)

IDOC Adult Offender Handbook

PREA Inmate Brochure

IDOC Adult Disciplinary Process

Rockville Rules and Information

Sexual Abuse Report to Ombudsman (English/Spanish)

Interviews

Intake Staff: The interviewed intake staff reported that it was reported that the policy is provided, and the information is verbally discussed along with showing a video during the in the intake orientation. The inmates are presented with a sign off sheet which is dated and signed, then placed in the facility packet and scanned into IRIS. It was further reported that there are flyers hanging everywhere throughout the facility, tablets have information on them. All inmates go through orientation that is where they are provided with a booklet and watch the DVD and are explained the zero tolerance for sexual abuse or sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.33 (d). As reported in the PAQ, inmates PREA education is available in formats accessible to all individuals in custody, including those that are:

§ Limited English proficient

§ Deaf

§ Visually impaired

§ Otherwise disabled

§ Limited in their reading skills

Policy (Sexual Abuse Prevention): The Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

The presentation of this information shall be in a manner that is easily understandable to the offenders. Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education, and classification records in addition to interviewing the offender. Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter (p. 20).

Documentation Reviewed

Offender Brochure

Sexual Abuse Report to Ombudsman (Spanish)

ICADV (Spanish Version)

115.33 (e). As reported in the PAQ, the agency maintains documentation of inmates participation in PREA education sessions.

Policy (Sexual Abuse Prevention): The Department shall maintain documentation of offender participation in these education sessions.

Documentation Reviewed

Inmate Education/Signed Acknowledgement Statements (50)

PREA Posters (English/Spanish)

IDOC Adult Offender Handbook

PREA Inmate Brochure

IDOC Adult Disciplinary Process

Rockville Rules and Information

Sexual Abuse Report to Ombudsman (English/Spanish)

115.33 (f). As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, Inmate handbooks, or other written formats.

Policy (Sexual Abuse Prevention): In addition to providing such education, the Department shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats. Offender PREA brochures shall be available upon request in all housing units and law libraries (p. 20).

Documentation Reviewed

Offender Brochure

Sexual Abuse Report to Ombudsman (Spanish)

ICADV (Spanish Version)

PREA Audit Site Review: Based on site review, the PREA materials (including posters, inmate handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. They were also visible throughout facility buildings, including the visiting room. Offender and staff noted during interviews that posters and additional PREA resources were evident in multiple locations throughout the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 365 358">Documents:</p> <p data-bbox="240 389 483 416">Pre-audit Questionnaire</p> <p data-bbox="240 448 531 474">NIC Investigation Curriculum</p> <p data-bbox="240 506 756 533">IDOC PREA Specialized Investigations Training (3)</p> <p data-bbox="240 564 671 591">Annual PREA Training/Training Record (3)</p> <p data-bbox="240 622 352 649">Interviews:</p> <p data-bbox="240 680 424 707">Investigative Staff</p> <p data-bbox="240 739 483 766">Findings (By Provision):</p> <p data-bbox="240 797 1441 855">115.34 (a). As reported in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="240 887 1469 976">Policy (Sexual Abuse Prevention): In addition to the general training provided to all employees pursuant to 115.31/331, the Department shall ensure that all investigators have received training in conducting sexual abuse investigations in confinement settings (pp. 20-21).</p> <p data-bbox="240 1008 501 1034">Documentation Reviewed</p> <p data-bbox="240 1066 531 1093">NIC Investigation Curriculum</p> <p data-bbox="240 1124 756 1151">IDOC PREA Specialized Investigations Training (3)</p> <p data-bbox="240 1182 671 1209">Annual PREA Training/Training Record (3)</p> <p data-bbox="240 1240 347 1267">Interviews</p> <p data-bbox="240 1299 1457 1420">Investigative Staff: The interviewed investigator reported that they have received training every year at the facility and external training. Each year I receive training in annual Inservice. I have been through SART training at the facility. I have attended the Moss Group training for Sexual Assault and Abuse investigations, NIC classes for PRFA - Investigations in a confined setting, Reid School - Advanced Interviewing and interrogation class and Investigation Academy by IDOC.</p> <p data-bbox="240 1451 1469 1509">A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1541 1479 1599">115.34 (b). The facility provided evidence that the IDOC specialized training for investigators along with the NIC specialized training for investigators included the following:</p> <ul data-bbox="240 1630 1117 1890" style="list-style-type: none"> <li data-bbox="240 1630 632 1657">· Interviewing sexual abuse victims</li> <li data-bbox="240 1688 734 1715">· Proper use of Miranda and Garrity warnings</li> <li data-bbox="240 1747 866 1774">· Sexual abuse evidence collection in confinement settings</li> <li data-bbox="240 1805 1117 1832">· Criteria and evidence required to substantiate a case for administrative action; and</li> <li data-bbox="240 1863 908 1890">· Criteria and evidence required to refer a case for prosecution.</li> </ul> <p data-bbox="240 1921 1489 2011">Policy (Sexual Abuse Prevention): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral (p. 21).</p> <p data-bbox="240 2042 501 2069">Documentation Reviewed</p> <p data-bbox="240 2101 531 2128">NIC Investigation Curriculum</p>

IDOC PREA Specialized Investigations Training (3)

Annual PREA Training/Training Record (3)

Interviews

Investigative Staff: The interviewed investigators reported receiving training on said topics. The trainings included specific topics such as including techniques for sexual abuse victims, Miranda warnings, evidence collection specific to sexual abuse, and case substantiation criteria.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.34 (c). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 3.

Policy (Sexual Abuse Prevention): The Department shall maintain documentation that Department investigators have completed the required specialized training in conducting sexual abuse investigations (p. 21).

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.34 (d). Auditor is not required to audit this provision.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>Policy (Sexual Abuse Prevention)</p> <p>Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview PPT</p> <p>Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview Training Completion (35)</p> <p>PREA Training Sample (5)</p> <p>Interviews:</p> <p>Medical and Mental Health Staff (2)</p> <p>Findings (By Provision):</p> <p>115.35 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The training lesson plan provided to the auditor addressed how to detect signs of sexual abuse., how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and who to report allegations of sexual abuse/harassment and the roles and responsibilities of staff.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 40.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 100.</p> <p>Policy (Sexual Abuse Prevention): The Department shall ensure that all full and part-time medical and mental health care practitioners who work regularly in facilities have been trained in:</p> <p>How to detect and assess signs of sexual abuse and sexual harassment.</p> <p>How to preserve physical evidence of sexual abuse;</p> <p>How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and,</p> <p>How and to whom to report allegations or suspicions of sexual abuse and sexual harassment (p. 21).</p> <p>Documentation Reviewed</p> <p>Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview PPT</p> <p>Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview Training Completion (35)</p> <p>PREA Training Sample (5)</p> <p>Interviews</p> <p>Medical and Mental Health Staff: The interviewed medical and mental health staff stated that they receive specialized annual training regarding sexual abuse and sexual harassment. Each interviewed staff was able to articulate their knowledge and understanding to detect signs of sexual abuse, how to professionally interact with victims, preserve physical evidence, as well as perform healthcare reporting documentation responsibilities. Our yearly training for both DOC and Centurion discuss sexual abuse in the correctional environment. The education includes indicators of sexual abuse, how to report suspicions of sexual abuse, and how to handle the offender that is alleging the abuse. The mental health staff reported that these experiences have increased my ability to detect and assess signs of sexual abuse and harassment. I have received training on preserving physical evidence of sexual abuse by doing things like not allowing a potential victim access to a shower until after an exam has been completed. My education has provided me with the skills to establish rapport with people who have been victims. Again, both my graduate education and participation in, in-service training have informed my knowledge of both state, federal, and institutional reporting requirements.</p>

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.35 (b). As reported in the PAQ, the agency medical staff at this facility do not conduct forensic medical exams. The RCF staff does not conduct forensic medical examinations. Interviews with the medical and mental health staff, further confirmed that they are not trained to conduct such examinations. Forensic examinations would occur at the hospital.

Policy (Sexual Abuse Prevention): Facility Health Services staff shall not conduct forensic examinations unless required by contract. Health Services staff shall provide emergent medical care and preserve physical evidence, as required by all staff, in coordination with investigators (p. 21).

#### Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they do not conduct forensic examinations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.35 (c). The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Policy (Sexual Abuse Prevention): The Department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the Department or elsewhere (p. 21).

#### Documentation Reviewed

Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview PPT

Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview Training Completion (35)

PREA Training Sample (5)

115.35 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.

Policy (Sexual Abuse Prevention): Medical and Mental Health care practitioners shall also receive the training mandated for employees under 115.31/331 or for contractors and volunteers under 115.32/332, depending upon the practitioner's status at the Department (p. 21).

#### Documentation Reviewed

Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview PPT

Specialized Training for Medical and Mental Health: Centurion University Relias PREA Overview Training Completion (35)

PREA Training Sample (5)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Inmate File Review (51)</p> <ul style="list-style-type: none"> <li>· PREA Risk Screening (SVAT)</li> <li>· Records of Point of Entry</li> <li>· Intake Admitting Checklist</li> <li>· SVAT Reassessment (49)</li> </ul> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Random Sample of Inmates (40)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings (By Provision):</p> <p>115.41 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transferred to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.</p> <p>Policy (Sexual Abuse Prevention): All offenders shall be assessed during an Intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders (pp. 21-22).</p> <p>Documentation Reviewed</p> <p>Screening for Potential Sexual Victimization (SVAT)-51</p> <p>Inmate roster</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that every inmate is screened upon admission or transfer within the intake until. This is completed using the SVAT report.</p> <p>Inmate Interview Questionnaire: Seventeen of the forty interviewed inmates had been placed at the facility in less than 12 months. The inmates were asked when you first came here do you remember whether you were asked questions like whether or not you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse; the answers varied from the same day, within a week, within a few weeks, or can't recall.</p> <p>During the onsite audit, the probationary auditor observed a portion of the intake process. Seven offenders were completing their education and orientation; as a placement at RCF. The offenders reported that they completed assessments when they initially arrived at the facility. While the facility utilizes offenders to complete offender education and orientation, only assigned intake staff complete personal protected information such as the SVAT. Such information is not shared with the offenders who conduct orientation.</p> <p>115.41 (b). As reported in the PAQ, the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility:</p>

1019.

Policy (Sexual Abuse Prevention): Intake screening shall ordinarily take place within seventy-two (72) hours of arrival at the facility.

Documentation Reviewed

Screening for Potential Sexual Victimization (SVAT)-51

Inmate Roster

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that screening for risk of sexual victimization and risk for sexually abusing inmates occurs within 72 hours but typically upon arrival.

Inmate Interview Questionnaire: Seventeen of the forty interviewed inmates had been placed at the facility in less than 12 months. The inmates were asked when you first came here do you remember whether you were asked questions like whether or not you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse; the answers varied from the same day, within a week, within a few weeks, or can't recall.

A review of the appropriate documentation, interviews with staff and offenders, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (c). As reported in the PAQ, the facility uses an objective risk assessment.

Policy (Sexual Abuse Prevention): Such assessments shall be conducted using an objective screening instrument. This assessment shall use the Adult Sexual Violence Assessment Tool (p. 22).

1. The Intake screening shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

- a. Whether the offender has a mental, physical, or developmental disability;
- b. The age of the offender;
- c. The physical build of the offender;
- d. Whether the offender has previously been incarcerated;
- e. Whether the offender's criminal history is exclusively nonviolent;
- f. Whether the offender has prior convictions for sex offenses against an adult or child;
- g. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- h. Whether the offender has previously experienced sexual victimization;
- i. The offender's own perception of vulnerability.

Documentation Reviewed

Screening for Potential Sexual Victimization (SVAT)-51

Adult Sexual Violence Assessment Tool Instructions for Completion

Adult SVAT Questionnaire

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (d). The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and

(10) Whether the inmate is detained solely for civil immigration purposes.

Policy (Sexual Abuse Prevention): The Intake screening shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

Whether the offender has a mental, physical, or developmental disability;

The age of the offender;

The physical build of the offender;

Whether the offender has previously been incarcerated;

Whether the offender's criminal history is exclusively nonviolent;

Whether the offender has prior convictions for sex offenses against an adult or child;

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Whether the offender has previously experienced sexual victimization;

The offender's own perception of vulnerability (p. 22).

Documentation Reviewed

Screening for Potential Sexual Victimization (SVAT)-51

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening confirmed that the above referenced areas are considered when conducting the initial risk screening as well as human trafficking. The SVAT is a set format/checklist. The questionnaire asks for additional data where the Incarcerated Individual may elaborate (e.g. preferred pronouns, sexual orientation).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (e). The screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse; when assessing the individuals in custody risk of being sexually abusive.

Policy (Sexual Abuse Prevention): The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in assessing offenders for risk of being sexually abusive (pp. 22-23).

Documentation Reviewed

Screening for Potential Sexual Victimization (SVAT)-51

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening confirmed that the above referenced areas are considered when conducting the initial risk screening as well as human trafficking. The SVAT is a set format/checklist. The questionnaire asks for additional data where the Incarcerated Individual may elaborate (e.g. preferred pronouns, sexual orientation).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (f). As reported in the PAQ, the policy requires that the facility reassess each individual in custody's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the individual in custody's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 952

Policy (Sexual Abuse Prevention): Within a set time period, not to exceed thirty (30) days from the offender's arrival at the facility, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant

information received by the facility since the intake screening.

It should be noted that the facility conducts multiple reassessments if the inmate is placed at the facility after the orientation phase. The facility serves as the orientation site for all female offenders, and after orientation a determination is made if the offender will remain at the facility. If it is determined that the inmate will remain at the facility, then another assessment will be conducted.

#### Documentation Reviewed

#### Screening for Potential Sexual Victimization-Reassessment-49

#### Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that an Incarcerated Individual is reassessed for risk level approximately 30 days after their arrival and/or transfer.

Inmate Interview Questionnaire: Seventeen of the forty interviewed inmates had been placed at the facility in less than 12 months. The inmates were asked whether or not they have been asked again since initial arrival questions like whether or not they had been in jail or prison before, whether they had ever been sexually abused, whether they identify as being gay, lesbian, bisexual and whether or not they think they may be in danger of sexual abuse, approximately nine of the inmates could recall. Several stated that they are asked the questions at the 30 day reviews.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (g). As reported in the PAQ, the policy requires that inmates risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the individual in custody's risk of sexual victimization or abusiveness.

Policy (Sexual Abuse Prevention): An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Any incident of sexual abuse or sexual harassment shall trigger a review of the alleged victim and alleged perpetrator Adult SVAT, unless the incident is unfounded (p. 23).

#### Documentation Reviewed

#### Screening for Potential Sexual Victimization-Reassessment-49

#### Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that an Incarcerated Individual is reassessed for risk level approximately 30 days after their arrival and/or transfer.

Inmate Interview Questionnaire: Forty inmates were interviewed. All but one inmate reported that when they first came to the facility, they were told that you have a right to not be sexually abuse or sexually harassed, how to report sexual abuse or sexual harassment, and a right to not be punished for reporting. One resident who had diminished mental capacity could not fully understand the question or recall when they arrived at the facility. When how long after arriving at the facility did they get the information and the answers varied to not being able to recall, same day, within a couple of days, and a couple of weeks.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (h). The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

Policy (Sexual Abuse Prevention): Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (4)(a), (4)(g), (4)(h), or (4)(i) of this section (p. 23).

#### Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that the facility does not discipline inmates who refuse to respond or complete any assessments.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (i). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Policy (Sexual Abuse Prevention): The Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. The results of this assessment shall be considered confidential and filed in the offender's facility packet in the confidential section. Access shall be in accordance with Policy and Administrative Procedure 01-04-104, "Offender Records" (p. 24).

#### Interviews

PREA Coordinator: The interviewed PREA Coordinator indicated that all information provided by the offender during the assessment interview and the completed assessment tool is designated as confidential in policy 02-01-115 Sexual Abuse Prevention and the offender records policy. Only designated staff may access the information.

PREA Compliance Manager: The interviewed PREA Compliance Manager reported that only staff with access to offender packet room can access the information.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that all SVAT or risk assessment information is placed in a confidential file within the offender's institutional packet. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Policy: Transgender Offenders</p> <p>Offender Information System (Current Offenders Likely PREA Victims/Predators)</p> <p>PREA Related Classification Decisions</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Staff Responsible for Risk Screening</p> <p>Staff Who Supervise Inmates in Isolation</p> <p>PREA Coordinator</p> <p>Transgender Inmates (4)</p> <p>Lesbian/Gay/Bisexual Inmates (4)</p> <p>Findings (By Provision):</p> <p>115.42 (a). As reported in the PAQ, the agency/facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Offender Information System (OIS) provides a report, that includes but not limited information that allows for staff to readily know who PREA victim is or PREA aggressor likely. The report also includes the housing assignments of the offenders.</p> <p>Policy (Sexual Abuse Prevention): The Department shall use information from the risk screening required by 115.41/341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive (p. 25).</p> <p>Documentation Reviewed</p> <p>Memo 115.42 a-1 PREA Flag Considered for bed assignments</p> <p>PREA Related Classification Decisions</p> <p>Interviews</p> <p>PREA Compliance Manager: The interviewed PREA Compliance Manager stated that all inmates are assessed during intake for their risk of being sexually abused or sexually abusive toward other offenders. To keep offenders from being sexually victimized or being sexually abusive, we make sure not to place victim likely and aggressor likely together.</p> <p>Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that the SVAT allows the screener to flag/score the Incarcerated Individual based upon the information obtained on the SVAT. For example, if an Incarcerated Individual is flagged/scored as a "likely victim" she will not be housed near any Incarcerated Individual who has been flagged/scored as a "likely aggressor". In addition, all aggressors and victims of abuse are referred to mental health.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.42 (b). As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.</p> <p>Policy (Sexual Abuse Prevention): The Department shall make individualized determinations about how to ensure the safety</p>

of each offender (p. 25).

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and Inmate training.

#### Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening stated that the SVAT allows the screener to flag/score the Incarcerated Individual based upon the information obtained on the SVAT. For example, if an Incarcerated Individual is flagged/scored as a "likely victim" she will not be housed near any Incarcerated Individual who has been flagged/scored as a "likely aggressor". In addition, all aggressors and victims of abuse are referred to mental health.

115.42 (c). As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

Policy (Transgender Offenders): The Transgender Offenders policy provides guidance on how housing and programming assessments and assignments were made. The initial and recurring placement and programming assessments of transgender or intersex offenders shall be initiated by the facility PREA Compliance Manager to review and recommend program and housing assignments based on factors that include, but are not limited to: 1. The offender's own views of where he/she feels safe; 2. Medical and Mental Health assessment; 3. Security Threat Group (STG) affiliation; 4. Criminal history – sex or violent offense; 5. Conduct history – sex or violent offense; 6. PREA flag status; 7. Gender expression – gender non-conforming; 8. Policy and Administrative Procedure 01-04-101, "Adult Offender Classification;" 9. Security level; and, 10. Any other factors impacting safety and security (p. 5).

Policy (Sexual Abuse Prevention): In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders (see Policy and Administrative Procedure 02- 01-118, "Transgender and Intersex Offenders"), and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems (p. 25).

#### Documentation Reviewed

Transgender/Intersex Placement Review (6)

Bi-annual review (1)

#### Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that safety and security factors are considered in the placement of every resident at the facility. We ensure the inmates health and safety are considered and review placement and programming assignments for each transgender and intersex offenders at least twice a year.

Transgender/Intersex Inmates: There were four transgender inmates interviewed. The interviewed inmates reported that staff asked them about their safety and sexual preference. One interviewed reported that safety was not discussed very much. However three of the inmates could recall the staff asking them questions like do you feel safe here, if they felt comfortable, preference on showers, etc. It was further reported that the facility does not have special housing for transgender or intersex inmates. Furthermore the inmates reported that they have not been strip-searched for the sole purpose of determining their genital status.

115.42 (d). Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

Policy (Sexual Abuse Prevention): Placement and programming assignments for each transgender or intersex offender shall be reassessed twice each year to review any threats to safety experienced by the offender. A transgender or intersex offender's own view with respect to their own safety shall be given serious consideration (p. 25).

#### Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that safety and security factors are considered in the placement of every resident at the facility. We ensure the inmates health and safety are considered and review placement and programming assignments for each transgender and intersex offenders at least twice a year.

Staff Responsible for Risk Screening: The interviewed staff reported that per Policy # 02-01-118, all transgender or intersex Incarcerated Individuals are to be reassessed every 6 months (twice a year) for review of any threats and safety.

Note: This is not completed, reviewed, or determined by Intake Staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.42 (e). A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

Policy (Sexual Abuse Prevention): A transgender or intersex offender's own view with respect to their own safety shall be given serious consideration (p. 25).

#### Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that the views of transgender/intersex inmates with respect to his or her own safety given serious consideration in placement and programming assignments. During the transgender placement and program review which is conducted at least twice a year.

Staff Responsible for Risk Screening: The interviewed staff reported that per Policy # 02-01-118, the PREA Compliance Manager and Committee will make an assessment on State Form 56615 based upon the information received on State Form 56492 and the SVAT. This assessment will determine placement and programming assignments.

Note: This is not completed, reviewed, or determined by Intake Staff.

Transgender/Intersex Inmates: There were four transgender inmates interviewed. The interviewed inmates reported that staff asked them about their safety and sexual preference. One interviewed reported that safety was not discussed very much. However three of the inmates could recall the staff asking them questions like do you feel safe here, if they felt comfortable, preference on showers, etc.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.42 (f). Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

Policy (Sexual Abuse Prevention): Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders (p. 25).

#### Interviews

PREA Compliance Manager (PCM): The interviewed PCM stated that during the initial transgender review and at their bi-annual review, I ask if they would like to shower separate from general population. If they request to shower separate, then they are able to shower at the infirmary in a single shower restroom.

Staff Responsible for Risk Screening: The interviewed staff reported that in Accordance with policy # 02-01-115, transgender and intersex Incarcerated Individuals will be given the opportunity to shower separately from other Incarcerated Individuals.

Transgender/Intersex inmates: The interviewed inmates reported that there are single showers therefore everyone is able to shower alone.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.42 (g). The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Policy (Sexual Abuse Prevention): The Department shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders (p. 25).

#### Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that each facility does not have a special housing unit (s) for lesbian, gay bisexual, transgender, or intersex residents. I visit every facility at least once per year and if I were to find LGBTI offenders are being housed together I would require the facility to change that practice to follow our policy of not housing them in a dedicated unit.

PREA Compliance Manager: It was reported that the facility is not subject to a legal judgement or consent decree that requires the facility to have a lesbian, gay, bisexual, transgender or intersex wing for inmates. Furthermore the facility does not place LGBTI offenders in dedicated units.

Transgender/Intersex/Gay/Lesbian Inmates: There were four inmates interviewed who identify as gay, lesbian, and bisexual. The interviewed inmates reported that there is no special housing for inmates who identify as gay, lesbian, bisexual, transgender, or intersex.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Use of and Operations of Protective Custody</p> <p>Policy: Sexual Abuse Prevention</p> <p>PREA Housing Assignment Review</p> <p>Memo: 115.43 (a-2)</p> <p>Interviews:</p> <p>Warden</p> <p>Staff who Supervise Individual in Confinement in Segregated Housing</p> <p>Findings (By Provision):</p> <p>115.43 (a). As reported in the PAQ, the agency has a policy prohibiting the placement of individuals in custody at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been that there is no available alternative means of separation from likely abusers. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.</p> <p>Policy (Sexual Abuse Prevention): Offenders at high risk for sexual victimization shall not be placed in involuntary protective custody 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary protective custody for less than twenty-four (24) hours while completing the assessment. This assessment shall be documented on the PREA Housing Assignment Review form (p. 27).</p> <p>The PREA Housing Assignment review form is only utilized if the resident is involuntarily placed in segregation. A memo was provided by the Warden that stated that "there were no incarcerated individuals at risk of sexual victimization held in involuntary segregation during the last twelve months".</p> <p>Documentation Reviewed</p> <p>PREA Housing Assignment Review</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that segregation is used as a last resort. If we were to encounter the situation described above, we have options regarding housing placement. We have two rooms on each housing unit (Dorm 3, 4 and 5) that are across from the officer's station. Although officers make rounds and are not always at the desk, that is a high traffic area and less opportunity for incidents. Depending upon how full the Intake Unit is, placement there is also an option until a permanent placement can be obtained.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.43 (b). Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.</p> <p>Policy (Sexual Abuse Prevention): Offenders placed in protective custody for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p>

The opportunities that have been limited; The duration of the limitation; and the reasons for such limitations (p. 27).

#### Interviews

Staff who Supervise Inmates Segregated Housing: The interviewed staff reported that if an inmate is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, the programming will continue, the individual would have regular access to recreation, telephones, law library services, their table and kiosk. Education and work release would continue upon release from restrictive housing.

Inmates in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse: There were no identified inmates placed in segregated housing for risk of sexual victimization.

PREA Audit Site Review: During the onsite inspection the auditor did not observe any separate housing for residents who may identify as gay, lesbian, bisexual, or transgender.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.43 (c). The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.

Policy (Sexual Abuse Prevention): The facility shall assign such offenders to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days (p. 27).

#### Interviews

Warden: The interviewed Warden reported that if an offender alleges sexual abuse and cannot or will not identify the aggressor, then she is placed in segregation for her own protection. We have no idea who to protect her from until more information can be obtained. Please see #8 regarding offenders who may be at high risk for sexual victimization. To the best of my recollection, we have never placed an offender at high risk for sexual victimization in segregation. I believe we have only place one offender in segregation who alleged sexual victimization because she could not or would not identify the aggressor. We had no idea if the aggressor was on her dorm or at her worksite. This occurred several years ago and I believe she was in segregation for a very short period of time.

Staff who supervisor inmates in segregated housing: The interviewed staff reported on the process of general inmates placed in segregated housing as sexual victims are not placed in segregated housing. In general, it was stated that the opportunities have been limited. It would be documented on the state form 16050, Adult Restrictive Housing Restrictions Report and state form 39588, Restrictive Status Housing Report. The duration of the limitations, and also be documented on form 16050 and form 39588. It was further reported that segregated housing is an absolute last resort. For example, if the facility is under quarantine and moving her to another unit would jeopardize the health of her and other offenders.

Inmates in Segregated Housing (for risk of sexual victimization alleged to have suffered sexual abuse): There were no identified inmates placed in segregated housing for risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.43 (d). From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

Policy (Sexual Abuse Prevention): If an involuntary protective custody assignment is made pursuant to paragraph 1 of this section, the facility shall clearly document:

The basis for the facility's concern for the offender's safety; and,

The reason why no alternative means of separation can be arranged.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.43 (e). As reported in the PAQ, if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Policy (Sexual Abuse Prevention): Every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population (p. 27). The Use and Operation of Protective Custody Policy provides further guidance on the use of segregated housing.

#### Interviews

Staff who supervise inmates in segregated housing: The interviewed staff reported that offenders who are placed in restrictive housing are reviewed every 7 days regardless of the reason they are housed.

Inmates in Segregated Housing (for risk of sexual victimization alleged to have suffered sexual abuse): There were no identified inmates placed in segregated housing for risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 329 365 356">Documents:</p> <p data-bbox="240 385 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 443 571 472">Policy: Sexual Abuse Prevention</p> <p data-bbox="240 501 531 528">PREA Grievance Orientation</p> <p data-bbox="240 557 430 584">Offender Brochure</p> <p data-bbox="240 613 619 642">Sexual Abuse Report to Ombudsman</p> <p data-bbox="240 672 352 698">Interviews:</p> <p data-bbox="240 728 536 757">Random Sample of Staff (12)</p> <p data-bbox="240 786 571 815">Random Sample of Inmates (40)</p> <p data-bbox="240 844 528 873">PREA Compliance Manager</p> <p data-bbox="240 902 483 931">Findings (By Provision):</p> <p data-bbox="240 960 1489 1021">115.51 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:</p> <ul style="list-style-type: none"> <li data-bbox="240 1050 635 1079">§ Sexual abuse or sexual harassment;</li> <li data-bbox="240 1108 1179 1137">§ Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and</li> <li data-bbox="240 1167 1133 1196">§ Staff neglect or violation of responsibilities that may have contributed to such incidents.</li> </ul> <p data-bbox="240 1225 1477 1485">Policy (Sexual Abuse Prevention): The Department shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offender shall be able to make reports via an internal hotline on the offender phone system, verbal or written reports to any staff, filing a grievance, or having a third party make the report on their behalf. If the offender is not comfortable with making the report to the immediate point of contact line staff, the offender shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations. Staff shall ensure that offenders are aware of the manner in which reports can be made (p. 28).</p> <p data-bbox="240 1514 502 1543">Documentation Reviewed</p> <p data-bbox="240 1572 895 1601">PREA Orientation How to File Grievance to Report Sexual Abuse</p> <p data-bbox="240 1630 389 1659">Staff Brochure</p> <p data-bbox="240 1688 430 1718">Offender Brochure</p> <p data-bbox="240 1747 699 1776">Sexual Abuse Report to Indiana Ombudsman</p> <p data-bbox="240 1805 347 1834">Interviews</p> <p data-bbox="240 1863 1489 2022">Random Sample of Staff: The interviewed random sample of staff (12) reported that the inmates can privately report by using the hotline number, notify staff, completing a help request/grievance, requesting to speak with mental health, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if an Inmate makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation on a incident report and notify supervisor.</p> <p data-bbox="240 2051 1469 2145">Inmate Interview Questionnaire: Forty inmates were interviewed. All but two of the residents could describe how they would make a report of any sexual abuse or sexual harassment that happened to them or someone else. The inmates described writing a grievance and telling staff. Most of the residents could describe using the hotline as a means to outside report.</p>

During the onsite inspection, the Inmate phones were checked to ensure that they were working properly. It was observed that the phones were active and available for inmates however the process to go through the prompts to reach someone through the hotline was a little challenging.

115.51 (b). As reported in the PAQ, the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Policy (Sexual Abuse Prevention): The Department shall also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the Department, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to Department officials, allowing the offender to remain anonymous upon request. Offenders shall be permitted to make these reports to an outside organization that has been arranged through a Community Partnership Agreement or to another State agency. The Department does not have offenders detained solely for civil immigration purposes. All offenders have a sentence for a felony conviction (p. 28).

#### Interviews

PREA Compliance Manager: The interviewed PREA Compliance Manager stated that at least one way an inmate can report abuse or harassment to a public or private entity is the ombudsman. The Indiana Ombudsman will forward the report to the PREA Compliance Manager at our facility for investigation. If they wish to make an anonymous report, they must specifically state in the report that they want to make an anonymous report. The Indiana Ombudsman will remove their name from the report before sending it to the facility PREA Compliance Manager.

Inmate Interview Questionnaire: Forty inmates were interviewed. All but two of the residents could describe how they would make a report of any sexual abuse or sexual harassment that happened to them or someone else. The inmates described writing a grievance and telling staff. Most of the residents could describe using the hotline as a means to outside report. Eighteen of the forty interviewed inmates reported that they do not believe, or they are unsure if they could make a report without having to give their name. Some further reported that it would be hard to address if there was no name provided.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.51 (c). As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports.

Policy (Sexual Abuse Prevention): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift (p. 28).

#### Documentation Reviewed

Inmate Orientation Manual (English/Spanish)

#### Interviews

Random Sample of Staff: The interviewed random sample of staff (12) reported that the inmate reports can be made verbally or in writing. All the interviewed staff reported that if an inmate makes a report verbally or in writing to them, they would immediately respond to the allegations, contact supervisor and complete an incident report.

Inmate Interview Questionnaire: Forty inmates were interviewed. All but five of the inmates reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. When probed the residents typically stated that their family could make a report. Two of the five residents who did not know, were residents with diminished mental/cognition and could not fully understand or recall information.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.51 (d). As reported in the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates.

Policy (Sexual Abuse Prevention): The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of offenders. Staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager, or the Executive Director of PREA via the Department Sexual Assault Hotline or PREA email posted on the Department website (p. 28).

Interviews

Random Sample of Staff: The interviewed random staff (12) reported that staff can privately reporting by using the hotline number, notify supervisor or write a grievance. Privacy would occur by discussing away from others.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Policy: Offender Grievance Process</p> <p>Investigation File</p> <p>Memo Standard 115.52 d-1</p> <p>Memo: 115.52 (e)</p> <p>Memo: 115.52 (f)-1</p> <p>Interviews:</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>Findings (By Provision):</p> <p>115.52 (a). As reported in the PAQ, the agency has an administrative procedure for dealing with individual in custody grievances regarding sexual abuse.</p> <p>Policy (Sexual Abuse Prevention): The Department has administrative procedures to address offender grievances regarding a report of sexual abuse. (Also see Policies and Administrative Procedures 00-02-301, "Offender Grievance Process," and 03-02-105, "Student Grievance Process") (p. 28).</p> <p>Policy (Offender Grievance Process): When receiving an emergency grievance alleging an offender is a victim of an incident of sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate corrective action. The Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. The Warden shall also forward the emergency grievance to the Department's Offender Grievance Manager, who shall issue a final Department decision within five (5) calendar days to the offender who filed the grievance. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. The determination that a grievance is not an emergency may be appealed through the normal grievance procedures as directed in this policy and administrative procedure.</p> <p>This subsection presents guidelines for the filing of grievances alleging that an offender is subject to a substantial risk of imminent sexual abuse, and removing the standard time limits on submission for a grievance regarding an allegation of sexual abuse. Standard time limits may apply to any portion of a grievance that does not allege an incident of sexual abuse. The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p>An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident. Sexual abuse as defined in Policy and Administrative Procedure 02-01-115, "Sexual Abuse Prevention," consists of non-consensual sex acts, abusive sexual contact, and staff sexual misconduct. Such a grievance shall not be referred to a staff member who is the subject of the complaint. The Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Determination of the ninety (90) day time period shall not include time consumed by the offender in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender in writing of any such extension and provide a date by which a decision will be made.</p>

At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for response, including any proper extension, the offender may consider the absence of a response to be a denial at that level. Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on their behalf, the Department shall document the offender's decision (pp. 5-6).

Documentation Reviewed

PREA Orientation How to File a Grievance to Report Sexual Abuse

115.52 (b). As reported in the PAQ, agency policies or procedure allows an individual in custody to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy (Sexual Abuse Prevention): This subsection presents guidelines for the filing of grievances alleging that an offender is subject to a substantial risk of imminent sexual abuse and removing the standard time limits on submission for a grievance regarding an allegation of sexual abuse. Standard time limits may apply to any portion of a grievance that does not allege an incident of sexual abuse (p. 28).

Documentation Reviewed

Inmate Handbook

Individual In Custody Orientation Manual (English/Spanish)

115.52 (c). As reported in the PAQ, the agency policy and procedure allow an individual in custody to submit a grievance alleging sexual abuse without submitting or referring it to the staff member who is the subject of the complaint. The agency's policy and procedure require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Policy (Sexual Abuse Prevention): The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this subsection shall restrict the Department's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired (p. 28).

Documentation Reviewed

Individual In Custody Orientation Manual (English/Spanish)

Investigation File

115.52 (d). As reported in the PAQ, the agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months, the number of grievances filed that alleged sexual abuse: 0.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0.

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. The number of grievances that took longer than a 70-day extension period to resolve: 0. The agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.

The facility warden provided a memo stating that there were no grievances filed within the last 12 months alleging sexual abuse.

Documentation Reviewed

Memo Standard 115.52 d-1

## Interviews

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse, one stated that were notified, however they were notified six months after the allegation was made. It was further reported that they were notified in writing. The inmate further reported that the facility is supposed to tell them within 90 days; however they did not.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.52 (e). As reported in the PAQ, the agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

Agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline.

Policy (Sexual Abuse Prevention): Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third party files such a request on behalf of an offender, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on their behalf, the Department shall document the offender's decision (pp. 5-6).

The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

A memo was provided to the auditor from the Warden that stated "there were no grievances filed within the last twelve months by a third-party alleging sexual abuse".

## Documentation Reviewed

Memo: 115.52 (e)

115.52 (f). As reported in the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that an individual in custody is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0.

The number of those grievances in 115.52(e)-3 that had an initial response within 48 hours: 0.

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0.

Policy (Offender Grievance Process): When receiving an emergency grievance alleging an offender is a victim of an incident of sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate corrective action.

The Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. The Warden shall also forward the emergency grievance to the Department's Offender Grievance Manager, who shall issue a final Department decision within five (5) calendar days to the offender who filed the grievance. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. The determination that a grievance is not an emergency may be appealed through the normal grievance procedures as directed in this policy and administrative procedure (p. 5).

A memo was provided to the auditor by the Warden that stated "there were no emergency grievances filed within the last twelve months alleging sexual abuse".

## Documentation Reviewed

Memo: 115.52 (f)-1

Investigation Reports

A review of grievance documents, investigative reports, along with interviews while conducting the site review confirmed application of the standard.

115.52 (g). As reported in the PAQ, the agency has a written policy that limits its ability to discipline an individual in custody for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the individual in custody filed the grievance in bad faith.

Policy (Sexual Abuse Prevention): The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith (p. 5).

In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

Based on review of documentation, the provision of this standard is met.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Document: Additional Services for Victims of Sexual Abuse</p> <p>Investigation Report</p> <p>Interviews:</p> <p>Random Sample of Inmates (40)</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>Findings (By Provision):</p> <p>115.53 (a). As reported in the PAQ, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The IDOC does not hold individuals strictly for immigration status.</p> <p>It was further reported that the inmates can make said phones calls by dialing #66 and the calls are treated like attorney privilege and is not recorded or monitored.</p> <p>Policy (Sexual Abuse Prevention): The facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible (pp. 30-31).</p> <p>Documentation Reviewed</p> <p>Additional Services for Victims of Sexual Abuse</p> <p>Interviews</p> <p>Inmate Interview Questionnaire: Twenty one of the forty inmates stated that they were aware of services outside the facility that deal with sexual abuse. When probed the inmates stated that the type of services that they have heard of varied from rape crisis hotline, emotional support center, hospital, and mental health groups in the community. When asked if the facility provided mailing addresses and telephone numbers for the outside services seven of the residents reported yes, and when probed they discussed numbers being posted in the facility. The interviewed residents were asked whether they have been able to talk to the services if needed, and they all reported that they have not needed too. Half of the interviewed inmates who were aware of outside emotional support and advocacy services reported that they believe the conversation could remain private. Several of the inmates stated that if they threatened to harm themselves or others the conversation would no longer be private.</p> <p>Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported sexual abuse. It should be noted that upon further review one of the inmates reported sexual harassment. When asked if they were offered mailing addresses and telephone numbers for outside services the inmates reported no.</p> <p>Corrective Action: The facility shall develop a process to inform residents that report sexual abuse about outside victim advocacy and supportive services. The facility updated the inmates' tablets to include the ICADV information. The information contains the address, phone number and email address for outside entities.</p> <p>115.53 (b). As reported in the PAQ, the facility informs inmates, prior to giving them access to outside support services, the</p>

extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Policy (Sexual Abuse Prevention): The facility shall inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (p. 31).

#### Interviews

Inmate Interview Questionnaire: Twenty one of the forty interviewed inmates reported being aware of services outside the facility that deal with sexual abuse. Half of the interviewed inmates who were aware of outside emotional support and advocacy services reported that they believe the conversation could remain private. Several of the inmates stated that if they threatened to harm themselves or others the conversation would no longer be private.

Inmates who Reported a Sexual Abuse: There were three interviewed inmates who reported a sexual abuse. It was further determined that one of the inmates had reported sexual harassment. When asked if they could communicate with the victim advocates in a confidential way, the inmates reported that they were not provided information or an opportunity to talk with outside supportive services.

115.53 (c). As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

Policy (Sexual Abuse Prevention): The Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department shall maintain copies of agreements or documentation showing attempts to enter into such agreements (p. 31).

#### Documentation Reviewed

Agency PREA Phone Log 2021

Agency PREA Phone Log 2022

Indiana Coalition Against Domestic Violence, Inc. Contract and Contract Extension

#### Corrective Action and Conclusion:

115.53 (b) Corrective Action: The facility shall develop a process to inform residents that report sexual abuse about outside victim advocacy and supportive services. The facility updated the inmates' tablets to include the ICADV information. The information contains the address, phone number and email address for outside entities.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.54	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Agency website (IDOC: PREA (in.gov))</p> <p>Policy: Sexual Abuse Prevention</p> <p>Visitor Brochure</p> <p>Findings (By Provision):</p> <p>115.54 (a). As reported in the PAQ, the agency or facility provides a method to receive third-party reports on inmate sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The agency website (IDOC: PREA (in.gov)) provides guidance on how to submit a report.</p> <p>Policy (Sexual Abuse Prevention): The Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an offender.</p> <p>Third party reports by family, friends, and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning (toll free) the Department Sexual Assault Hotline at (877) 385-5877. This contact information shall be posted in visiting rooms, published in offender and visitor brochures, and on the Department's website.</p> <p>Documentation Reviewed</p> <p>Agency PREA Website</p> <p>Visitor Brochure</p> <p>Adult Female Poster</p> <p>Based on review of documentation, interviews with staff and inmates, the facility met the requirements of the standard.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Investigative Reports (33)</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Medical and Mental Health Staff</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.61 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy (Sexual Abuse Prevention): The Department shall require all staff to report immediately and according to Department policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the Department; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation (p. 31).</p> <p>Interviews</p> <p>Random Sample of Staff: Twelve random staff interviews; indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation immediately. The twelve staff interviewed carried a small, laminated cards that provided instructions regarding reporting sexual abuse or sexual harassment. The various ways staff indicated that they could make a report included, but was not limited to:</p> <ul style="list-style-type: none"> <li>· Report to supervisor</li> <li>· Notify the managers/PCM</li> <li>· Call the PREA Hotline</li> <li>· Complete an incident report</li> </ul> <p>115.61 (b). As reported in the PAQ apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Policy (Sexual Abuse Prevention): Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Department policy, to make treatment, investigation, and other security and management decisions (p. 31-32).</p> <p>Interviews</p> <p>Random Sample of Staff: As previously stated, the interviewed random sample of staff indicated a clear understanding of the duty to report the above mentioned immediately.</p> <p>Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.</p>

115.61 (c). Per the above-mentioned policy, medical and mental health staff, are required to report sexual abuse pursuant to 115.61a.

Policy (Sexual Abuse Prevention): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph 1 of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

· Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph 1 of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

· Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality. This shall be documented on the PREA Duty to Report form during the medical intake process (p. 32).

#### Interviews

Medical and Mental Health Staff: Interviews with medical and mental health staff, indicated that they are fully aware of their duty to report and the limitations of confidentiality. Patients are introduced to the limits of confidentiality at the onset of services with mental health. Patients receive a verbal and written explanation of the limits of confidentiality before they are seen for their initial MH intake. The limits of confidentiality are reviewed annually for patients who receive routine MH services. Patients who request services as needed and reminded of the limits of confidentiality as services are requested. All suspicions and/or allegations of sexual abuse and harassment must be immediately reported as soon as one becomes aware of it.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

115.61 (d). If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The IDOC does not house residents under the age of 18.

Policy (Sexual Abuse Prevention): If the alleged victim is under the age of eighteen (18) the incident shall be reported to the Child Protective Services as required in Policy and Administrative Procedure 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect." If the alleged victim is considered a vulnerable adult under the State vulnerable person's statute, the Department shall report the allegation by contacting the Adult Protective Services at Indiana Family and Social Service Administration (FSSA) in accordance with mandatory reporting laws (p. 32).

#### Interviews

Warden: The interviewed Warden reported that the The Rockville Correctional Facility does not house anyone under the age of 18. Offenders with severe mental health issues are transferred to the Indiana Women's Prison and placed in the Special Needs Unit.

PREA Coordinator: The interviewed PREA Coordinator reported that the facility does not house offenders under the age of 18.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

115.61 (e). As previously stated, the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Policy (Sexual Abuse Prevention): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Sexual abuse allegations shall be referred to Investigations and Intelligence investigators. Sexual harassment allegations shall be referred to staff designated to conduct administrative investigations (p. 33).

#### Documentation Review

#### Investigative Reports (33)

#### Interviews

Warden: During the interview with the Warden, the shift working takes the appropriate action which usually involves separation by housing unit and sends an email to the investigators, PREA Compliance Manager (and the back-up), Custody Supervisor, Deputy Wardens and the Warden.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.62	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.62 (a). As reported in the PAQ, when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the individual in custody.</p> <p>In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A</p> <p>Policy (Sexual Abuse Prevention): When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Status housing, Isolation, or any other appropriate action (p. 33).</p> <p>Interviews</p> <p>Agency Head: The interviewed agency head reported that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate protective action measures are taken. The staff immediately separates the victim from the perpetrator to ensure the offender remains safe. This may involve placing the offender perpetrator in segregation or reassigning the staff away from the offender. If we think a victim cannot be safe in open population, then we will place them in segregation. A facility transfer may also be considered on a case-by-case basis.</p> <p>Warden: The interviewed Warden stated that if we were to learn that an offender may be at substantial risk of imminent sexual abuse, we would separate the potential victim and the potential aggressor by housing unit and job assignment (if they were both assigned to the same area). If it appears that separation by housing unit alone will not keep the victim safe, then the aggressors would be taken to Restrictive Housing. An investigation would be started immediately, and appropriate action take upon completion. If the aggressor is a staff member, the offender would be separated from the staff member. If the offender was on a crew supervised by the staff member, then the offender would be removed. If the staff member worked in the same housing unit, then the staff member would be reassigned to another post. The staff member would be instructed to have no contact with the offender. Upon completion of the investigation, appropriate action would be taken.</p> <p>Random Sample of Staff: Twelve random staff interviewed reported being aware of the agency procedure for reporting any information related to an individual in custody who may be at imminent risk of sexual abuse or sexual harassment. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor, separate the individuals and make sure the area is secure.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 365 356">Documents:</p> <p data-bbox="242 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="242 445 571 472">Policy: Sexual Abuse Prevention</p> <p data-bbox="242 504 533 530">Report to another agency (2)</p> <p data-bbox="242 562 432 589">Additional Training</p> <p data-bbox="242 620 352 647">Interviews:</p> <p data-bbox="242 678 379 705">Agency Head</p> <p data-bbox="242 736 323 763">Warden</p> <p data-bbox="242 795 483 822">Findings (By Provision):</p> <p data-bbox="242 853 1473 943">115.63 (a). As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p data-bbox="242 974 1458 1032">In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 14</p> <p data-bbox="242 1064 1481 1153">Policy (Sexual Abuse Prevention): Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred (p. 33).</p> <p data-bbox="242 1184 501 1211">Documentation Reviewed</p> <p data-bbox="242 1243 533 1270">Report to another agency (2)</p> <p data-bbox="242 1301 1436 1391">The auditor reviewed two allegations that was reported at Rockville in reference to another agency. The notification was made to the other facility via telephone by the investigator and followed up in an email to the facility PREA compliance manager. The allegations were disclosed during intake.</p> <p data-bbox="242 1422 1461 1583">Corrective Action: The facility shall put in a process whereas the allegation reported at the facility are sent in an email from the agency head to the corresponding agency head. The agency PREA Coordinator implemented a corrective action with the facility leadership and provided them with additional guidance on the requirement for the facility director instead of the investigator to send a letter directly to the other agency head on any allegations of sexual abuse or sexual harassment. In addition, the Warden was provided information on a list of all the Sheriff's across the state. No further action is warranted.</p> <p data-bbox="242 1615 1409 1673">115.63 (b). As reported in the PAQ, the agency policy requires the facility head provides such notification as soon as possible, but no more than 72 hours after receiving the allegation.</p> <p data-bbox="242 1704 1447 1762">Policy (Sexual Abuse Prevention): Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation (p. 33).</p> <p data-bbox="242 1794 1436 1883">The auditor reviewed two allegations that was reported at Rockville in reference to another agency. The notification was made to the other facility via telephone by the investigator and followed up in an email to the facility PREA compliance manager. The allegations were disclosed during intake.</p> <p data-bbox="242 1915 1461 2076">Corrective Action: The facility shall put in a process whereas the allegation reported at the facility are sent in an email from the agency head to the corresponding agency head. The agency PREA Coordinator implemented a corrective action with the facility leadership and provided them with additional guidance on the requirement for the facility director instead of the investigator to send a letter directly to the other agency head on any allegations of sexual abuse or sexual harassment. In addition, the Warden was provided information on a list of all the Sheriff's across the state. No further action is warranted.</p> <p data-bbox="242 2107 1425 2134">115.63 (c). As reported in the PAQ, the facility documents that it has provided such notifications within the 72 hours of</p>

receiving the allegation.

Policy (Sexual Abuse Prevention): The Department shall document that it has provided such notification (p. 33).

The auditor reviewed two allegations that was reported at Rockville in reference to another agency. The notification was made to the other facility via telephone by the investigator and followed up in an email to the facility PREA compliance manager. The allegations were disclosed during intake.

Documentation Reviewed

Report to another agency (2)

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

115.63 (d). As reported in the PAQ, the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.

Policy (Sexual Abuse Prevention): The Warden that receives such notification shall ensure that the allegation is investigated in accordance with the PREA standards and this policy and administrative procedure.

Documentation Reviewed

Interviews

Agency Head: The interviewed agency head reported, that when notified by another agency of an allegation within an IDOC facility, the standard requires that agency or facility head to direct the report to our facility head (Warden) of the facility where the incident occurred. They can also send the information to our PREA Coordinator or Executive Director of Investigations and Intelligence. Both would forward the report to the Warden and Investigators at the facility.

Indiana's Department of Administration has an office "The IDOC Ombudsman Bureau", which receives from the incarcerated population allegations of violation of policy and law. Allegations of sexual abuse or harassment received by that Bureau are relayed to Regional Directors and specific wardens, who work with I & I and the PREA Coordinator for further follow up and investigation.

Warden: The interviewed Warden reported that if a facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, those alleged incidents are referred to the investigators. The investigators will receive information from the reporting facility or agency. Depending upon the information received they may or may not travel to the facility and interview the offender. The investigators will interview offenders/staff who may have been involved at our facility. Based upon review of documentation and interviews with staff, the facility met the requirements of the provision. We had a PREA investigation that was completed here, the offender was transferred to

IWP and made an allegation. Their I&I contacted our I&I and they were informed that the

investigation had been completed.

Corrective Action and Conclusion:

115.63 (a/b). Corrective Action: The facility shall put in a process whereas the allegation reported at the facility are sent in an email from the agency head to the corresponding agency head. Additionally, the facility shall provide documentation of any allegations that regarding other institutions during the post onsite audit phase. The agency PREA Coordinator implemented a corrective action with the facility leadership and provided them with additional guidance on the requirement for the facility director instead of the investigator to send a letter directly to the other agency head on any allegations of sexual abuse or sexual harassment. In addition, the Warden was provided information on a list of all the Sheriff's across the state. No further action is warranted.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Training Curriculum (SART: First Responders, Evidence Protocols &amp; Investigations)</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Security Staff or Non-Security Staff First Responders</p> <p>Random Sample of Staff (12)</p> <p>Inmates who reported a sexual abuse (3)</p> <p>Findings (By Provision):</p> <p>115.64 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>§ Separate the alleged victim and abuser;</p> <p>§ Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>§ If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and/or;</p> <p>§ If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>Policy (Sexual Abuse Prevention): Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>Separate the alleged victim and abuser;</p> <p>Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>If the abuse occurred within a one hundred twenty (120) hour time frame, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and,</p> <p>If the abuse occurred within a one hundred-twenty (120) hour time frame, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of assault and any evidence collected, in coordination with Investigations and Intelligence Investigators, is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured</p>

due to facility safety concerns. They will also arrange for the removal of any suspected perpetrator (pp. 33-34).

In the past 12 months, the number of allegations that an inmate was sexually abused: 13

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 13

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

Documentation Reviewed

Investigation Reports (33)

Interviews

Security Staff and Non-Security Staff First Responders: All direct care staff are considered first responders. All of the interviewed staff could describe the agency first responder protocol.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. The interviewed inmates reported that staff immediately responded after they made the allegation. One inmate reported that they were immediately sent to medical, and two inmates stated that they were asked to write a report.

It should be noted that all security staff are considered first responders.

115.64 (b). As reported in the PAQ, the policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

§ Request that the alleged victim not take any actions that could destroy physical evidence; and/or

§ Notify security staff.

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Policy (Sexual Abuse Prevention): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff (p. 34).

Documentation Reviewed

Investigation Report (33)

Interviews

Security Staff and Non-Security Staff First Responders/Random Sample of Staff: The interviewed staff reported that if they are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, they would separate the parties, remove the threat, stay with the offender, and make sure no one else enters the area. Additionally, the supervisor will

be notified.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Corrective Action and Conclusion:

No corrective action is recommended for this standard.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Training Curriculum (Sexual Assault Response Team Overview)</p> <p>Facility Directive (Sexual Assault Coordinated Response)</p> <p>Interviews:</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.65 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.</p> <p>Policy (Sexual Abuse Prevention): The Warden at each facility shall establish a Sexual Assault Response Team (SART) and develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. The plan shall be written in a Facility Directive.</p> <p>A SART provides a coordinated, efficient, and supportive response to victims of sexual assault. The members of the SART shall provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault. Persons assigned to the facility's SART First Responders shall receive specialized training in providing comprehensive services to victims of sexual assault.</p> <p>The Warden shall ensure that there is an alternate for every first responder of the SART who is also qualified to fulfill the team member's role when they are unavailable. SART First Responders are to be scheduled so that First Responders are available at all times.</p> <p>Arrangements shall be made to ensure that SART First Responders who must interact with the sexual assault victim are able to communicate directly, through interpretive technology, or through offender interpreters during exigent circumstances, with offenders who have limited English proficiency, are deaf, or speech impaired. Accommodations shall be made to convey all written information verbally to offenders with limited reading skills or who are sight-impaired.</p> <p>The goals and objectives of the facility SART are:</p> <ul style="list-style-type: none"> <li>· Meet the needs of the victim with crisis intervention and support services.</li> <li>· Arrange a comprehensive forensic examination for sexual abuse victims, without financial cost, where evidentiary or medically appropriate.</li> <li>· Provide a joint, effective, and sensitive approach to victims of sexual assault.</li> <li>· Document and preserve forensic evidence for potential prosecution.</li> <li>· Conduct investigations of the crime from notification through prosecution.</li> </ul> <p>The members of the SART and their respective duties include, but are not limited to:</p> <p>Staff Designated as First Responders</p> <p>First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of assault and any evidence collected, in coordination with Investigations and Intelligence Investigators, is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns. They must inform the victim not to take any actions that could destroy physical evidence before an investigator or other member of the SART arrives. If the report is made within the one hundred twenty (120) hour time frame, staff shall ensure that the alleged victim and alleged abuser do not take any action(s) that could destroy physical</p>

evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. They will also arrange for the removal of any suspected perpetrator.

All SART First Responders shall be provided with specialized training for the initial response to reports of sexual abuse and protection of sexual abuse victims. Once staff have completed the initial SART First Responder training, they are required to complete the refresher course every two years to remain a SART First Responder.

#### Investigations and Intelligence Investigators

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

#### Medical Staff

Medical first responders shall provide care and treatment as outlined in the Sexual Assault Manual. Medical Staff shall respond to provide immediate medical care and evaluate the victim for life threatening injuries. Should a victim refuse or decline medical treatment the victim shall sign State Form 9262, "Refusal and Release of Responsibility for Medical, Surgical, Psychiatric and Other Treatment," which shall be documented in the offender medical file. Medical staff can aid in the preservation of evidence by instructing both the alleged victim and alleged abuser not to take any actions that could destroy physical evidence and assisting with the arrangement of a forensic exam by a SANE at a local hospital at no cost to the offender/student whether they name an abuser or cooperate with the investigation. The Sexual Assault Nurse Examiner (SANE) is to provide the forensic exam component of the SART. Non-Facility SANE personnel will take a medical history, perform the physical assessment of the victim, collect, document and initiate the preservation of physical evidence found on the victim and his/her personal effects. They will provide information on Health Services matters; document the examination and, if called upon, present expert testimony in court. Identification of SANE professionals in the local community shall be arranged by the PREA Compliance Manager and the medical contractor. Only qualified SANE professionals shall be utilized to conduct the forensic sexual assault examination.

#### PREA Compliance Manager

The PREA Compliance Manager shall be informed of the sexual abuse report by the Shift Supervisor. The PREA Compliance Manager shall assist the Shift Supervisor in coordinating the response and notifying the Superintendent. The PREA Compliance Manager shall ensure all PREA requirements are followed in response to a report of sexual abuse. The PREA Compliance Manager shall ensure the victim is offered access to a victim advocate or SART First Responder to accompany him/her to the forensic exam or during investigative interviews. The PREA Compliance Manager shall also manage the facility SART, ensuring training is completed as needed and an appropriate number of first responders are assigned to each shift. SART members shall be included in the monthly PREA Committee meetings whenever possible.

The facility administrative directive provides additional guidance on the sexual assault coordinated response.

#### Documentation Reviewed

Training Curriculum (Sexual Assault Response Team Overview)

Facility Directive (Sexual Assault Coordinated Response)

#### Interviews

Warden: The interviewed Warden reported that the facility has a facility directive describing the process that is to occur. However, we haven't had a need to activate first responders. To keep current with the process, the

Custody Supervisor will create scenarios periodically involving sexual abuse. These scenarios give staff the opportunity to stay current in appropriate response procedures.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.



115.66	<p><b>Preservation of ability to protect inmates from contact with abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.66 (a). As reported in the PAQ, the agency, facility, or any other government entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Policy (Sexual Abuse Prevention): The State of Indiana does not have collective bargaining units for its state employees or the Department. It is the Warden's discretion to determine if staff must be re- assigned to another post and prohibited from contact with an alleged victim. Staff may also be placed on an emergency suspension when supported by evidence of a serious violation of policy or State law (p. 37).</p> <p>Interviews</p> <p>Agency Head: The interviewed agency head stated that Indiana does not have unions for state employees and has not had unions for state employees since 2005.</p> <p>115.66 (b). Auditor is not required to audit this provision.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>
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115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention)</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Additional Training</p> <p>Interviews:</p> <p>Agency Head</p> <p>Warden</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>Findings (By Provision):</p> <p>115.67 (a). As reported in the PAQ, the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If YES, provide staff name(s), title(s), and department(s) in the comments section.</p> <p>Policy (Sexual Abuse Prevention): The Department shall establish a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The Warden shall designate which staff members or departments are charged with monitoring retaliation (p. 37)</p> <p>Documentation Reviewed</p> <p>PREA Retaliation Monitoring (10)</p> <p>Additional Training</p> <p>Corrective Action: Upon review of the investigation files, it was determined that monitoring for retaliation for all allegations of sexual abuse. The facility shall retrain staff required to monitor for retaliation and provide documentation of any allegations that occurred past the onsite audit, showing monitoring was completed as required by the policy. The agency PREA Coordinator conducted a statewide training in which two agency leadership staff attended. The training covered the responsibility of the PCM to conduct monitoring for retaliation and the process of which to conduct the training. No further action is needed.</p> <p>It should be noted that an allegation of sexual abuse was not reported during the corrective action phase.</p> <p>115.67 (b). The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Policy (Sexual Abuse Prevention): The facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and</p>

emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations (p. 37).

#### Documentation Reviewed

#### PREA Retaliation Monitoring (10)

#### Additional Training

#### Interviews

Agency Head: The interviewed agency head stated that the agency has a process to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. If an alleged victim or witness claims they are experiencing retaliation we will investigate that report. We will also look at housing unit moves to ensure the offender's safety or facility transfer if that is deemed necessary from the investigation. If staff express concerns about retaliation, we will investigate and consult HR staff in mitigating the retaliation. This may involve reassignment, discipline or termination depending on the circumstances.

Warden: The interviewed Warden reported that once an allegation is received, the offenders are separated either from work assignment or housing unit. The allegation is investigated and those interviewed understand that investigations are to remain confidential. If substantiated or unsubstantiated the separation will continue. If a facility transfer is necessary, then the offender will be moved. Offender monitoring will be put in place so that future transfers will not result in the two offenders being in the same facility. Monitoring will also be initiated to ensure retaliation is not an issue and to determine if other services are necessary. Offenders under PREA monitoring are discussed monthly during the PRE-A meetings to ensure their needs are being met. For staff, HR is always available as well as any supervisor, Deputy Wardens and the Warden for reporting of retaliation. Allegations of staff retaliation would be investigated by I&I. If necessary, a shift change can occur and if serious enough, a suspension. Status checks would also be completed on both offenders and staff. All staff receive training in PREA guidelines. Retaliation is a part of that training.

Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that they will conduct retaliation monitoring meetings with offenders as assigned by the PCM. These meetings are held every 30 days for 90 days, in most cases. During the meetings, various items are reviewed such as the offender's current housing, conduct, work assignment, attempted contact from the other involved party/parties. It was further reported that, I quickly build a relationship with the offenders I monitor to help establish trust so that I can help them to the best of my abilities during the retaliation monitoring process. If anything immediately concerning is discussed during a retaliation monitoring interview, I let the PCM know. The retaliation monitoring interviews have various topics to be reviewed which also protects the offenders and staff. I initiate contact when assigned a retaliation monitoring by the PCM. I meet with them for an initial meeting and then every 30 days after for 90 days in most cases. Some monitoring cases end sooner due to offender being released or transferred or at the discretion of the PCM based on the outcome of the investigation.

Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse: There were zero reported residents who were placed in segregated housing as a result of suffering sexual abuse.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. The two reported sexual abuse stated that they felt protected enough against possible revenge from staff or other inmates because of what was reported.

Corrective Action: Upon review of the investigation files, it was determined that monitoring for retaliation for all allegations of sexual abuse. The facility shall retrain staff required to monitor for retaliation and provide documentation of any allegations that occurred past the onsite audit, showing monitoring was completed as required by the policy. The agency PREA Coordinator conducted a statewide training in which two agency leadership staff attended. The training covered the responsibility of the PCM to conduct monitoring for retaliation and the process of which to conduct the training. No further action is needed.

It should be noted that no sexual abuse allegation was reported during the corrected action phase.

115.67 (c). As reported in the PAQ, the facility monitors for retaliation for 90 days, and will continue monitoring past 90 days if needed.

The number of times an incident of retaliation occurred in the past 12 months:0

Policy (Sexual Abuse Prevention): For at least ninety (90) days following a report of sexual abuse, the staff designated to monitor for retaliation shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. Items the PREA Committee should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of

staff. The PREA Committee shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need (p. 37).

#### Documentation Reviewed

#### PREA Retaliation Monitoring (10)

#### Additional Training

#### Interviews

Warden: The interviewed Warden reported that as a result of a substantiated PREA incident regarding sexual abuse, the offender was transferred to another facility. The transfer was done for the good of all; the offender and the staff who were aware of the situation. Retaliation wasn't suspected; the transfer was done for the good of the facility and the offender. If I were to suspect retaliation, I would share my concerns with the PREA Compliance Manager and the investigators and request that an investigation start involving concerned parties. I would also make sure of separation of the concerned parties.

Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that they will look at the following to detect possible retaliation; conduct history is reviewed and authors of those conduct reports, if necessary. Housing assignment, program/job assignment, and offender information provided during the interview are all helpful items that can bring possible retaliation to light. The monitoring will occur over 90 days, unless otherwise directed by the PCM.

Corrective Action: Upon review of the investigation files, it was determined that monitoring for retaliation for all allegations of sexual abuse. The facility shall retrain staff required to monitor for retaliation and provide documentation of any allegations that occurred past the onsite audit, showing monitoring was completed as required by the policy. The agency PREA Coordinator conducted a statewide training in which two agency leadership staff attended. The training covered the responsibility of the PCM to conduct monitoring for retaliation and the process of which to conduct the training. No further action is needed.

It should be noted that no sexual abuse allegation was reported during the corrective action phase.

115.67 (d). In the case of inmates, such monitoring shall also include periodic status checks.

Policy (Sexual Abuse Prevention): In the case of offenders, such monitoring shall also include periodic status checks. Meetings shall occur with offenders once every 30 days. Staff monitoring shall consist of one meeting to inform the staff to report retaliation during the 90 days to the designated monitoring staff (p. 37).

#### Documentation Reviewed

#### PREA Retaliation Monitoring (10)

#### Additional Training

#### Interviews

Designated Staff Charged with Monitoring for Retaliation: The designated staff member charged with monitoring for retaliation reported that they will look at the following to detect possible retaliation; conduct history is reviewed and authors of those conduct reports, if necessary. Housing assignment, program/job assignment, and offender information provided during the interview are all helpful items that can bring possible retaliation to light.

Corrective Action: Upon review of the investigation files, it was determined that monitoring for retaliation for all allegations of sexual abuse. The facility shall retrain staff required to monitor for retaliation and provide documentation of any allegations that occurred past the onsite audit, showing monitoring was completed as required by the policy. The agency PREA Coordinator conducted a statewide training in which two agency leadership staff attended. The training covered the responsibility of the PCM to conduct monitoring for retaliation and the process of which to conduct the training. No further action is needed.

It should be noted that no sexual abuse allegation was reported during the corrective action phase.

115.67 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Policy (Sexual Abuse Prevention): If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation. This may require the initiation of an investigation of the retaliation (pp. 37-38).

#### Interviews

Agency Head: The interviewed agency head stated that if an individual cooperates with an investigation, expresses fear of retaliation, the agency has measures to protect the individual against retaliation. If an alleged victim or witness claims they are experiencing retaliation, we will investigate that report. We will also look at housing unit moves to ensure the offender's safety or facility transfer if that is deemed necessary from the investigation. If staff express concerns about retaliation, we will investigate and consult HR staff in mitigating the retaliation. This may involve reassignment, discipline or termination depending on the circumstances.

Warden: The interviewed Warden stated that once an allegation is received, the offenders are separated either from work assignment or housing unit. The allegation is investigated and those interviewed understand that investigations are to remain confidential. If substantiated or unsubstantiated the separation will continue. If a facility transfer is necessary, then the offender will be moved. Offender monitoring will be put in place so that future transfers will not result in the two offenders being in the same facility. Monitoring will also be initiated to ensure retaliation is not an issue and to determine if other services are necessary. Offenders under PREA monitoring-are-discussed-monthly-during-the-PRE-A-meetings-to-ensure-their-needs-are---being met. For staff, HR is always available as well as any supervisor, Deputy Wardens, and the Warden for reporting of retaliation. Allegations of staff retaliation would be investigated by I&I. If necessary, a shift change can occur and if serious enough, a suspension. Status checks would also be completed on both offenders and staff. All staff receive training in PREA guidelines. Retaliation is a part of that training.

As a result of a substantiated PREA incident regarding sexual abuse, the offender was transferred to another facility. The transfer was done for the good of all; the offender and the staff who were aware of the situation. Retaliation wasn't suspected; the transfer was done for the good of the facility and the offender. If I were to suspect retaliation, I would share my concerns with the PREA Compliance Manager and the investigators and request that an investigation start involving concerned parties. I would also make sure of separation of the concerned parties.

115.67 (f). An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Policy (Sexual Abuse Prevention): A facility's obligation to monitor shall terminate if the investigation determines that the allegation is unfounded (p. 38).

Corrective Action and Conclusion:

Corrective Action: Upon review of the investigation files, it was determined that monitoring for retaliation for all allegations of sexual abuse. The facility shall retrain staff required to monitor for retaliation and provide documentation of any allegations that occurred past the onsite audit, showing monitoring was completed as required by the policy. The agency PREA Coordinator conducted a statewide training in which two agency leadership staff attended. The training covered the responsibility of the PCM to conduct monitoring for retaliation and the process of which to conduct the training. No further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>PREA Housing Assignment Review</p> <p>Memo: PREA Standard 115.68 a</p> <p>Interviews:</p> <p>Warden</p> <p>Staff who Supervise Offender in Segregated Housing</p> <p>Findings (By Provision):</p> <p>115.68 (a). As reported in the PAQ, the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.</p> <p>The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.</p> <p>From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.</p> <p>If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Policy (Sexual Abuse Prevention): Any use of restrictive status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.43 for Adult facilities and 115.342 for Juvenile Facilities (p. 38).</p> <p>Policy (The Use and Operation of Protective Custody): If the decision is to place an offender in protective custody, either voluntarily or involuntarily, the facility shall conduct a Classification Committee Hearing within seventy-two (72) hours of the offender's admission to the protective custody unit, excluding weekends and holidays, in accordance with Policy and Administrative Procedure 01-04-101, "Adult Offender Classification." The Classification Committee or other designated staff shall review all offenders assigned to a protective custody unit every seven (7) days for the first two (2) months and, at least, every thirty (30) days thereafter. The reviews shall be conducted in accordance with Policy and Administrative Procedure 01-04-101, "Adult Offender Classification." (pp. 3-4)</p> <p>A memo provided by the warden indicated that there were no offenders placed in protective custody as a result of suffering sexual abuse.</p> <p>Documentation Reviewed</p> <p>PREA Housing Assignment Review</p> <p>Memo: PREA Standard 115.68 a</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that Segregation is used as a last resort. If we were to encounter the situation described above, we have options regarding housing placement. We have two rooms on each housing unit (Dorm 3, 4 and 5) that are across from the officer's station. Although officers make rounds and are not always at the desk, that is a high traffic</p>

area and less opportunity for incidents. Depending upon how full the Intake Unit is, placement there is also an option until a permanent placement can be obtained. If an offender alleges sexual abuse and cannot or will not identify the aggressor, then she is placed in segregation for her own protection. We have no idea who to protect her from until more information can be obtained. Please see #8 regarding offenders who may be at high risk for sexual victimization. To the best of my recollection, we have never placed an offender at high risk for sexual victimization in segregation. I believe we have only place one offender in segregation who alleged sexual victimization because she could not or would not identify the aggressor. We had no idea if the aggressor was on her dorm or at her worksite. This occurred several years ago, and I believe she was in segregation for a very short period of time. There were no reported circumstances in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse.

Staff who supervisor inmates in segregated housing: The interviewed staff reported on the process of general inmates placed in segregated housing as sexual victims are not placed in segregated housing. In general, it was stated that the opportunities have been limited. It would be documented on the state form 16050, Adult Restrictive Housing Restrictions Report and state form 39588, Restrictive Status Housing Report. The duration of the limitations, and also be documented on form 16050 and form 39588. It was further reported that segregated housing is an absolute last resort. For example, if the facility is under quarantine and moving her to another unit would jeopardize the health of her and other offenders.

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse): There are no identified inmates who were placed in segregated housing for risk of sexual victimization/who alleged to have suffered sexual abuse.

PREA Audit Site Review: During the site inspection, the auditor randomly spoke to residents, and there was no indication that residents were placed in restrictive housing for sexual abuse allegations.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Policy: Investigations and Intelligence</p> <p>Investigative Staff Training Records</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews</p> <p>Investigative Staff</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.71 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy (Sexual Abuse Prevention):</p> <p>Policy (Investigations and Intelligence):</p> <p>Investigation</p> <p>A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin:</p> <p>As outlined in Investigating Allegations of Misconduct (section VIII of this document);</p> <p>Upon activation of a facility SART team; and/or,</p> <p>If determined to be necessary following an administrative review.</p> <p>If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in Policy and Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect."</p> <p>Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Investigators shall:</p> <p>Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any</p>

available electronic monitoring data;

Interview alleged victims, witnesses, and suspected perpetrators; and,

Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Garrity/Administrative investigation notice shall be given when interviewing staff witnesses for simple fact-finding.

An effort shall be made to determine whether staff actions or failures contributed to sexual abuse or sexual harassment.

An additional staff member, uninvolved in the case, shall be present during interviews, in order for one of the staff members to be of the same gender as the subject of the interview.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. No facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other similar device as a condition for proceeding with the investigation of such an allegation.

The substantiation standard for sexual abuse and sexual harassment administrative investigations is preponderance of the evidence. When the evidence supports criminal prosecution, the Department shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution.

Departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision does not warrant termination of investigation. Outside law enforcement may be contacted if this occurs.

Consultation with the prosecutor's office or Indiana State Police is permitted at any time during the investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility Investigators. Facility Investigators shall be responsible for the coordination of all investigations.

Follow up with an offender's/youth's allegation of sexual abuse or sexual harassment shall be done in accordance with Policy and Administrative Procedure 02-01-115, "Sexual Abuse Prevention."

If a sexual harassment case involves staff on staff, it shall be forwarded to, and investigated by, Human Resources unless otherwise directed by the Executive Director of Investigations.

#### Evidence and Case Reporting Procedures and Best Practices

All evidence and case reporting procedures shall remain consistent with Duties and Responsibilities for Evidence (Section XVI) and Case Reports (Section XVII) of this document. Special attention shall be paid to the following procedures and best practices.

If a report is made within the ninety-six (96) hour time frame, staff shall ensure that the alleged victim and alleged abuser do not take any action(s) that could destroy physical evidence, including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the situation warrants, staff shall ensure the security of the crime scene, including alleged victim and alleged abuser clothing, bedding, and object(s) used for penetration. If necessary, staff shall ensure retrieval of new clothing for the alleged victim after the forensic medical examination is completed without disturbing the crime scene. If the alleged abuser is known, Investigators shall require him/her to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse.

In cases of sexual abuse, offenders/youths shall be offered a forensic examination without financial cost, which is developmentally appropriate for youth when applicable, through a SANE or SAFE at a local hospital.

Each facility shall establish a written plan for ensuring proper chain of custody of sexual assault evidence collection kits (Rape Kits) from the hospital to the facility evidence room, or other secured location (e.g., evidence lab).

Play an active role in SART team actions and decisions including, but not limited to:

Responding to call;

Enhancing safety for victims, witness, and suspects;

Pursuing medical examinations and necessary transport arrangement;

All interviews, including compelled interviews; and,

Chain of Custody needs;

An active role shall be played in any potential court or administrative process.

All reports shall be kept for the length of an offender's/youth's sentence(s) or the length of the employee's employment plus five (5) years.

#### Documentation Reviewed

#### Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))

- Investigation Report/Allegation (33)
- Monitor for Retaliation (10)
- Notification (15)
- Follow up with medical and mental health (8)
- Incident Review (2)

#### Interviews

Investigative Staff: The interviewed investigators reported that an investigation is initiated immediately following an allegation of sexual abuse and sexual harassment. Each case is different but depending on the circumstances and availability each case is started to be investigated as soon as possible. The investigation started within 72 hours of the original report.

A review of policy, documentation, and interviews with staff; found that the facility is in compliance with the provisions of this standard.

115.71 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

Policy (Sexual Abuse Prevention): Where sexual abuse is alleged, the Department shall use investigators who have received special training in sexual abuse investigations pursuant to 115.34/343 (p. 38).

#### Documentation Reviewed

#### Investigative Staff Training Records

#### Interviews

Investigative Staff: The interviewed investigators reported that they have completed training specific to conducting sexual abuse investigations in confinement settings. Training is received annually. Additionally, the SART training at the facility. NIC classes for PREA Investigations in a confined setting; along with Advanced interviewing and interrogation class and Investigation Academy by IDOC.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

115.71 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Policy (Sexual Abuse Prevention): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Staff shall ensure that any crime scene or evidence collected is maintained in accordance with Policy an Administrative Procedure 00-01-103, "The Operation of the Office of the Investigations and Intelligence." The Warden is responsible for ensuring that First Responders and Investigators under their control follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for Department disciplinary and criminal proceedings (p. 38).

#### Documentation Reviewed

#### Investigative Reports (33)

#### Interviews

Investigative Staff: The interviewed investigators, reported that the first step is to determine the alleged victim and the alleged suspect. Once that is determined, they need to be separated immediately. Depending on if the case is a sexual abuse or sexual harassment, it can be handled in about the same manner but will have a different step. The investigator will begin

collecting the information, interview the victim, suspect and any witnesses. The investigator will gather all evidence including physical evidence, phone calls, emails, messages, notes and anything else pertaining to the investigation. Once all information is gathered, all information and evidence will be processed, and a determination will be made on the case. All information will be documented and then forwarded to the proper authorities. Evidence collected can be in many forms to include but not limited to pictures of injuries and crime scene, bedding material, clothing, weapons, DNA, notes or forms of communications, recorded phone calls and electronic messages or emails ... ect We have also utilized the Indiana State Police to assist in collecting some criminal evidence that would need to be sent to the crime lab for processing.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

115.71 (d). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Policy (Sexual Abuse Prevention): When the quality of evidence appears to support criminal prosecution, the Department Investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution (p. 38).

Documentation Reviewed

Investigative Reports (33)

Interviews

Investigative Staff: The interviewed investigators stated that as soon as it is determined that the case may turn toward a criminal case, the prosecutor's office is notified, and we discuss the next steps that needs to be taken. From that point we keep them updated throughout the rest of the case on all interviews and evidence collected till we turn over the final report to them.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

115.71 (e). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy (Sexual Abuse Prevention): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The Department shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation (p. 39).

Interviews

Investigative Staff: The interviewed investigators stated that the credibility of an alleged victim, suspect or witness will be individual basis. The investigator will take many things into consideration when completing the investigation and make sure that all pertinent information is gathered and reviewed by the responsible staff. It will not be required for a victim to take a polygraph to start or continue an investigation of alleged abuse.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. All of the interviewed reported that they were not required to take a polygraph test.

115.71 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Policy (Sexual Abuse Prevention): Administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and,

Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings (p. 39).

Documentation Reviewed

## Investigative Reports (33)

### Interviews

Investigative Staff: The interviewed investigators stated that the following actions for administrative investigations would be accessed to determine if staff actions or failures to act contributed to sexual abuse. We look at the totality of evidence to include all video recordings, witness's statements, and training to make sure that if any wrongdoing was done that it is documented and used as a learning moment to prevent further incidents. All pertinent information is documented in the case report such as photos, videos, interviews, statements, and any evidence that may have been collected. We also document all related information about previous complaints I reports of this nature as well to as the findings.

115.71 (g). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were zero criminal investigations. All investigations reviewed were administrative.

Policy (Sexual Abuse Prevention): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible (p. 39).

### Documentation Reviewed

## Investigative Reports (33)

### Interviews

Investigative Staff: The interviewed investigators stated that criminal investigations are documented, including a thorough description of all physical, testimonial and collateral evidence. All pertinent information is documented in the case report such as photos, videos, interviews, statements and any evidence that may have been collected. We also document all related information about previous complaints I reports of this nature as well to as the findings.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of the standard.

115.71 (h). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1.

Policy (Sexual Abuse Prevention): Substantiated allegations of conduct that appears to be a violation of Indiana criminal code shall be referred for prosecution.

### Documentation Reviewed

## Investigative Reports (33)

### Interviews

Investigative Staff: The interviewed investigators further reported that cases are referred for prosecution when the burden of proof is met to substantiate a case for criminal conduct. At any point that any state or federal law has been broken, the report is taken to the prosecutor's office for review. They determine if they want to file criminal charges on the suspect(s).

115.71 (i). As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy (Sexual Abuse Prevention): The Department shall retain all written reports referenced in paragraphs 6 and 7 of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five (5) years, unless the abuse was committed by a juvenile offender and applicable law requires a shorter period of retention (p. 39).

### Documentation Reviewed

## Investigative Reports (33)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.71 (j). 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.

Policy (Sexual Abuse Prevention): The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation (p. 39).

#### Interviews

Investigative Staff: The interviewed investigator reported that when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation or a victim leaves the facility, the investigation is continued, and assistance is required by outside law enforcement agencies. Just because the staff member has quit the department doesn't mean that the case is closed. I will continue to work the case and exhausts all efforts to gather all evidence and complete the case to the best of my ability. If I have to go to the prosecutor's office to get a notice to compel an interview.

115.71 (k). Auditor is not required to audit this provision.

115.71 (l). N/A—A separate entity is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

#### Interviews

Warden: The interviewed Warden reported that the two facility investigators are Correctional Police Officers who are both trained in conducting investigations. Outside agency investigators are typically not used. However, our investigators may assist another facility if an offender makes an allegation after transferred. Facility investigators communicate via telephone and email. Because there are only three female facilities, they all know each other and work well together.

PREA Coordinator: The agency PREA Coordinator stated that outside agencies do not conduct investigations in IDOC facilities.

PREA Compliance Manager: The interviewed PCM stated that the facility has two I&I investigators and have not used outside agencies to do investigations of sexual abuse. However, if we did, staff would remain in contact with them throughout the investigation

Investigative Staff: The interviewed investigators reported that when an outside agency investigates an incident of sexual abuse in the facility, the investigators, full cooperation is provided to outside agencies with assistance as needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

#### Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.72 (a). As reported in the PAQ, the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy (Sexual Abuse Prevention): The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated (p. 39).</p> <p>Documentation Reviewed</p> <p>PPT: Prison Rape Elimination Act (PREA) for Investigators</p> <p>Investigative Reports (33)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed investigator stated that the standard used to substantiate allegations of sexual abuse or sexual harassment include a preponderance of evidence. For administrative investigation, all that is need is the preponderance of evidence. For a criminal case once we get to the preponderance of evidence to substantiate a case, we will consult with the prosecutor, and they will determine if it is enough to take it to a criminal case for beyond reasonable doubt finding for a trial.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.73	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Warden</p> <p>Investigative Staff</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>Findings (By Provision):</p> <p>115.73 (a). As reported in the PAQ, the agency has a policy requiring that any individual in custody who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>Policy (Sexual Abuse Prevention): Following an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility PREA Compliance Manager shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (pp. 39-40).</p> <p>The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 14.</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 14.</p> <p>During the onsite inspection there were two identified sexual abuse allegations, both reported by the same inmate. It should be noted that all residents are notified of the results of allegations of sexual abuse and sexual harassment.</p> <p>Documentation Reviewed</p> <p>Notification of allegation (15)</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that the facility notifies an individual in custody of the results of an investigation. The PREA Compliance Manager makes the notification.</p> <p>Investigative Staff: The interviewed investigators reported that the agency procedures require that a form is completed and signed off by the alleged victim to inform them what the findings are at the conclusion of the investigation.</p> <p>Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse, one stated that they were not notified.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in</p>

compliance with the provisions of this standard. No corrective action is warranted.

115.73 (b). NA-the facility is responsible for conducting administrative and criminal investigations.

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

Documentation Reviewed

Investigative Reports (33)

115.73 (c). As reported in the PAQ, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the inmate's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has been substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an individual in custody in an agency facility in the past 12 months.

Policy (Sexual Abuse Prevention): Following an offender's allegation that a staff member has committed sexual abuse against the offender, the Department shall subsequently inform the offender (unless the Department has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the offender's unit;

The staff member is no longer employed at the facility;

The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,

The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility (p. 40).

Documentation Reviewed

Investigative Report (33)

Interviews

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. None of the interviewed inmates' allegations involved a staff member.

115.73 (d). As reported in the PAQ, the following an offenders allegation that he or she has been sexually abused by another individual in custody in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy (Sexual Abuse Prevention): Following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged victim whenever:

The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,

The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility (p. 40).

Documentation Reviewed

Investigative Report (33)

Interviews

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. It was further reported that the investigation did not result in charges.

115.73 (e). As reported in the PAQ, the agency has a policy that all notifications to offenders described under this standard are documented.

Policy (Sexual Abuse Prevention): All such notifications or attempted notifications shall be documented on the PREA Investigation Outcome Notification form. A copy of the form shall be provided to the offender and placed in the offender record (p. 40).

In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 14.

Of those notifications made in the past 12 months, the number that were documented: 8.

Documentation Reviewed

Investigative Reports to include Notification (15)

115.73 (f). The auditor is not required to audit this provision of the standard.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.76	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Policy: Information and Standards of Conduct for Departmental Staff</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Findings (By Provision):</p> <p>115.76 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy (Sexual Abuse Prevention): Staff shall be subject to disciplinary sanctions up to and including termination for violating Department sexual abuse or sexual harassment policies. (Also see Policy 04-03-103, "Information and Standards of Conduct for Department Staff") (pp. 40-41).</p> <p>During the onsite inspection there were several residents who expressed concern about staff sexual harassment. The harassment allegation was previously reported and investigated. The investigation resulted in staff disciplinary actions to include retraining. The auditor reviewed the report and the retraining requirement.</p> <p>Documentation Reviewed</p> <p>Investigation Report (33)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.76 (b). As reported in the PAQ, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 1. In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 1.</p> <p>Policy (Sexual Abuse Prevention): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse (Staff Sexual Misconduct) (p. 41).</p> <p>Policy (Information and Standards of Conduct for Departmental Staff): Dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies (p. 11).</p> <p>During the onsite audit, a resident reported concern of several staff member and sexual harassment of a transgender resident. The allegation was investigated, and the staff were disciplined. The facility provided documentation of the disciplinary sanctions.</p> <p>Documentation Reviewed</p> <p>Investigative Reports (33)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.76 (c). As reported in the PAQ, disciplinary sanctions for violations of the agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed are comparable offenses by other staff with similar histories.

Policy (Sexual Abuse Prevention): Disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories (p. 41).

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0.

During the onsite audit, a resident reported concern of several staff member and sexual harassment of a transgender resident. The allegation was investigated, and the staff were disciplined. The facility provided documentation of the disciplinary sanctions.

Documentation Reviewed

Disciplinary Sanctions on Employees

SPD Discipline Policy Statement

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.76 (d). As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy (Sexual Abuse Prevention): All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. These referrals shall be documented (p. 41).

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 1.

Documentation Reviewed

Investigation Reports (33)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Memo: Standard 115.77 a-4</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Warden</p> <p>Findings (By Provision):</p> <p>115.77 (a). As reported in the PAQ, the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.</p> <p>Policy (Sexual Abuse Prevention): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders, removed from the facility and shall be reported to law enforcement agencies, unless the activity was clearly not criminal. A substantiated finding for sexual abuse shall be reported to relevant licensing bodies where applicable and documented (p. 41).</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.</p> <p>The facility warden provided a memo stating that there were no instances of contractors or volunteers reported to law enforcement for engaging in sexual abuse of incarcerated individuals in the last twelve months.</p> <p>Documentation Reviewed</p> <p>Investigative Files: Upon review of investigation files, it was further confirmed that there were no allegations involving volunteers or contractors.</p> <p>Memo: Standard 115.77 a-4</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.77 (b). As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy (Sexual Abuse Prevention): The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer (p. 41).</p> <p>Interviews</p> <p>Warden: The interviewed Warden reported that violations of sexual abuse would result in a gate closure of the contractor or</p>

volunteer. I&I would meet with the local prosecutor regarding possible charges. Monitoring and mental health services would be provided to the victim. Violations of sexual harassment may or may not involve a gate closure depending upon the nature of the violation. Retraining would definitely occur with a reminder of gate closure.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action and Conclusion:**

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Policy: The Disciplinary Code for Adult Offenders</p> <p>IDOC Adult Disciplinary Process</p> <p>ADP Offenses Offender Brochure</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Warden</p> <p>Medical and Mental Health Staff (2)</p> <p>Findings (By Provision):</p> <p>115.78 (a). As reported in the PAQ, Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p>In the past 12 months there were zero administrative or criminal findings of guilt regarding individual in custody-on-individual in custody sexual abuse that occurred at the facility. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.</p> <p>Policy (Sexual Abuse Prevention): Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. (Also see Policy and Administrative Procedures 02-04-101, "The Disciplinary Code for Adult Offenders," and 03-02-101, "Juvenile Code of Conduct") (p. 41).</p> <p>Policy (The Disciplinary Code for Adult Offenders): The policy provides additional guidance on the process to discipline adult offenders.</p> <p>Documentation Reviewed</p> <p>IDOC Adult Disciplinary Process</p> <p>ADP Offenses Offender Brochure</p> <p>115.78 (b). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</p> <p>Policy (Sexual Abuse Prevention): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with</p>

similar histories. In the event a disciplinary sanction results in the isolation of a juvenile offender, the facility shall not deny the offender daily large-muscle exercise or access to any legally required educational programming or special education services. Juvenile offenders in isolation shall receive daily visits from a medical or mental health care clinician. Juvenile offenders shall also have access to other programs and work opportunities to the extent possible (p. 42).

#### Documentation Reviewed

#### Investigative Reports (33)

#### Interviews

Warden: The interviewed Warden reported that the Adult Disciplinary Code outlines various disciplinary codes and sanction ranges based upon the code violated. Prior to any disciplinary hearing mental health staff review the offender involved and let hearing officers know if the offender's mental health status may or may not have played a role in their actions. The hearing officer, by policy, must take into consideration staff statements, offender statements, any investigative reports, medical reports and any possible video evidence. Sanctions are based upon sanction ranges defined in the Adult Disciplinary Policy, prior disciplinary history, mental health status and potential for corrective effect. Disciplinary proceedings are reviewed by myself or a Deputy Warden in my absence. If the offender files an appeal the Disciplinary Review Manager takes the above factors into consideration and may call for clarification if needed prior to rendering a decision. If the offender appeals the decision made by the Disciplinary Review Manager and has suffered grievous loss, the offender may then continue with the appeal. Appeals are answered at the Central Office level by staff attorneys.

115.78 (c). The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Policy (Sexual Abuse Prevention): The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed (p. 42).

#### Documentation Reviewed

#### Investigative Reports (33)

#### Interviews

Warden: The interviewed Warden reported that the Adult Disciplinary Code outlines various disciplinary codes and sanction ranges based upon the code violated. Prior to any disciplinary hearing mental health staff review the offender involved and let hearing officers know if the offender's mental health status may or may not have played a role in their actions. The hearing officer, by policy, must take into consideration staff statements, offender statements, any investigative reports, medical reports and any possible video evidence. Sanctions are based upon sanction ranges defined in the Adult Disciplinary Policy, prior disciplinary history, mental health status and potential for corrective effect. Disciplinary proceedings are reviewed by myself or a Deputy Warden in my absence. If the offender files an appeal the Disciplinary Review Manager takes the above factors into consideration and may call for clarification if needed prior to rendering a decision. If the offender appeals the decision made by the Disciplinary Review Manager and has suffered grievous loss, the offender may then continue with the appeal. Appeals are answered at the Central Office level by staff attorneys.

115.78 (d). As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Policy (Sexual Abuse Prevention): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. A juvenile facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education (p. 42).

#### Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that the all all patients how have been identified in PREA allegations, victim and perpetrator, are offered MH services to address any concerns that may have been triggered. Furthermore, medical reported that the services are offered that are deemed necessary. It was further reported that offenders are allowed to turn down services upon intake

115.78 (e). As reported in the PAQ, the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Policy (Sexual Abuse Prevention): The Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact (p. 42).

Documentation Reviewed

Investigative Reports (33)

115.78 (f). As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy (Sexual Abuse Prevention): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation (p. 41).

115.78 (g). As reported in the PAQ, the agency prohibits all sexual activity between offenders.

Policy (Sexual Abuse Prevention): The Department shall prohibit all sexual activity between offenders and shall discipline offenders for such activity in accordance with the appropriate disciplinary code or code of conduct. The Department shall not deem such activity to constitute sexual abuse if it determines that the activity is consensual and not coerced. Staff shall make every effort to determine if coercion was involved. Offenders shall be advised in PREA education that cases of sexual abuse shall be referred for criminal prosecution and to Child Protective Services as appropriate (p. 41).

A review of policy and documentation found that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Staff Referral for Medical Services</p> <p>MH Secondary Materials</p> <p>PREA Duty to Report Medical and Mental Health Staff</p> <p>Inmate File Review</p> <ul style="list-style-type: none"> <li>· Referral for Medical/Mental Health (12)</li> <li>· SVAT (51)</li> </ul> <p>Interviews:</p> <p>Inmates who Disclose Sexual Victimization at Risk Screening (8)</p> <p>Staff Responsible for Risk Screening</p> <p>Medical and Mental Health Staff (2)</p> <p>Findings (By Provision):</p> <p>115.81 (a). As reported in the PAQ, all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. the follow-up meeting was offered within 14 days of the intake screening.</p> <p>Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>Policy (Sexual Abuse Prevention): If the screening pursuant to 115.41/341 indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening (pp. 42-43).</p> <p>In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100</p> <p>Documentation Reviewed</p> <p>Referral for Medical/Mental Health (12)</p> <p>SVAT (51)</p> <p>Interviews</p> <p>Inmates who Disclose Sexual Victimization at Risk Screening: Seven inmates interviewed reported a prior history of sexual victimization during the risk screening. Half of the interviewed reported that they were not offered any counseling or mental health services related to their prior victimization. One resident reported that the staff don't care about things like that, at intake they just ask a bunch of questions and send you on your way. The residents who did report receiving services stated that they were offered counseling and they discuss it every 90 days.</p> <p>Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that every Incarcerated Individual is screened upon admission and/or transfer within the Intake Unit. This is completed with the SVAT.</p> <p>115.81 (b). As reported in the PAQ, all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner. Mental health staff</p>

maintain secondary materials (e.g., form, log) documenting compliance with the above required services. The follow up meeting would be offered within 14 days of the intake screening.

Policy (Sexual Abuse Prevention): If the screening pursuant to 115.41/341 indicates that a prison offender or offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender/offender is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening (p. 43).

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 100.

Documentation Reviewed

MH Secondary Materials

Referral for Medical/Mental Health (12)

SVAT (51)

Interviews

Staff Responsible for Risk Screening: As previously stated, the interviewed staff responsible for risk screening reported that if an Incarcerated Individual indicates they have been a perpetrator or score as a perpetrator of sexual abuse in an institutional setting or within the community they are referred to mental health/medical typically within 24 hours of the SVAT being completed while in the Intake Unit.

115.81 (d). Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Policy (Sexual Abuse Prevention): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law (p. 43).

Documentation Reviewed

MH Secondary Materials

Referral for Medical/Mental Health (12)

SVAT (51)

115.81 (e). As reported in the PAQ, Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

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

Documentation Reviewed

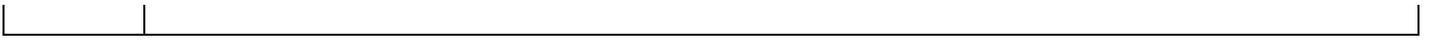
PREA Duty to Report Medical and Mental Health Staff

Interviews

Medical and Mental Health Staff: The interviewed mental health staff reported that they cannot recall an instance in which I needed to report prior victimization for a patient I have treated in this setting. What has been more common are reports regarding the welfare of a patient's child in the community. In these situations, I inform patients if /when report needs to be made. Medical reported that all offenders are educated on informed consent upon arrival to the facility. They are all aware of the duty to report. It was further reported that the facility does not house juveniles.

Corrective Action and Conclusion:

No corrective action is recommended for this standard.



115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>IDOC Sexual Assault Manual (IDOC Health Services Division)</p> <p>Email Correspondence: Follow up with mental health</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Medical and Mental Health Staff (2)</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>Security and Non-Security Staff First Responders</p> <p>Findings (By Provision):</p> <p>115.82 (a). As reported in the PAQ, Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Policy (Sexual Abuse Prevention): Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (Also see the Sexual Assault Manual) (p. 43).</p> <p>Documentation Reviewed</p> <p>IDOC Sexual Assault Manual (IDOC Health Services Division)</p> <p>Email Correspondence: Follow up with mental health</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul>

## Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that individual in custody victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Offenders are offered medical services as requested/needed when they are a victim of sexual abuse. The offender is offered emergency medical treatment as soon as they notify custody that there was alleged sexual abuse. There are policies and procedures to follow regarding care of a victim after reported sexual abuse. In regard to mental health services, patients are informed of the rationale for the offer for mental health services specifically to address such concerns. If the patient is interested in mental health services specifically to address these concerns, a collaborative approach is taken to develop a treatment plan.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. One of the two who reported sexual abuse stated that they were immediately sent to medical and one reported that they were seen by mental health as a part of routine care, and the allegation was addressed.

Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.

115.82 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Policy (Sexual Abuse Prevention): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62/362 and shall immediately notify the appropriate medical and mental health practitioners (p. 43).

## Documentation Reviewed

### Follow up with Medical and Mental Health (8)

Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.

115.82 (c). As reported in the PAQ, Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy (Sexual Abuse Prevention): Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate (p. 43).

## Documentation Reviewed

### Follow up with Medical and Mental Health (8)

## Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Offenders are offered these services as necessary after sexual abuse within a timely matter.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse, it was reported that there was no need to offer emergency contraception and/or sexually transmitted infection prophylaxis.

Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility

shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.

115.82 (d). As reported in the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy (Sexual Abuse Prevention): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 43).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>IDOC Sexual Assault Manual (Health Services Division)</p> <p>Ongoing Mental Health Treatment Sample</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Medical and Mental Health (2)</p> <p>Inmates who Reported a Sexual Abuse (3)</p> <p>Findings (By Provision):</p> <p>115.83 (a). As reported in the PAQ, the facility offers medical and mental health evaluations, and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Policy (Sexual Abuse Prevention): The facility shall offer a medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility (p. 44).</p> <p>Documentation Reviewed</p> <p>IDOC Sexual Assault Manual (Health Services Division)</p> <p>Ongoing Mental Health Treatment Sample</p> <p>Follow up with medical and mental health (8)</p> <p>Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.</p> <p>115.83 (b). The above referenced policy further states the evaluation and treatment of victims shall include, as appropriate, follow-up services, evaluations, and when needed continued care.</p> <p>Policy (Sexual Abuse Prevention): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (p. 44).</p> <p>Documentation Reviewed</p> <p>Follow up with Medical and Mental Health (8)</p>

## Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that victimized offenders can be offered emergency services at the time of reporting, medical provider visits as necessary after the event, emergency medication/treatment as necessary, mental health services during and after the crisis and if needed in the future. The offender can also be referred upon release for further treatment if deemed necessary by the medical & MH team.

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse, one stated that they were offered follow up services.

115.83 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Policy (Sexual Abuse Prevention): The facility shall provide such victims with medical and mental health services consistent with the community level of care (p. 44).

## Documentation Reviewed

Follow up with Medical and Mental Health (8)

## Interviews

Medical and Mental Health Staff: The interviewed medical staff reported that offenders are offered all services available in the community in the event of sexual abuse such as treatment of injuries, treatment of sexually transmitted diseases, pregnancy prevention, and mental health care.

Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.

115.83 (d). Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Policy (Sexual Abuse Prevention): The Sexual Abuse Prevention Policy states that "if pregnancy results from the conduct described in () such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services" (p. 47).

115.83 (e). If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Policy (Sexual Abuse Prevention): Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests (p. 44).

115.83 (f). As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy (Sexual Abuse Prevention): If pregnancy results from the conduct described in (4) such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services (p. 44).

## Documentation Reviewed

Follow up medical/mental health (8)

## Interviews

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. One of the interviewed that reported sexual abuse stated that they were visually diagnosed no testing was needed.

115.83 (g). Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy (Sexual Abuse Prevention): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 44).

Documentation Reviewed

Follow up medical/mental health (8)

Interviews

Inmates who Reported a Sexual Abuse: Three inmates were interviewed who reported a sexual abuse. Upon further review one of the inmates reported sexual harassment. Of the two who reported sexual abuse it was stated that they were not required to pay for any treatment related to the incident of sexual abuse.

115.83 (h). As reported in the PAQ, the facility attempts to conduct a mental health evaluation of all known individual in custody-on-individual in custody abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy (Sexual Abuse Prevention): All facilities shall attempt to conduct a Mental Health evaluation of all known offender-on-offender abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by Mental Health practitioners (p. 44).

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that Mental health routinely follows up with these situations and offers inmates treatment and necessary and as they request. If an offender has been abused, mental health will be available same day on site to evaluate and offer crisis intervention.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Corrective Action: The auditor reviewed 14 allegations of sexual abuse. Onsite the auditor reviewed the allegations of sexual abuse and found that eight files had documentation for follow up with medical and mental health. The facility did not have a consistent process showing the follow up for all allegations of sexual abuse. During the corrective action phase, the facility shall provide the auditor with any allegations of sexual abuse and the follow up with medical and mental health. The facility provided the auditor with a follow up to medical and mental health, following a sexual abuse allegation. The facility was able to show the provider compliance with the standard.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Prevention</p> <p>Investigation Reports (33-(19 Sexual Harassment; 14 Sexual Abuse))</p> <ul style="list-style-type: none"> <li>· Investigation Report/Allegation (33)</li> <li>· Monitor for Retaliation (10)</li> <li>· Notification (15)</li> <li>· Follow up with medical and mental health (8)</li> <li>· Incident Review (2)</li> </ul> <p>Interviews:</p> <p>Warden</p> <p>PREA Compliance Manager</p> <p>Incident Review Team (2)</p> <p>Findings (By Provision):</p> <p>115.86 (a). As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>Policy (Sexual Abuse Prevention): The facility PREA Committee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded (p. 44).</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 2.</p> <p>Documentation Reviewed</p> <p>Sexual Abuse Incident Reviews (2)</p> <p>Investigations</p> <p>115.86 (b). As reported in the PAQ, the facility ordinarily conducts criminal and/or administrative sexual abuse investigations within 30 days. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 2.</p> <p>Policy (Sexual Abuse Prevention): Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation (p. 44).</p> <p>Documentation Reviewed</p> <p>Sexual Abuse Incident Reviews (2)</p> <p>115.86 (c). As reported in the PAQ, the sexual abuse incident review team included upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health practitioners.</p> <p>Policy (Sexual Abuse Prevention): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or Mental Health practitioners (p. 45).</p>

Documentation Reviewed

Sexual Abuse Incident Reviews (2)

Interviews

Warden: The interviewed Warden reported that any time there is a sexual abuse case at the facility the committee will meet to conduct a sexual abuse incident review team. The team is made up of the Warden, Deputy Wardens, Custody Supervisor, I&I, Unit Managers, Classification Supervisor, PREA Compliance Manager and a mental health professional. Information may also be obtained from staff not listed above.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.86 (d). As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews including but not limited to determination made and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

Policy (Sexual Abuse Prevention): The review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;

Prepare a report of its findings on the Sexual Abuse Incident Review, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit such report to the Warden and the Executive Director of PREA; and,

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so on the Sexual Abuse Incident Review (p. 45).

Documentation Reviewed

Sexual Abuse Incident Review (2)

Interviews

Warden: The interviewed Warden reported that the team uses the information from the sexual abuse incident review to address concerns and it is discussed during the multidisciplinary PREA team meetings. The information received provides insight into possible changes in practices, an increase in video monitoring, and retention of staff or offender placement. For example, as a result of the investigation involving the trafficking of makeup it was discovered that the Maintenance Foreman was in a sexual relationship with an offender. The Foreman had a total of three offenders on his crew. We were not aware that two of the offenders were in a relationship themselves. Their duties included providing maintenance in the mechanical rooms of the housing units which are accessed through a back door to the housing units. The two offenders in the relationship were allowed to conduct themselves inappropriately and then the third offender and the Foreman would go to another area and do the same. As a result of that incident, Maintenance staff must now announce over the radio any time they enter a mechanical room with a crew and when they leave. The request for cameras in these areas was also made. And, the staff member involved was terminated and prosecuted. The incident team will review all of the above requirements.

PREA Compliance Manager: The interviewed PREA Compliance Manager reported that the facility conducts sexual abuse incident reviews on every reported case of sexual abuse. The PCM stated that she prepares the SAIR when the SA case is found to be unsubstantiated or substantiated within 30 days of conclusion of the investigation. It is then reviewed with the PREA committee to discuss if a need to change policy or practice to better prevent, detect, or respond to sexual abuse and to consider whether the incident was motivated by race, ethnicity, gender identity, or gang affiliation. The SAIR also has us examine the area in the facility where the incident occurred to assess if physical barriers may enable abuse. We also discuss if staffing was an issue and if we need additional cameras. Additionally, she created these reports and have noticed a trend in the offender restrooms and have suggested that we install cameras in the restroom to monitor this blind spot. The cameras

would not be positioned to reveal offenders in a state of undress. After the report has been submitted the PCM will discuss it fully with the PREA committee and pass along any recommendations for improvement and/or document reasons for not implementing the changes.

Incident Review Team: The interviewed staff on the incident review team reported that all incidents/allegations are reviewed by the team. The PREA Coordinator reads through the details of the incident/allegation and the team will discuss and take into consideration whether is was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, perceived status, gang affiliation or cased by group dynamics at the facility. The areas of the facility are toured/reviewed during rounds and via the facility camera system. Additional cameras have been installed in some identified areas. Common areas of the restrooms continue to be of concern. Areas are reviewed as the number of staff present and adequacy. Every incident/allegation is reviewed to determine where additional monitoring technology could be deployed or supplemented. Most of the allegations occur in the offender showers which cameras could not monitor. However common areas can be better monitored by cameras.

115.86 (e). The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy (Sexual Abuse Prevention): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so on the Sexual Abuse Incident Review (p. 45).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

115.401	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: IDOC PREA Website</li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA Coordinator (PC)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.401 (a). The IDOC website contains the results of all of the PREA audits conducted since August 2015.</p> <p>115.401 (b). As reported by the PREA Coordinator, the IDOC is on the third year of the current audit cycle; the department is on target to complete audits as required for compliance.</p> <p>115.401 (h). During the inspection of the physical plant the auditor was escorted throughout the facility by the Warden, Deputy Warden, PC, as well as other Security staff; integral to the functioning of the RCF. The auditor was provided unfettered access throughout the institution. Specifically, the team was not barred or deterred entry to any areas. The probationary auditor and her team had the ability to freely observe and ask questions of offenders and staff, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (i). The auditor was provided access to any and all documents requested. All documents requested was received to include but not limited to employee and offender files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (m). The auditor was provided private rooms throughout the facility to conduct offender/staff interviews. The staff staged the offenders in a fashion that the auditors did not have to wait between interviews. The rooms provided for offender interviews were soundproof and somewhat visually confidential from other offenders which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. Interviews were conducted in the Programming building away from high traffic volume areas.</p> <p>A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	no

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	no
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes